



California Aging and Disability Research Partnership Meeting

May 19, 2023

Meeting Logistics

Webinar or Telephone only - *No in-person meeting*

- **Live captioning streamed through webinar (Zoom)**
- **Meeting slides, transcript, and recording will be posted to CalHHS' Master Plan for Aging webpage.**
- **Please update your name in Zoom by left clicking the three dots in the upper right corner of your video and selecting "rename."**

Meeting Agenda

- **Welcome & Introductions**
- **CDA Updates**
- **Master Plan for Aging Key Outcomes: Purpose and Overview**
- **Master Plan for Aging Key Outcomes Discussions**
 - Housing, Homelessness, and Transportation
 - Behavioral Health and Isolation
 - Caregiving Workforce
- **Next Steps**
- **Public Comment**
- **Summary & Action Items**
- **Adjourn**

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, email Engage@aging.ca.gov

Welcome & Opening Remarks



Susan DeMarois

Director

CA Department of Aging

Elizabeth Steffensen

Center for Data Insights & Innovation
CA Health & Human Services Agency

CADRP Membership

Leonard Abbeduto, PhD, [UC-Davis MIND Institute](#)

Zia Agha, MD, [West Health](#)

Rigo Saborio, [The SCAN Foundation](#)

Donna Benton, PhD, [USC Leonard Davis School of Gerontology](#)

Isabella Chu, MPH, [Stanford Center for Population Health Sciences](#)

Ryan Easterly, [WITH Foundation](#)

Steve Hornberger, MSW, [SDSU Social Policy Institute](#)

Kathryn Kietzman, PhD, MSW, [UCLA Center for Health Policy Research](#)

Margot Kushel, MD, [UCSF Benioff Homelessness and Housing Initiative](#)

Jasmine Lacsamana, MPH, [Archstone Foundation](#)

David Lindeman, PhD, [CITRIS Health](#)

Angela Perone, [UCB School of Social Welfare](#)

Nari Rhee, PhD, Retirement Security Program, [UCB Labor Center](#)

Kathleen Wilber, PhD, [USC Leonard Davis School of Gerontology](#)

Heather Young, PhD, RN, FAAN, [Betty Irene Moore School of Nursing at UC Davis](#)

CDA Updates

Sarah Steenhausen

*Deputy Director, Div. of Policy, Research & Equity
CA Department of Aging*

Master Plan for Aging (MPA)

Key Outcomes:

Purpose and Overview

Ross Lallian

Chief of Research

CA Department of Aging

Purpose of MPA Key Outcomes

- A mechanism to track MPA impacts for older adults and adults with disabilities on high priority topics.
- Opportunity for cross department and state/academic collaboration to agree on appropriate measures, data sources, etc.
- Data driven information that CDA and other stakeholders can use in policy/program development.

Criteria for Selecting Key Outcomes

- 1. Goal-oriented.** Key outcomes offer optimal opportunities for achieving the goals of the MPA.
- 2. Policy-aligned.** Key outcome indicators further implementation and monitoring of near and long-term progress on key policy priorities.
- 3. Equity-promoting.** Key outcome indicators enable assessment of outcome disparities and progress toward advancing equity for historically marginalized, and underrepresented communities.
- 4. Achievable.** Key outcome indicators include targets that are reasonably achievable within a ten-year period.
- 5. Meaningful.** Key outcome indicators measure outcomes that, if achieved, would have a meaningful positive impact on the well-being of older adults, adults with disabilities, and their families.

Key Outcomes Workgroups

Housing/ homelessness/ transportation (MPA Goals 1 & 5)

- Lead: Bella Chu
- Members:
 - Nari Rhee
 - Margot Kushel

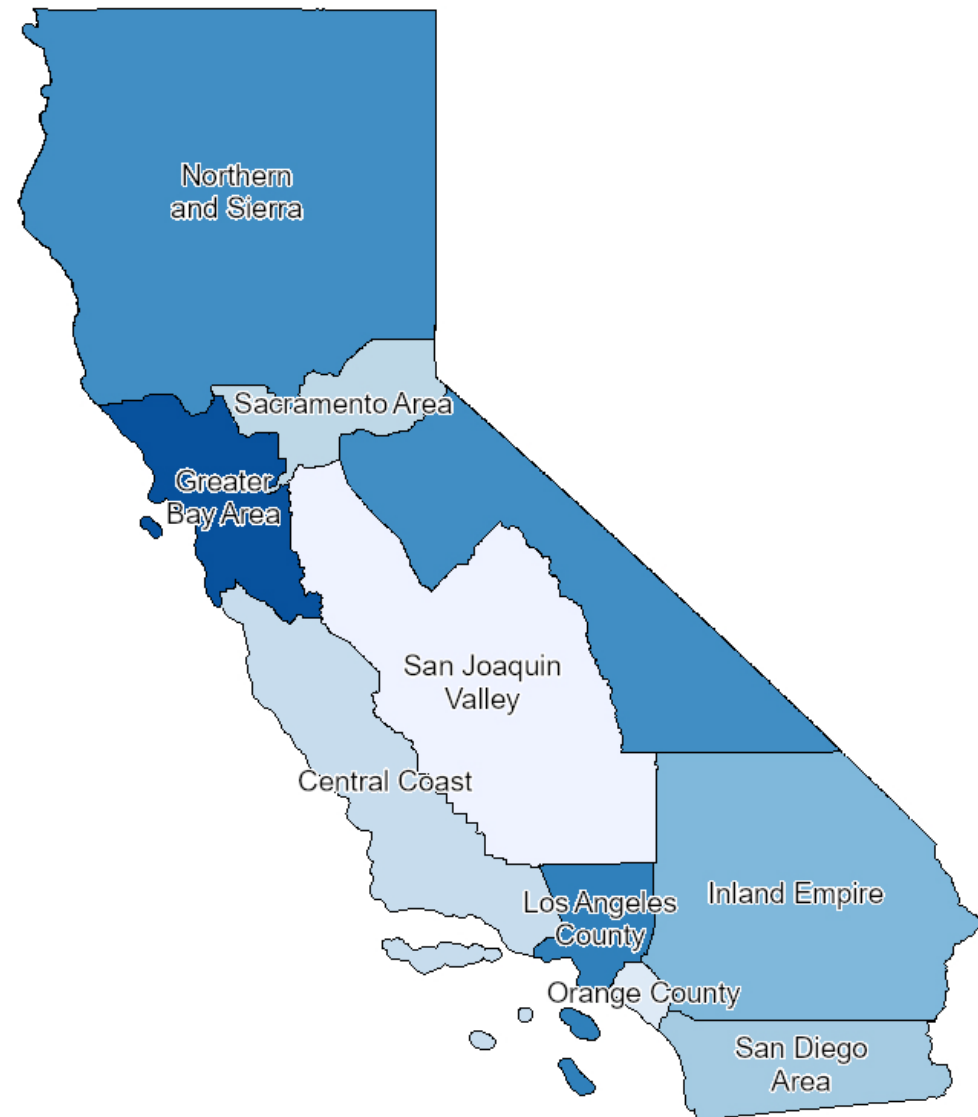
Behavioral health/isolation (MPA Goals 2 & 3 & 4)

- Lead: Zia Agha
- Members:
 - Kathryn Kietzman
 - Len Abbeduto
 - Kate Wilber

Paid & unpaid caregiving (MPA Goal 2 & 4)

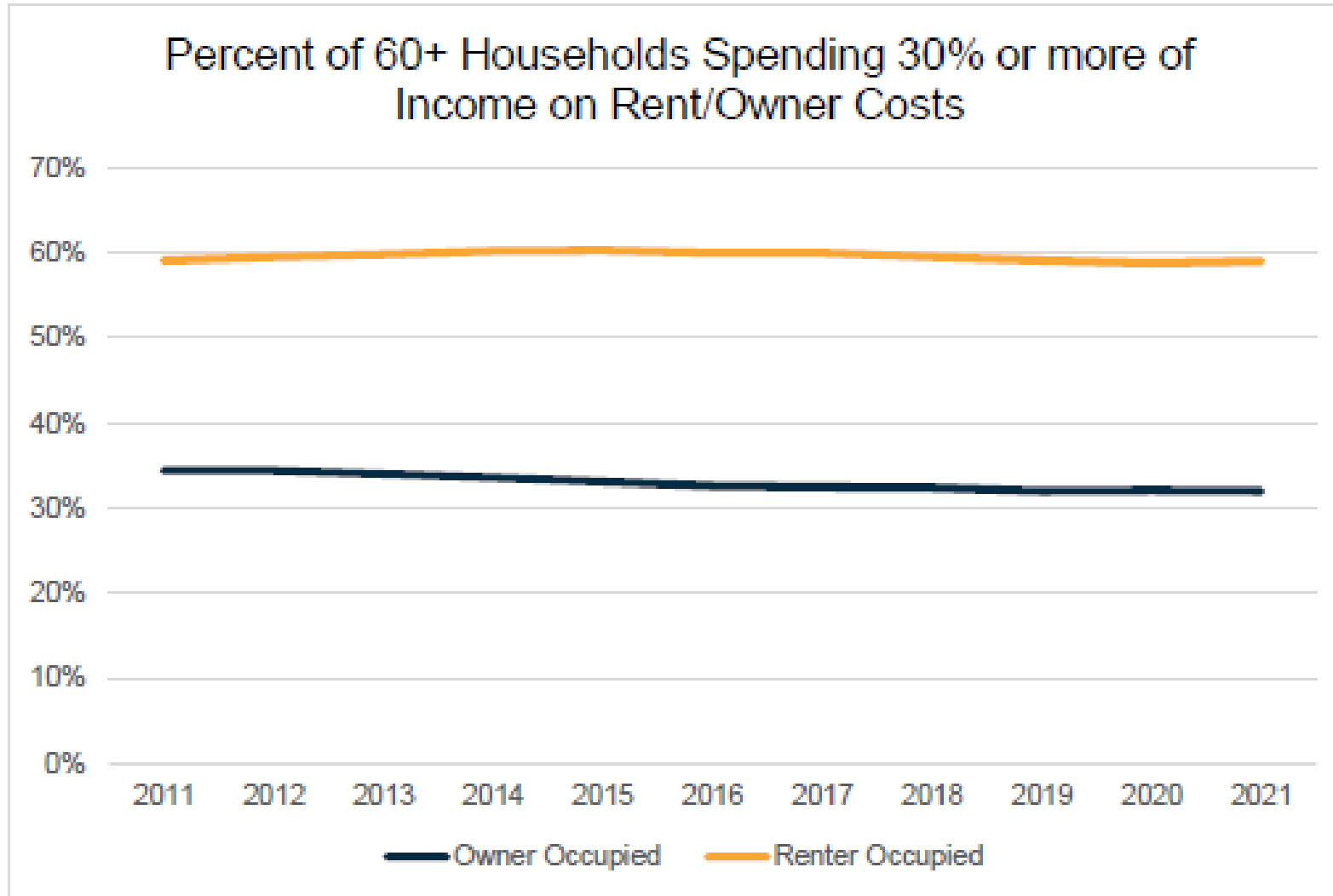
- Lead: David Lindeman
- Members:
 - Heather Young
 - Donna Benton
 - Steve Hornberger
 - Nari Rhee

Affordable Housing Supply



Region	Section 202 Units	Population Age 60+ below Federal Poverty Level	Units per 1,000 Population
Central Coast	1,057	40,167	26
Greater Bay Area	8,683	136,981	63
Inland Empire	3,044	94,730	32
Los Angeles County	10,060	253,651	40
Northern and Sierra	1,414	36,909	38
Orange County	1,390	59,862	23
Sacramento Area	1,279	47,363	27
San Diego Area	1,863	64,494	29
San Joaquin Valley	1,978	92,300	21

Housing Affordability



Overview for Today

- **Workgroup leads to present on draft key outcomes and gather your feedback.**
 - Housing/homelessness/transportation
 - Behavioral health/isolation
 - Paid and unpaid caregiving workforce
- **Next steps**
 - Opportunities for you to get involved.
 - What we hope to accomplish before our next CA Aging and Disability Research Partnership meeting.

Master Plan for Aging Key Outcomes
Housing/Homelessness/Transportation

Isabella Chu

Associate Director, Data Core
Stanford Center for Population Health Sciences

Key Outcomes and Drivers

Parameter	Outcome	Driver(s)
Goal	What is the desired policy outcome ?	What inputs (e.g., programs or initiatives) will we use to drive progress?
Indicator	What quantifiable metric will we use to measure progress toward the goal?	What quantifiable metric will we use to measure progress on the inputs?
Factors	What co-variants, risk factors, and/or predictors should be considered?	What co-variants, risk factors, and/or predictors should be considered?
Target	What data point for the indicator will we aim to achieve by 2030?	What data point for the indicator will we aim to achieve by 2030?
Data Source	What data source will we use to calculate the indicator?	What data source will we use to calculate the indicator?
Data Gap	What data is needed to achieve the optimal indicator?	What data is needed to achieve the optimal indicator?
Research Gap	What research is needed to inform progress?	What research is needed to inform progress?

Housing Affordability

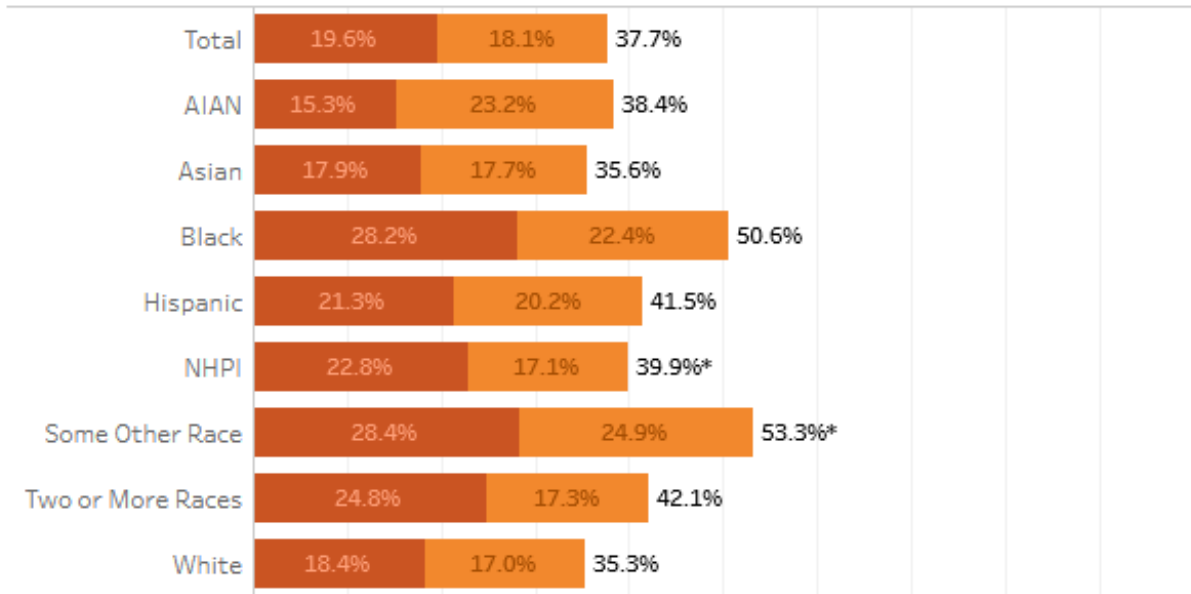
Key Outcome: Ensure No Older Adults are Severely Housing Cost Burdened

Indicator	Percentage of households with a resident 65+ who spent more than 50% of their household income on housing.
Current Interventions/Drivers	Rent subsidies targeted to older adults; housing subsidies.
Aspirational Interventions/Drivers	An adequate, or even abundant supply of high-quality, accessible, affordable housing in walkable areas well served by transit and close to amenities.
Factors	Renter or owner status; income; social support; region
Target	20% reduction in fraction of older adults who report being severely housing cost burdened.
Data Source	Medi-Cal, FSRDC, ACS, SSA, supply of subsidized unit, vacancy rates (zip5)
Data Gap	Need household demographics on race, ethnicity, composition to assess equity.
Research Gap	Limited micro-data to date have hindered ability to rigorously evaluate programs. Medi-Cal programs may offer an opportunity at a natural experiment.

DDA Indicator: Housing Cost Burden

All Households with 65+

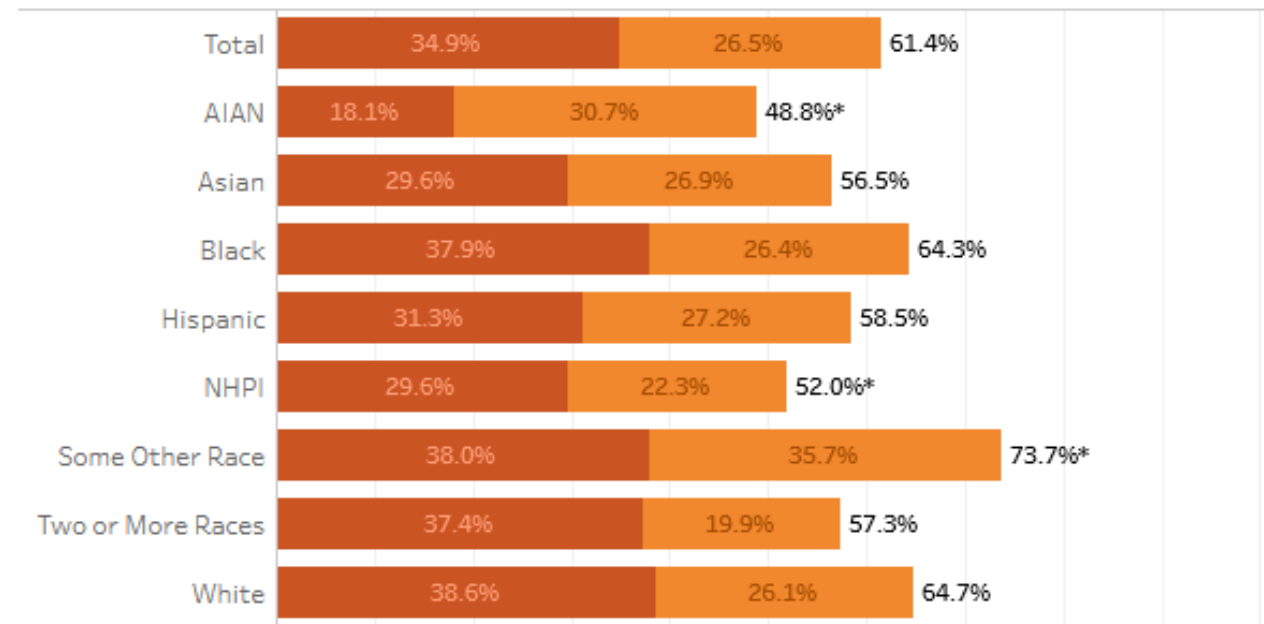
Percent Who Spent More than 30% Income for Housing by Race/Ethnicity from All Households With a Resident 65 or Older, California 2019



More than 50% Income for Housing 30%-49% Income for Housing

Rented Households with 65+

Percent Who Spent More than 30% Income for Housing by Race/Ethnicity from Rented Households With a Resident 65 or Older, California 2019



More than 50% Income for Housing 30%-49% Income for Housing

Affordable Housing Supply

Key Outcome: Ensure an Adequate Supply of Affordable Housing Options for Older Adults and Adults with Disabilities

Indicator	Number of subsidized housing units per 100K adults age 65+ with income below the California Elder Index (CEI) who rent.
Current Interventions/Drivers	Subsidized housing programs (e.g. Section 202 Supportive Housing for the Elderly Program).
Aspirational Interventions/Drivers	An adequate supply of high-quality, accessible, affordable housing in walkable areas well served by transit and close to amenities.
Factors	Ability to distinguish housing units by type of subsidy: "deep subsidy," flat rent, etc.; demographics; housing ownership status.
Target	20% reduction in fraction of older adults who report being severely housing cost burdened. Target vacancy rate of 6%.
Data Source	Numerator from National Housing Preservation Database; Denominator from CEI, ACS
Data Gap	Need household demographics on race, ethnicity, composition to assess equity.
Research Gap	Limited micro-data to date have hindered research.

Poverty/End Homelessness

Key Outcome:	Prevent and End Homelessness for Older Adults and Adults with Disabilities
Indicator	Percentage/number of adults age 50 and older who accessed the California homelessness response system.
Current Interventions/Drivers	Vouchers, landlord incentives, eviction policy, transitional/temporary housing, permanent housing, supportive housing
Aspirational Interventions/Drivers	Prevention of future homelessness, reduced reliance on homelessness services, exits to permanent housing
Factors	Age, gender, race/ethnicity, veteran status, criminal justice history, history of service utilization.
Target	20% reduction in number of older adults reporting homelessness
Data Source	Homeless Data Integration System, HMIS from individual localities, HCAI, FSRDC.
Data Gap	Unhoused individuals who did not access response systems in California, characteristics of individuals who did (and who did not) access services.
Research Gap	Limited microdata, especially microdata containing multiple fields (e.g. homelessness + hospitalization + arrest + demographics + service utilization), prevents rigorous research except in very select cases

*Master Plan for Aging Key
Outcomes*
Behavioral Health

Zia Agha

Chief Medical Officer and Executive Vice President
West Health Institute

Key Outcomes and Drivers

Parameter	Outcome	Driver(s)
Goal	What is the desired policy outcome ?	What inputs (e.g., programs or initiatives) will we use to drive progress?
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Increase Experience of Well-Being

Key Outcome: Increase Community Support	
Indicator	Number of older and disabled adults who report having active civic engagement and/or social cohesion.
Current Interventions/Drivers	
Aspirational Interventions/Drivers	
Factors	Age, Disability Status
Target	
Data Source	California Health Interview Survey: Social Cohesion (QA21_M12-M15) Social Engagement QA21_M16
Data Gap	
Research Gap	

Increase Experience of Well-Being

Key Outcome: Reduce Loneliness	
Indicator	Number of older and disabled adults who report suicidal ideation.
Current Interventions/Drivers	
Aspirational Interventions/Drivers	
Factors	Age, Disability Status
Target	
Data Source	California Health Interview Survey: Suicide ideation and attempts (QA21__S1-S6)
Data Gap	
Research Gap	

Increase Experience of Well-Being

Key Outcome: Reduce Self-Reported Psychological Distress Among Older Adults

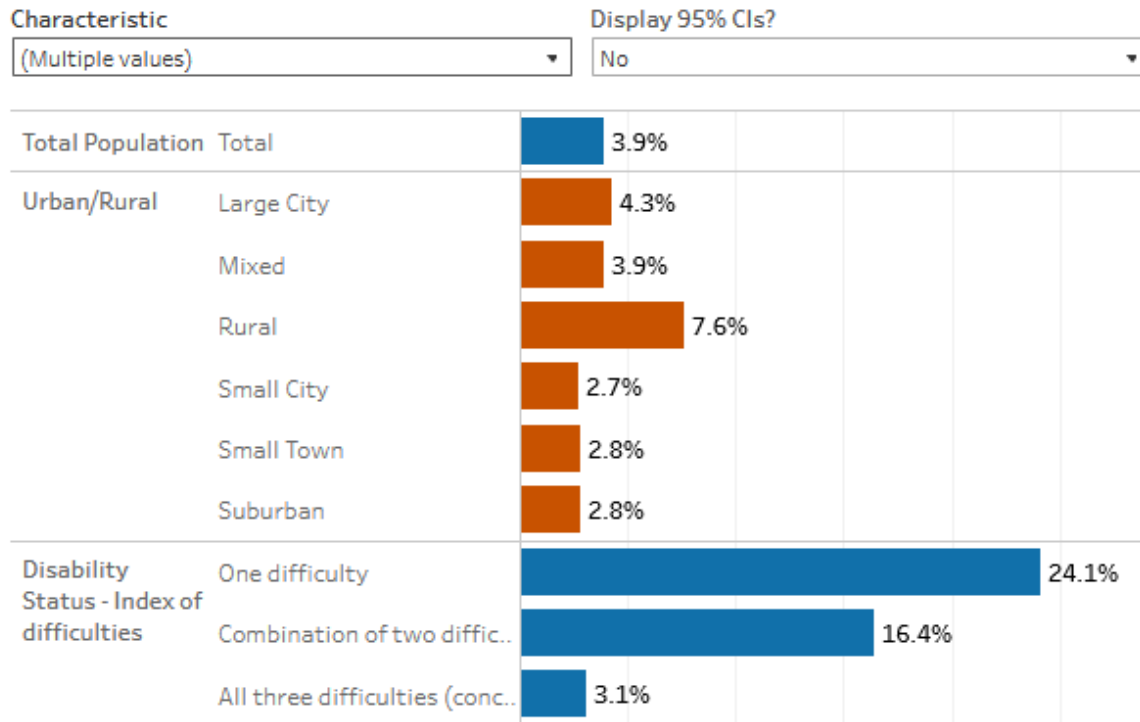
Indicator	Percentage of older adults (60+) who self-reported psychological distress (feelings of nervousness, hopelessness, restlessness, depression, etc.) within the last year.
Current Interventions/Drivers	
Aspirational Interventions/Drivers	
Factors	Sex, race/ethnicity, education, income, household size, disability status, immigration status, language spoken, work status, etc.
Target	
Data Source	California Health Interview Survey: Psychological Distress (QAJ29-AJ34)
Data Gap	
Research Gap	

DDA Indicator: Psychological Distress

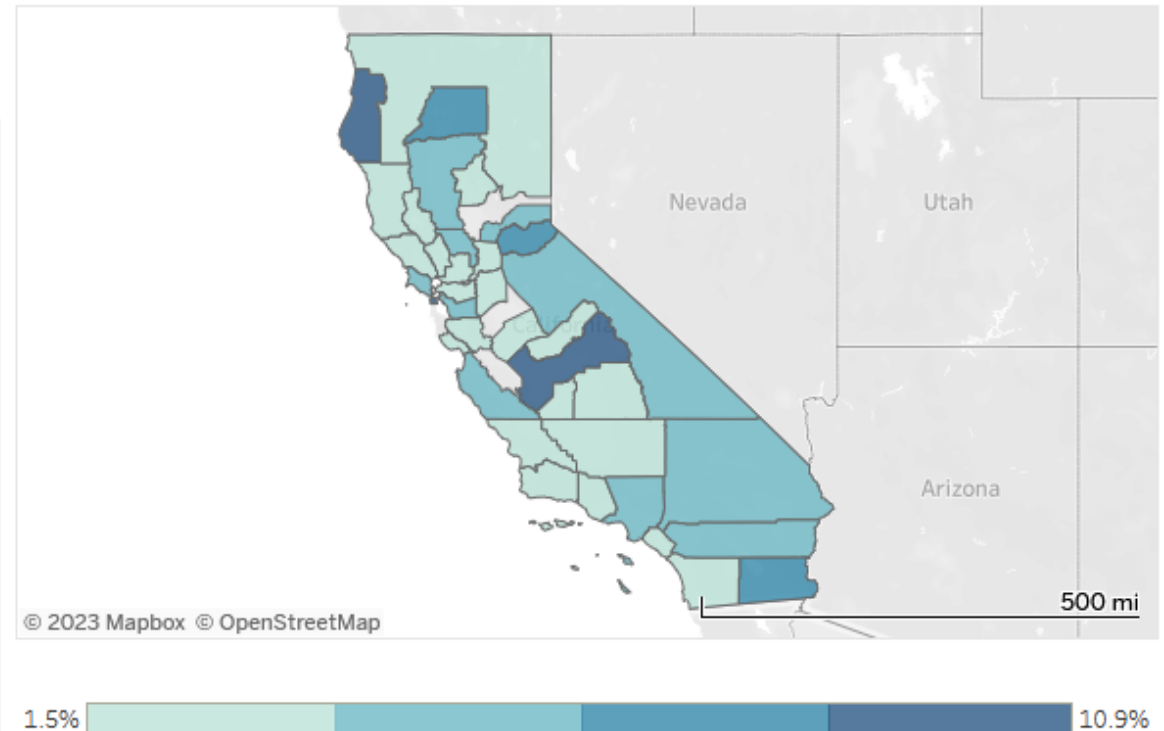
2020 California: 3.9% of Adults Age 60 or Older Experienced Psychological Distress in the Past Year (336,000 / 8,571,000 Adults Age 60 or older)

Year: Geography:

Percent of California Adults Age 60 or Older Who Experienced Psychological Distress in the Past Year, by Characteristic, 2020



Percent of California Adults Age 60 or Older Who Experienced Psychological Distress in the Past Year, by Location, 2020



Increase Experience of Well-Being

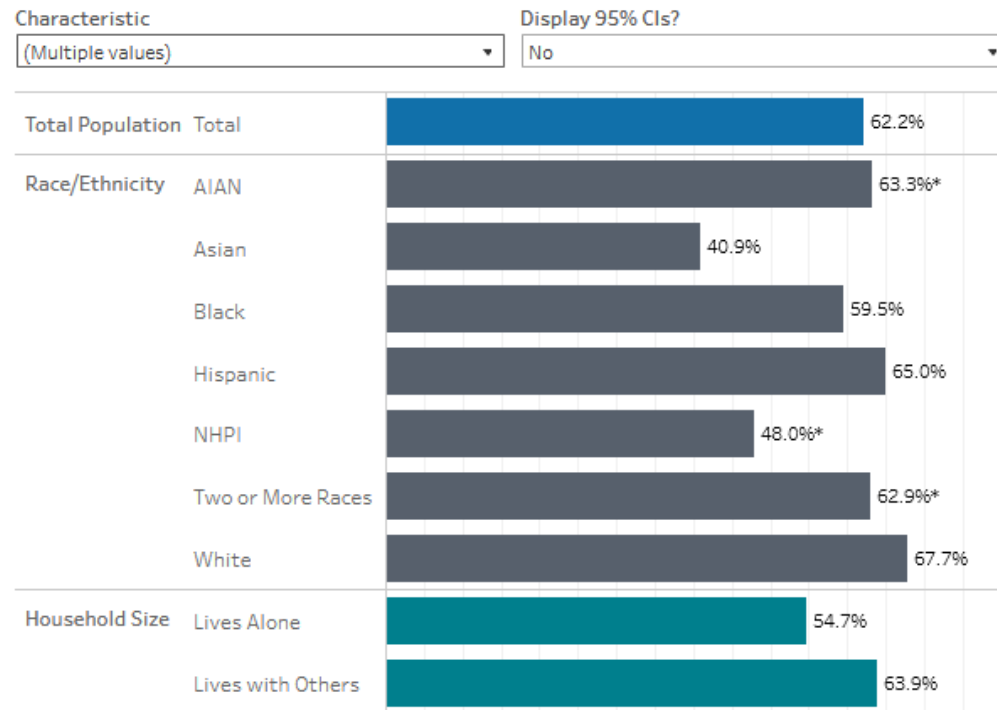
Key Outcome: Increase Life Satisfaction	
Indicator	Number of older and disabled adults reporting life satisfaction of 8 or above on a scale of 0-10.
Current Interventions/Drivers	
Aspirational Interventions/Drivers	
Factors	Age, Disability Status
Target	
Data Source	California Health Interview Survey: Life Satisfaction (QA18_M9-M11)
Data Gap	
Research Gap	

DDA Indicator: Life Satisfaction

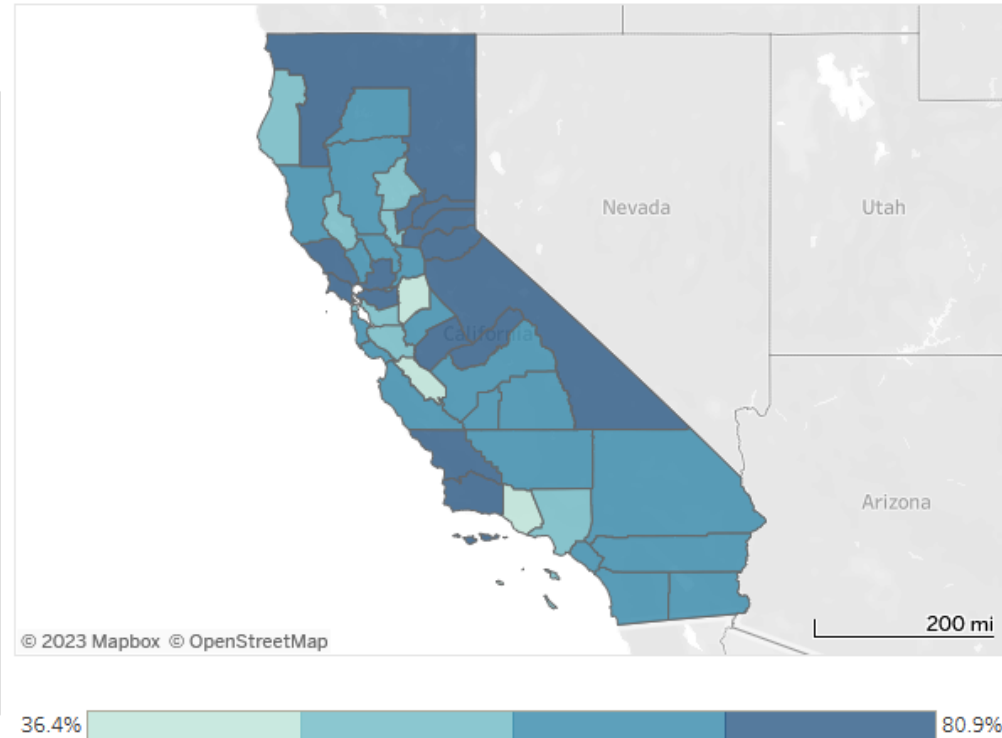
2018 California: 62.2% of Adults Age 60 or Older Report Life Satisfaction of 8 or above, on a Scale of 0-10 (5,121,939 adults satisfied / 8,237,470 adults age 60 or older)

Geography

Percent of Adults Age 60 or Older Reporting Life Satisfaction of 8 or above, California 2018



Percent of Adults Age 60 or Older Reporting Life Satisfaction of 8 or above, California 2018



* = Statistically unstable estimate based on the relative standard error (RSE), indicating a small survey sample for that data point. Use caution when interpreting as values much smaller or bigger than the estimate could also be consistent with the underlying data. Estimates for 0% and 100% have been suppressed because the RSE could not be calculated for those values.

CI- Confidence Interval, AIAN- American Indian or Alaskan Native, NHPI- Native Hawaiian or Pacific Islander, Sis-Siskiyou, Las-Lassen, Mod-Modoc, Tu-Tuolumne, Ca-Calveras, Am-Amador, In-Inyo, Ma-Mariposa, Mo-

Increase Access to Services

Key Outcome:	Decrease Unmet Need
Indicator	Number of older and disabled adults with unmet behavioral health needs.
Current Interventions/Drivers	
Aspirational Interventions/Drivers	
Factors	Age Group Served, State
Target	
Data Source	SAMHSA (National Mental Health Services Survey)
Data Gap	
Research Gap	

Increase Access to Services

Key Outcome:	Increase Access
Indicator	Number of behavioral health providers that serve older and disabled adults (providers/1,000 population and participation in Medicare/Medi-Cal)
Current Interventions/Drivers	
Aspirational Interventions/Drivers	
Factors	Age Group Served, State
Target	
Data Source	SAMHSA (National Mental Health Services Survey)
Data Gap	
Research Gap	

Increase Access to Services

Key Outcome:	Increase Access via Virtual Care
Indicator	Adoption of telehealth and virtual care options to close the digital divide.
Current Interventions/Drivers	
Aspirational Interventions/Drivers	
Factors	Age Group Served, State
Target	
Data Source	SAMHSA (National Mental Health Services Survey, Response to Number of Treatment Approaches Telemedicine/Telehealth Therapy)
Data Gap	
Research Gap	

Increase Access to Services

Key Outcome: Increase Access to Emergency/Crisis Care	
Indicator	Number of EDs that are prepared to ID & serve older and disabled adults behavioral health needs.
Current Interventions/Drivers	
Aspirational Interventions/Drivers	
Factors	Age Group Served, Encounter Setting
Target	
Data Source	HCAI (Mental and Behavioral health Diagnoses in ED and inpatient discharges by HPI Ranking)
Data Gap	
Research Gap	

Increase Access to Services

Key Outcome: Increase Access to Cognitive Care	
Indicator	Percent and number of older and disabled adults who receive cognitive care.
Current Interventions/Drivers	
Aspirational Interventions/Drivers	
Factors	Age Group Served, State
Target	
Data Source	BRFSS Data Portal- Alzheimer's Disease and healthy Aging Indicators Response to % of older adults with cognitive declined who spoke with a health care professional about it.
Data Gap	
Research Gap	

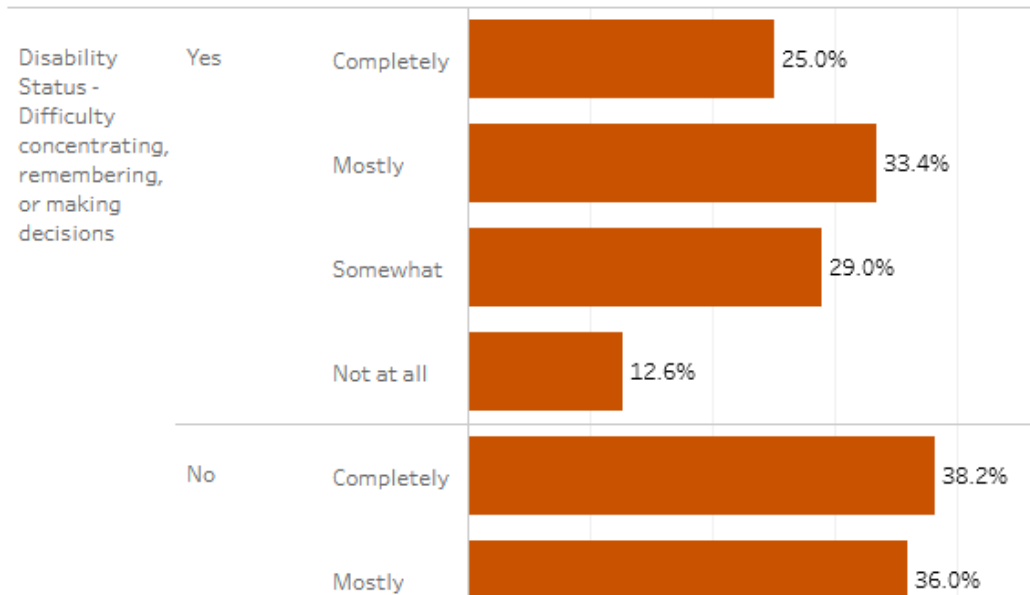
DDA Indicator: Unmet Need for Cognitive Care

2019-2020 California: 31.0% of Adults Age 18+ with a Self-Identified Difficulty Reported Services/Assistance Completely Meet All Needs (666,000 / 2,148,000 Adults Age 18+)

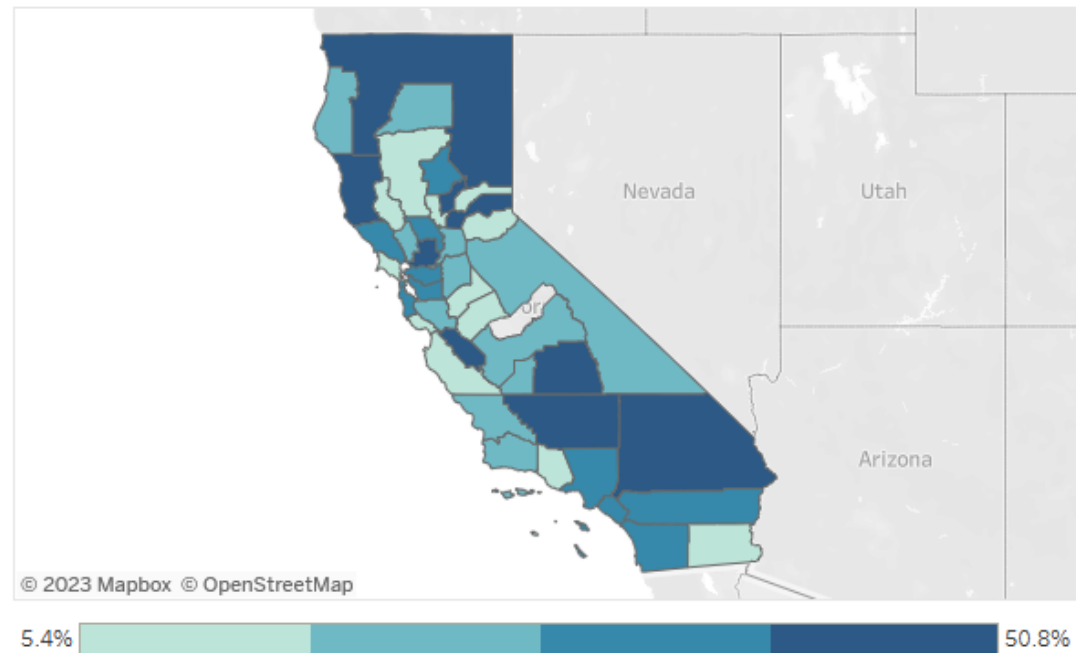
Characteristic: Disability Status - Difficulty c...
 Geography Type: California Counties
 Geography: California
 Age Group: 18+
 Measure: Completely
 Year: 2019-2020

Display 95% Confidence Intervals?

Percent of Adults Age 18+ with a Self-Identified Difficulty and Extent That Services/Assistance Meet All Needs, by Characteristic, California, 2019-2020



Percent of Adults Age 18+ with a Self-Identified Difficulty Reported Services/Assistance Completely Meet All Needs, California, 2019-2020



Master Plan for Aging Key Outcomes

Workforce

David Lindeman

Director, UCB- CITRIS Health

Key Outcomes and Drivers

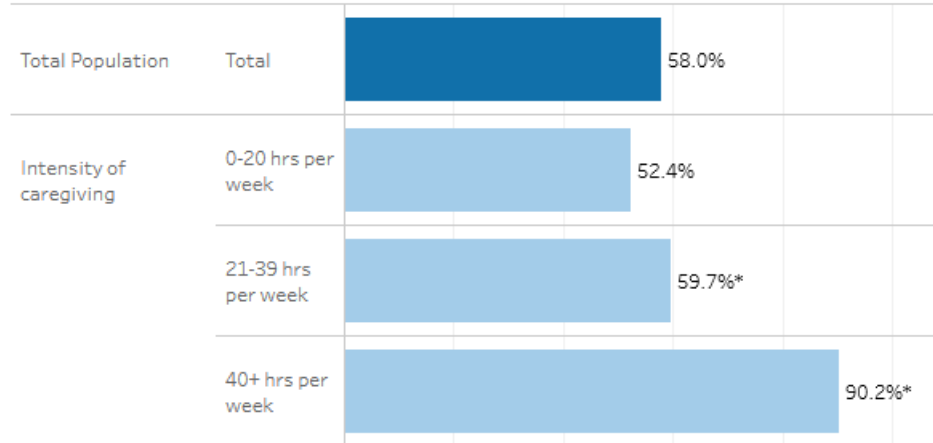
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Family Caregiving

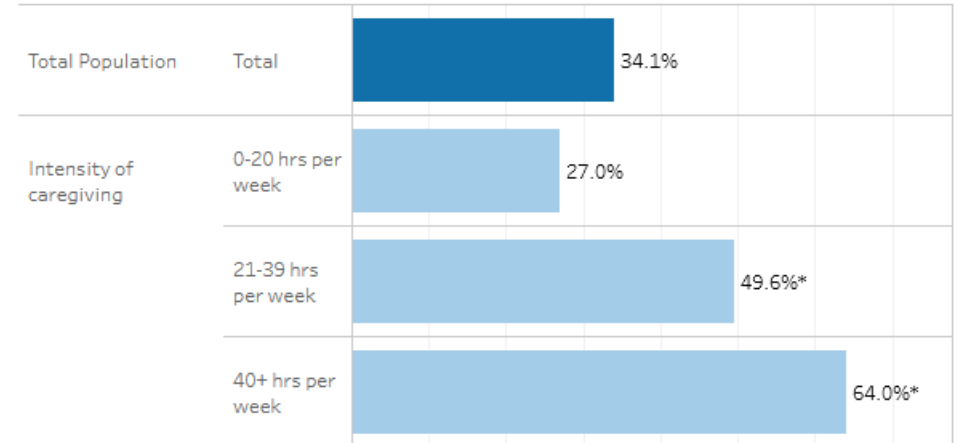
Key Outcome:	Reduce the Burdens Faced by Family and Friends Caregivers
Indicator	Reduce the strain of family and friend caregivers; Number/percentage of adult caregivers who experienced financial stress, physical/behavioral health issues, or a change in job status as a result of their caregiving.
Current Interventions/ Drivers	California Caregiver Resource Centers; CalGrows Program
Aspirational Interventions/Drivers	
Factors	Strain index (Zarit), gender, sexual orientation, race/ethnicity, education, income, household size, disability status, immigration status, language spoken, work status, consistent ID of caregiver status, loneliness, depression, etc.
Target	
Data Source	California Health Interview Survey, CareNav data within the California Caregiver Resource Centers, CDC BRFSS Caregiver (9-item caregiver module); CDA Statewide Survey Older Adults; CDA Statewide Survey LGBTQ+ Older Adults
Data Gap	
Research Gap	

DDA Indicator: Burdens/Strain of Caregiving

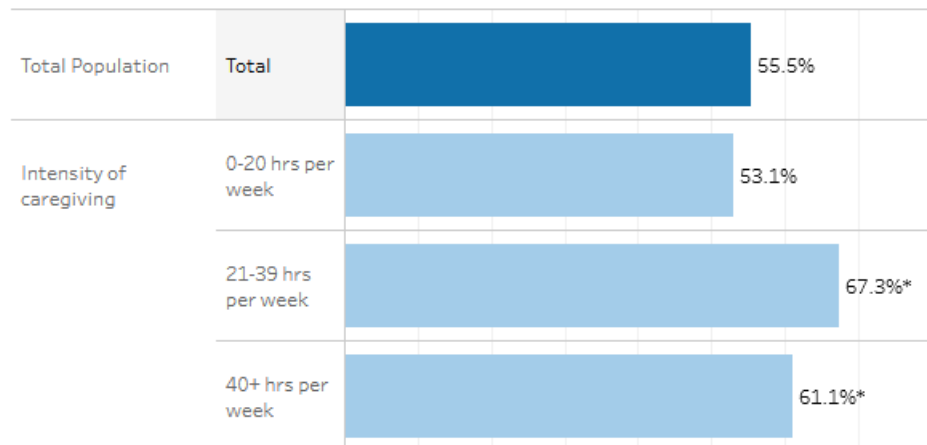
Percent of Family and Friend Caregivers Age 18+ Experienced Financial Stress by Characteristic, California, 2019-2020



Percent of Family and Friend Caregivers Age 18+ Suffered a Physical/Mental Health Problem by Characteristic, California, 2019-2020



Percent of Family and Friend Caregivers Age 18+ Had Change in Job Status by Characteristic, California, 2019-2020



[Goal 4 Strategy A](#)

Direct Care Workforce

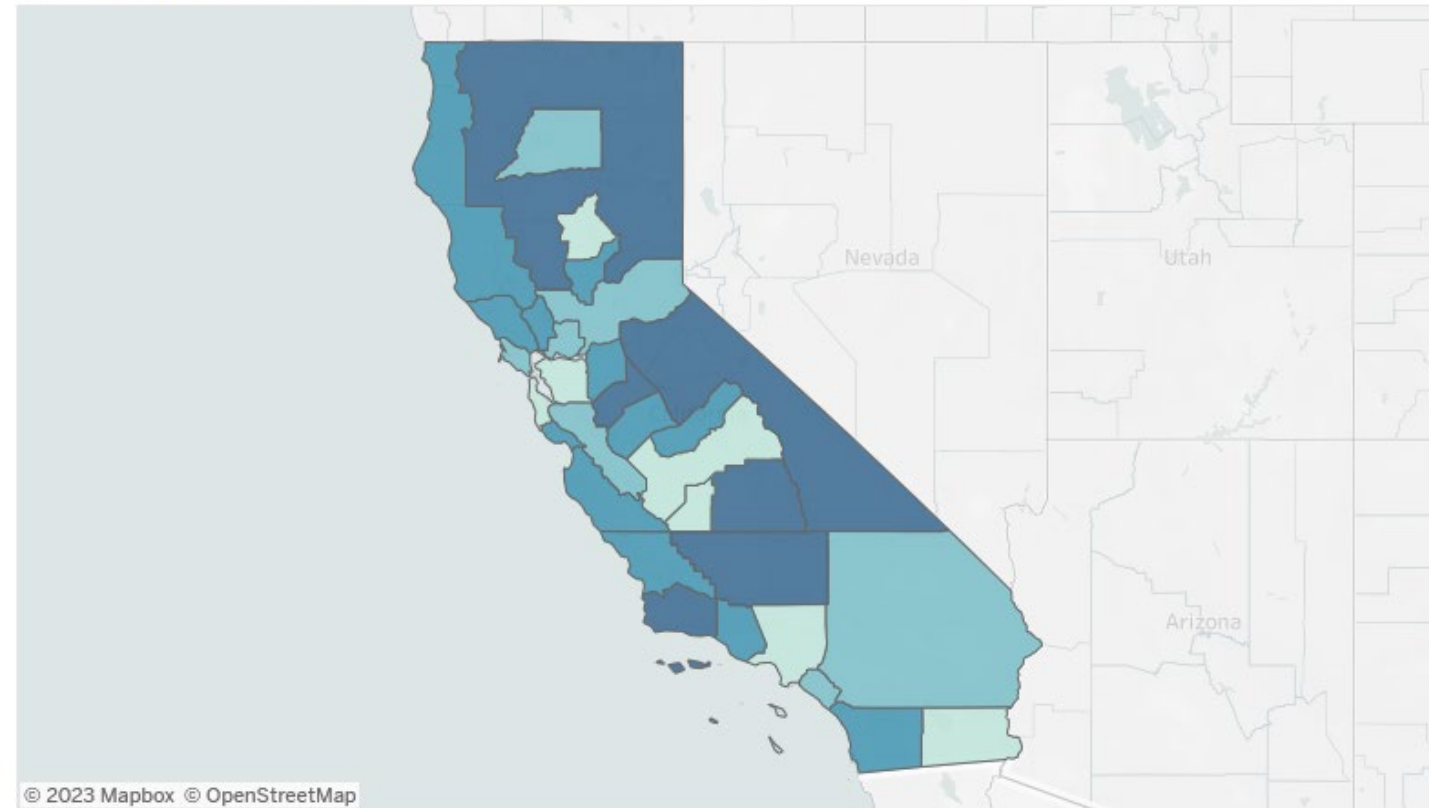
Key Outcome: Ensure an Adequate Supply of Paid In-Home Caregivers to Meet the Needs of Older Adults and Adults With Disabilities

Indicator	Number of in-home caregiving workforce per 1,000 adults age 60+; Home Care Workers/Aides employed through an agency; IHSS registered workers; Certified Nursing Assistants and Home Health Aides
Current Drivers	Department of Health Care Access and Information (HCAI) grant programs.
Aspirational Drivers	CalGrows
Factors	Gender, gender, sexual orientation, race/ethnicity, education, income, household size, disability status, immigration status, language spoken, work status, median direct care worker wage as a percentage of statewide median wage for all workers, etc.
Target	X% wage increase by 2030; 90+ caregivers per 1,000 older adults (source?)
Data Source	EDD - Labor Market Information Division Data; HCAI workforce data; ACS Census Bureau Data (PHI crosstabs occupation by industry to estimate direct care workers in homecare, residential care facilities, and nursing homes at the state level using CPS); IHSS Public Authority
Data Gap	Demographic concordance of caregiving workforce and the older adult population; Ratio of unrelated paid caregivers to family caregivers
Research Gap	

DDA Indicator: In-Home Caregiving Workforce

Home Health Aides &
Personal Care Aides per
1,000 Adults Age 65+

Caregivers per 1,000 Older Adults Aged 65 or older



Caregivers Per 1,000 Older Adults



Healthcare Workforce

Key Outcome:	Improve Supply of Health and Behavioral Health Workforce
Indicator	Number of primary care providers; Number of behavioral health; Number of geriatricians and related geriatric providers; Age-friendly hospitals/health systems
Current Drivers	
Aspirational Drivers	
Factors	Primary care providers (MD, NP and PA); Psychiatric/behavioral health providers (psychiatrists, psychologists and psych-mental health NPs); Geriatricians and geriatric nurse practitioners, social workers, pharmacists; Age-friendly hospitals/health systems)
Target	
Data Source	MPA Programs: CalHHS, Labor and Workforce Development Agency; IHI (Age-friendly hospitals/health systems)
Data Gap	
Research Gap	

Increase Knowledge & Staffing

Key Outcome: Produce a More Informed Caregiving Workforce	
Indicator	Number of caregivers (employed and unemployed) who complete dementia caregiving training; Number of caregivers completing general caregiver training
Current Interventions/Drivers	
Aspirational Interventions/Drivers	
Factors	
Target	
Data Source	MPA Programs: Community Colleges, CalHHS, Labor and Workforce Development Agency
Data Gap	
Research Gap	

Increase Caregiver Support

Key Outcome: Provide Support to Family Caregivers	
Indicator	Increase CRC support; Participation in state paid family leave;
Current Interventions/Drivers	CRC program
Aspirational Interventions/Drivers	Expanded state paid family leave
Factors	
Target	
Data Source	MPA Programs: Labor and Workforce Development Agency;
Data Gap	
Research Gap	

Next Steps

Ross Lallian

Chief of Research

CA Department of Aging

Next Steps

- Schedule a meeting (or two) over the next two months.
- Develop a set of recommended key outcome measures for CDA leadership consideration before the September 22nd CADRP meeting.
 - Work will be completed by CDA staff and CADRP volunteers.
- CDA leadership will decide which outcomes best align with policy priorities.

Key Outcomes Recommendations

- **A deliverable that outlines the following:**
 - Recommended key outcome and rationale.
 - Alignment with key outcomes criteria – MPA alignment, policy alignment, equity promoting, achievable, and meaningful.
 - Data sources and gaps.
 - Examples of key data points and visuals that may result.
- **One lead per outcome measure.**
 - Work will be collaborative; however, we would like assign a point person to each outcome which will be presented as a recommendation.

Public Comment



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For additional public comment, email Engage@aging.ca.gov

Ross Lallian

Chief of Research

CA Department of Aging



CADRP Contact: Ross.Lallian@aging.ca.gov

Learn more about the MPA at MPA.aging.ca.gov

Learn more about CDA at www.aging.ca.gov



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