Governor’s Master Plan for Aging
Stakeholder Advisory Committee Meeting

August 11, 2020
10:00 a.m. - 12:00 p.m. and 1:00 p.m. - 3:00 p.m

Telephone & Webinar Only
Meeting Logistics

- Telephone or webinar (Zoom) only - No in-person meeting
  - **Telephone:** 888-788-0099
  - **Webinar:** Join by smartphone, tablet, or computer
  - **Meeting ID:** 461 990 280  **Password:** 159
  - Live captioning streamed through webinar (Zoom)
AARP California: Meeting Guidelines

1. Start and end on time.
2. One person speaks at a time.
3. Be fully present.
4. Use respectful language and tone.
5. Assume good intentions.
Public Comment

- Public comments during meeting, as on agenda and announced:
  
  - 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, Introduction & Meeting Overview

Kim McCoy Wade
Director, California Department of Aging (CDA)

Amanda Lawrence
MPA Project Director, CDA

Dan Birmingham
MPA Research Manager, CDA

Carrie Graham, MGS, Ph.D.
Master Plan for Aging Consultant

Jennifer Wong, Ph.D.
Master Plan for Aging Consultant

Terri Shaw
Master Plan for Aging Consultant

Stakeholder Advisory Committee Roster
Meeting Agenda, Session One
10 a.m. - 12 p.m.

• Welcome & Introductions
  • CDA/CHHS Updates

• MPA SAC Draft Recommendations Presentations & Discussion
  • Equity Work Group
  • Goal 2 Work Group: Livable Communities & Purpose
  • Goal 4 Work Group: Economic Security & Safety

• Public Comment

• Break – reconvene at 1:00
Meeting Agenda, Session Two
1:00 p.m. – 3:00 p.m.

• **MPA SAC Updates**
  • Governor’s Alzheimer’s Prevention & Preparedness Task Force
  • Long Term Services & Supports Subcommittee

• **MPA SAC Draft Recommendations Presentations & Discussion**
  • Goal 3 Work Group: Health & Well-Being
  • Research Subcommittee: Research Agenda & Data Dashboard

• **Public Comment**

• **Closing & Next Steps**
Governor Gavin Newsom Calls for Creation of a Master Plan for Aging
Executive Order N-14-19

Governor’s Executive Order calls for the Secretary of the Health and Human Services (HHS) Agency to convene a cabinet-level Workgroup for Aging to advise the Secretary in developing and issuing the Master Plan.

The order also directs HHS to convene a Master Plan for Aging Stakeholder Advisory Committee, which will include a Research Subcommittee and a Long-Term Care Subcommittee with an interest in building an age-friendly California.

Visit https://www.chhs.ca.gov/home/master-plan-for-aging/ for all MPA SAC meeting materials and reports.
MPA & COVID-19
Public Survey: July 2020

- Nearly 1,000 total respondents (n=938)
- Most responses in English (94%)
- Respondents most commonly described themselves as being:
  a) An older adult or person with a disability (43%) and/or
  b) Employed or involved in the fields of aging and/or supporting people with disabilities (47%)
- Most respondents were age 55 or older (70%)
- Responses from throughout CA, but most commonly in
  - Bay Area (27%)
  - Southern California (18%)
  - Northern California (15%)
  - Los Angeles (13%)
Top Challenges during COVID-19

- Isolation from family & friends (70%)
- Skipping or postponing medical care (49%)
- Accessing services, like in-home care, adult day centers, and senior centers (41%)
- Getting food, medicine, and other essentials (36%)
Helpful Experiences during COVID-19

• Having access to family, friends, and information is most commonly identified as “most” or “very” helpful
  • Getting check in calls from family, friends, or an organization (75%)
  • Getting news and information (71%)
  • Video chatting with friends or family (71%)

• Remote access to health care, food, and other essentials is also helpful
  • Telehealth visits (by phone or video) with doctors, counselors, or other health care providers (61%)
  • Ordering groceries and other essentials online (59%)
Helpful Experiences During COVID-19

• “honestly I've gotten more help and support than before covid”

• “Seeing neighbors (masked, at a distance) when walking outside”

• “Meal delivery twice a week” & “Neighbors who drop off food”

• “Having parks and streets reconfigured to encourage exercise and physical distancing”

• “Creative and artistic activities. Making things.” & “I started sewing masks. “

• “mailing and receiving letters to stay in touch and have some thing to look forward each day”

• “We are part of a "Village" of older people who assist each other”
Unfair Treatment

22% of respondents indicated they have been treated unfairly during the pandemic because of a health condition or disability, their age, their race or ethnicity, and/or the language they speak.

• 14% of all respondents indicated unfair treatment due to their age.

Sample Ableism & Ageism Comments:

• “Covid has made Ageism worse! The generic older adult is now seen as infirm.”
• “Not given the room to pass comfortably while traveling with my service dog when trying to practice physical distancing.”
• “Older people are invisible neither to be seen nor heard.”
• “My city pushed to reopen too quickly for young people & revenue. Ageism.”
California For All Ages Initiatives

• 7/29: California For All Ages Virtual Town Hall – Combatting Ageism and Promoting Equity

• 8/1: Launched California For All Ages social media campaign

• October – May: Ensuring Equity in Aging webinar series (more details soon!)

• Subscribe to the Together We Engage newsletter for updates and resources!
Legislative Round Table

With Dr. Jim Wood, D.D.S.
September 22, 2020
Private Sector Forums

Milken Forum Institute for California’s Older Demographic Future Summer Series - June 2020

Hollywood, Health & Society, USC Annenberg Norman Lear Center - April 2020
Cabinet Work Group

- Governor’s Office: Planning and Research, Volunteers, Emergency Services
- Gov Ops, Department of Technology
- State Transportation Agency
- Health & Human Services Agency
  - CDPH
  - DHCS
  - CDSS
  - DDS
  - DOR
  - SHD
  - OSHPD
  - OS
  - EMSA
  - DMHC
- Business, Consumer Services, and Housing Agency
- Natural Resources Agency
- CalVet
- Labor & Workforce Development Agency
- Department of Finance
Equity Work Group
Equity Tool & Recommendations

Presenters: Rigo Saborio, Kevin Prindiville, Cheryl Brown

Full Equity Work Group member list may be found at:
https://www.chhs.ca.gov/home/master-plan-for-aging/
“The MPA will serve older Californians across the life span. Given the growing diversity of California’s aging population in terms of racial and ethnic groups, disability, geography, income, immigration status, language, religion/faith, sex, gender identity, sexual orientation, and family status, we offer the following guiding questions as we finalize recommendations to the MPA.”
1) What needs, gaps, and/or organizational barriers are you addressing to further diversity, equity, and inclusion in your recommendations?

2) How were the basic needs, gaps, and/or organizational barriers to equity determined when designing the recommendations? (i.e. primary research, secondary research, key informant interviews, subject matter expertise).

- Who was involved in determining the recommendations? Were stakeholder groups with membership directly impacted by the policy included?

- If so, which ones engaged and how did you ensure that their recommendations/considerations were included in your recommendations?
3) Do the resulting recommendations take into account the cultures and languages of impacted communities? For example, in determining those needs, was key information (access to services, forms, teaching materials, social media, phone lines) collected directly from the communities and made available in-language and in-culture?

4) How do the data/research inform or support the recommendations, statements, strategies, or conclusions? Did you refer to research conducted in a way that was/is inclusive and reflective of the demographic and cultural makeup of California?
5) How do the resulting recommendations build on the strengths and assets of the impacted communities?

6) Do the proposed recommendations take into account impacts on, and the rights of, people with disabilities? Please refer to the Olmstead Act for guidance.
Equity Work Group Recommendations

Structures & Systems

• **The Administration:** should commit to developing a Master Plan for Equity across state government for All Californians, building off the work of the Master Plan for Aging.

• **The Master Plan for Aging (MPA)** must adopt as a primary goal addressing systemic inequities in how we age that result from systemic racism, and other forms of discrimination and bias.

• **The Master Plan for Aging (MPA)** implementation plan should include: 1) a permanent Equity Advisory Committee comprised of stakeholders to advise and monitor implementation; and 2) continued use of the Equity Tool to design and refine programs.
Equity Work Group Recommendations

Structures & Systems

• **The California Department of Aging (CDA):** should create a Director of Equity position that is responsible for and empowered to ensure that CDA’s programs are advancing equity; and require Diversity, Equity and Inclusion training for all staff that is tied to specific outcome measures and data with clear intent about the purpose and goals of the training. Other state agencies should do the same.

• **Aging and disability service providers, advocacy organizations and foundations** in California should develop their own Diversity, Equity and Inclusion plans.
Equity Work Group Recommendations
Program Development through an Equity Lens

- **Know your audience** - Use existing data such as the healthy places index to know your demographics

- **Partner with the community** - that may be in the form of a community strengths and needs assessment or focus groups

- **Include the community in the planning process and throughout** - “Nothing about us without us”

- **Advance equity through planning, delivery, outreach**

- **Diversity, Equity, Inclusion Considerations:**
  - Linguistic, cultural nuances
  - People of color
  - LG BTQ
  - Disabilities
  - Immigration status
  - Women
  - Digital divide
Equity Work Group Recommendations
Evaluation & Assessment

- Develop an inclusive assessment and evaluation plan to identify gaps in data, priority problems, select appropriate outcome indicators, set targets, and measure results.

- In recognition that there is a paucity of data on the experience of diverse older adults and their families, identify available tools and frameworks to identify local factors that determine inequity in community conditions (Such as CA Healthy Places Index, CA Health Interview Survey, Elder Economic Security Standard).

- Prioritize the development and use of reliable disparities-sensitive and equity measures to assess the MPA.

- Report performance data stratified by race, ethnicity, language, socioeconomic status, age, sex, gender identity, sexual orientation, disability, and other demographic factors.
Equity Work Group Recommendations

Developing a Shared Language

The Equity Work Group is creating a glossary of terms that will be used to create enhanced literacy and transparency as we seek to address equity through the Master Plan for Aging. The glossary will include the following terms:

- Diversity
- Equity
- Health Equity
- Equality
- Disparities
- Inclusion
- Cultural Competency
- Bias & Unconscious Bias/Implicit Bias
- Disability
- Ableism
- Ageism
- Racism (implied systemic, institutional, and historical)
- Intersectionality
- Discrimination
- Lifespan
Master Plan for Aging
Stakeholder Advisory Committee: Goal 2 Briefing

DRAFT RECOMMENDATIONS:
LIVABLE COMMUNITIES & PURPOSE

Presenters: Nina Weiler-Harwell, Jeannie Parker Martin
Thank you
Area 2 Writing Team

- Jan Arbuckle
- Cheryl Brown
- Laura Carstensen
- Clay Kempf
- Jennie Hansen
- Karen Lincoln
- Jeannee Parker Martin
- Stacy Moore
- Meghan Rose
- Debbie Toth
- David Ragland
- Nina Weiler - Harwell
Goal 2: Livable Communities & Purpose

We will live in and be engaged in communities that are age-friendly, dementia-friendly, disability-friendly, and equitable for all.
THE 8 DOMAINS OF LIVABILITY

The availability and quality of these community features impact the well-being of older adults.
Guiding Principles

- **Housing** is a *foundational* component of our continuum of care for older adults and people with disabilities.

- Transportation should be available, accessible, and affordable and meet the needs of older adults and people with disabilities.

- California must address the *historic* and *systemic disparities* inherent in our built environment by intentionally advancing solutions that build toward *equity*.

- Each domain of livability is *interdependent*.
Housing is a Right

Livable Communities

- Transportation
- Engagement
- Social Inclusion
- Healthcare
- Parks & Public Space
- Work
- Communication

Housing is the Foundation that Makes All Communities Livable
California must create housing options suitable for all people, recognizing the intersectionality of age, race, gender identity, sexual orientation, income, ability, and life stage.

Access to affordable housing in California is next to impossible for many older adults.

Nearly 2/3 who qualify for affordable housing don’t receive it.
1. HOUSING

Immediate/Short Term (0-3yrs) • Mid-term (3-5yrs) • Long-Term (5-10yrs)

- **Build more affordable senior housing.**
- **Expand funding for Permanent Supportive Housing.**
- **Create Integrated Care at Home Demonstration** with CMMI grant funding.
- **Make housing a primary component** of any statewide long-term care benefit at home.
- **Adopt a permanent and statewide Integrated Care at Home Program** to help older adults and people with disabilities age in place.

Housing is the Foundation that Makes All Communities Livable

Livable Communities

- Transportation
- Engagement
- Social Inclusion
- Healthcare
- Parks & Public Space
- Work
- Communication
Transportation is the vital link that connects older adults and people with disabilities to social activity, economic opportunity, and community services, hence supporting their independence. Without transportation, people cannot remain in their homes and communities as they age.

Many older adults need specialized transportation services such as door-to-door paratransit and escorts to physician’s offices.

Historic discrimination and the intersection of disability and discrimination must be part of the calculus in developing a rider-centric system.

Safe, affordable, accessible, dependable, and user-friendly options are needed to overcome the physical limitations associated with aging and living with one or more disabilities.
2. ACCESSIBLE TRANSPORTATION

1. Accessible coordinated transportation and mobility spanning the entire age/ability spectrum (local).
2. Policy and planning imperatives (statewide).
3. Rural investments.
3. PARKS & PUBLIC SPACE

California must enact a policy of parks for ALL.

- Protect and preserve funding for parks as part of our critical health infrastructure.
- Advance park design, planning, and programming that is culturally inclusive, dementia-friendly, disability-friendly, being diverse across the age and ability spectrum while eliminating disparities in older adult park use.
- Examine and adopt new methodologies in planning to improve quality and equity, and implement innovations.
- Improve parks and public space access and address funding adequacy.
4. SOCIAL INCLUSION & ENGAGEMENT

- Appoint a **Minister of Engagement** to **coordinate** efforts, **identify gaps**, and **advance progress** within the social inclusion goals in the Master Plan for Aging.

- Intentionally **age-integrate** and foster **Intergenerational** connections in public space, while increasing access to community colleges and workplace for older adults and people with disabilities.

- Implement a campaign to educate Californians about the **diversity, value, and contributions** of older people.

- Partner with counties and local partners to develop **screening tools** and **interventions** to detect social isolation and develop a coordinated, shared statewide platform mapping hot-spots and emerging needs in real time.
COMMUNICATION

Communications with the public must be multi-modal, and shared through a variety of methods while advancing solutions to increase internet access and digital literacy.

- Enable all older Californians and persons with disabilities through **digital access**, including statewide broadband, devices accommodating **sensory limitations**, and **digital literacy** training.
- Expand California Public Utilities Commission Programs to bring broadband **connectivity** to low-income older adults.
- Expand the language of the California Teleconnect Fund to include **senior housing** communities and **senior centers**.
- Change the language of the California Advanced Services Fund to “underserved”. 
5. LEADERSHIP

A Livable California for All requires strong, enduring commitment from statewide leadership at all levels, led by the Governor’s Office, with full support of all relevant state departments and agencies, all elected offices, and the legislature.

- Establish an interagency process similar to the Strategic Growth Council to prioritize and implement critical solutions and all Master Plan for Aging components.

- Establish a cabinet level position to provide sustained oversight and coordination of the Master Plan for Aging across all sectors and to ensure successful implementation, collaboration, and cooperation across departments.

- California joins the Network of Age-Friendly States and Communities (NAFSC) and develops a statewide partnership for age-friendly communities and organizations to collaborate, exchange local best practices, and help the state ensure policies are appropriate and relate to community as well as state need.
Goal 2: Livable Communities & Purpose

**Housing** allows additional infrastructure to succeed and older adults to live in and be engaged in communities that are race, gender and disability equitable, age-friendly, dementia-friendly, and disability friendly. Paired with affordable housing, accessible and affordable transportation allows community access.

Every Californian must be able to actively participate in their communities through **Civic and social engagement**. Paired with full access to health care, **parks and public spaces**, and work opportunities, we can advance the promise of a Livable California for All. Especially when accessible, affordable housing and transportation exist at all stages of life.
Goal 2: Livable Communities & Purpose

Discussion
Master Plan for Aging
Stakeholder Advisory Committee: Goal 4 Briefing

DRAFT RECOMMENDATIONS:
ECONOMIC SECURITY & SAFETY

Presenters: Kevin Prindiville, Darrick Lam, Christina Mills
Goal 4: Economic Security & Safety Writing Team

- Kevin Prindiville
- Christina Mills
- Ana Acton
- Janny Castillo
- Andy Imparato
- Darrick Lam

Special Thanks To Justice In Aging Staff:
Vivianne Mbaku, Patti Prunhuber, Trinh Phan
Center equity in all efforts recognizing that systemic racism, sexism, homophobia, xenophobia, ableism, ageism result in disparities in economic security, poverty, hunger, homelessness as we age.

Recommendations fall into these categories:

- Economic Security for All
- Eliminate Poverty, Hunger, Homelessness
- Work Opportunities for those that want and need to work
Large numbers of California’s older adults and people with disabilities are economically insecure

- Adopt the California Elder Economic Security Index as the state’s measure for determining economic security
- Increase incentives and opportunities to save for retirement by increasing marketing of and enrollment in CalSavers program
- Reduce health care costs for older adults and people with disabilities by expanding Medi-Cal eligibility and enrollment commensurate with other populations, including for undocumented populations
Large numbers of California’s older adults and people with disabilities are economically insecure (cont’d)

- Reduce long term care costs for older adults and people with disabilities and their families by adopting the LTSS recommendations for creating new LTSS programs
- Expand the CalEITC so that it benefits low-income immigrant workers who file taxes with an ITIN
POVERTY, HUNGER, HOMELESSNESS

GOAL: Eliminate poverty, hunger, and homelessness among older adults and people with disabilities

- **Eliminate poverty:** Increase the state portion of the Supplemental Security Income (SSI) to the real cost of living for seniors, using the California Elder Index

- **Eliminate hunger:** Maximize participation in CalFresh & other food programs
POVERTY, HUNGER, HOMELESSNESS

- **End homelessness**
  - Provide a statewide rental supplement for very low income seniors who pay more than 50% of their income for rent
  - Create more permanent, deeply affordable and accessible housing for older adults experiencing homelessness
  - Ensure In-Home Supportive Services or other personal care services are available to disabled, medically vulnerable seniors who are unhoused, transitionally housed, or otherwise unstably housed
Recommendations fall into the following goals:

- Measure and assess the **need & desire** for work opportunities for older adults and people with disabilities with **reliable data** for informing data-driven solutions that promote **equity**.

- **Design** and **monitor solutions** with the specific intent of **removing barriers** to work for **all** older adults and people with disabilities by recognizing the strengths and assets of each community and the **intersectionality of race, ethnicity, class, immigration status, language, religion/faith, sex, gender identity, sexual orientation, and family status.**
Recommendations fall into the following goals:

- Expand the reach of proven **best practices** for supporting older adults and persons with disabilities who are job seeking.
- Increase **sustainable work opportunities** for older adults and people with disabilities.
- Decrease **misconceptions** about older workers and workers with disabilities.
SAFETY

Equity also at the center of these recommendations recognizing that systemic racism, sexism, homophobia, xenophobia, ableism, ageism result in disparities in who is most likely to experience elder abuse or harm in an emergency or disaster.

Recommendations fall into two categories:

- Emergency & Disaster Preparedness & Response
- Elder Justice & Abuse
EMERGENCY & DISASTER PREPAREDNESS & RESPONSE

- Increase **preparedness education** for all Californians
- **Emergency alert, warning, and notification** for Public Safety Power Shutoffs (PSPSs) should include reaching older adults and people with disabilities
- **Coordination & Collaboration** should include training for county staff, provider emergency backups, and additional IHSS hours.

**Considerations for Emergency and Disaster Preparedness and Response:**

- **Rural challenges**: solutions for communication, emergency vehicle access, temporary shelter placement
- Sheltering with respect to **COVID-19**: sheltering solutions should include COVID-19 precautions
ELDER JUSTICE AND ELDER ABUSE

Recommendations fall under the following categories:

- **Equity**
  - Establish a Task Force to re-examine the relationship between law enforcement and entities that address elder abuse

- **Elder Justice**
  - Promote alternatives to guardianship through the creation of a Working Interdisciplinary Network of Guardianship Stakeholders (WINGS) Program
  - Increase consumer protections through the creation of a State Consumer Protection Agency
  - Encourage use and expansion of the Advanced Health Care Directive Registry
ELDER JUSTICE AND ELDER ABUSE

Recommendations fall under the following categories (cont’d):

- Preventing and Ending Elder Abuse
  - Create a California Elder Justice Coordinating Committee, modeled after the federal committee, to facilitate the collaboration among all members of the aging network
  - Increase government support of legal services to support older adults
  - Utilize the Legal Assistance Developer (LAD) to increase capacity of state to coordinate legal assistance for older adults
Public Comment

Public comments during meeting, as on agenda and announced:

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- 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.

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The mission of the Task Force is to develop **big, bold and brave recommendations** for Governor Newsom to activate on how local communities, private organizations, businesses, government and families can prevent and prepare for the rise in the number of cases of Alzheimer’s Disease and forge a bold path forward for an aging state and its families.
Task Force Members

- Maria Shriver, Chair
- Secretary George Shultz, Strategic Advisor
- Dr. Nadine Burke Harris
- Dr. Marcy Adelman
- Kumaran Akilan
- Dr. Maria Aranda
- Dr. Keith Black
- Dr. Susan Bookheimer
- Kathleen Brown
- Dan Buettner
- Dr. Wynnelena Canio
- Tim Carpenter
- Susan DeMarois
- Josh Fryday
- Paula Gann and Kyle Scrivner
- Dr. Adele M. Hayutin
- Dr. Oanh Le Meyer
- Bob Linscheid
- Dr. David Lubarsky
- Pam Montana
- Doug Moore
- Graciela Moreno
- Secretary Leon E. Panetta
- Lauren Miller Rogen
- Dr. Howard Rosen
- Lily Sarafan
- Dr. Sharon Sha
- Todd A. Shetter
- Erin Stein
- April Verrett
- Dr. Kristine Yaffe
Gavin Newsom  
GOVERNOR OF CALIFORNIA  
"Too many of us have seen the crushing grip this disease has on our loved ones— and especially on our wives and mothers— two-thirds of new Alzheimer’s cases are women. Today, I am launching the Alzheimer’s Prevention and Preparedness Task Force, bringing the most renowned scientists and thinkers together to develop first-of-its-kind research in this area. It will be headed by a leading advocate for families dealing with Alzheimer’s—our former first lady, Maria Shriver."

Maria Shriver  
TASK FORCE CHAIR  
"So much of Alzheimer’s Disease is defined by what we cannot do— the memories and cognitive ability that are taken away from us and our loved ones. The work of this Task Force will be to listen, to investigate and to recommend groundbreaking solutions that prove there is much we can do now to take on Alzheimer’s Disease."
Task Force Meetings

- Have remained nimble, adapting to the current COVID-19 landscape with a lens on equity and race.

- Consistent communication with Task Force members to keep them abreast of developments and solicit their ongoing feedback.
Regional Roundtables

- Hundreds of regional participants attended, representing faith based, advocacy, healthcare, labor, local government, long-term care and other communities.

- Provided input on the unique needs of the diverse communities across the state, including the Bay Area, Southern California, the Capitol Region and Central Valley.
Landscape Update

- We recognize the new challenges that our state, nation and world are experiencing. With COVID-19, an important focus on racial justice and California’s abrupt $54 billion deficit, our work takes on new urgency.

- It must be grounded in the realities of a strained financial outlook. Nevertheless, our mission and our work is more important than ever as we are witnessing day by day how critical the need is to have a plan and safety net for our most vulnerable communities — aging and disabled adults, low-income and ethnically diverse families and the people who will care for them.

- All recommendations have been developed acknowledging the deep heterogeneity of California: diversity of culture, race, faith, economics, geography, ability, age and more.
Recommendations

1. Keep California at the Forefront of Cutting-Edge Research
2. Model a Statewide Standard of Care to the Nation
3. Create an Alzheimer's Disease Public Awareness Campaign
4. Build a California Cares (Digital Portal and App)
5. Establish California Voluntary Savings Accounts for Long-Term Care
6. Launch a California Care Corp Program
7. Invest in Career Incentives for Alzheimer's Health Care Workforce
8. Introduce a New Caregiver Training and Certification Program
9. Launch California's Blue Zone City Challenge
10. Appoint an Alzheimer's Czar
Long-Term Services & Supports Subcommittee Updates

Sarah Steenhausen
Long-Term Services & Supports Subcommittee Updates

- **Long-Term Services & Support Subcommittee Report**
  - Submitted in May
- **Long-Term Care at Home benefit recommendations**
  - In progress
- **Long-Term Care at Home immediate response recommendations**
  - July 31
Master Plan for Aging
Stakeholder Advisory Committee:

DRAFT RECOMMENDATIONS:
GOAL 3 HEALTH AND WELLBEING

Presenters: Maya Altman, Marty Lynch, Fernando Torres-Gil
Goal 3: Health & Well-Being Writing Team

- MAYA ALTMAN
- BRUCE CHERNOFF
- JENNIE CHIN HANSEN
- LE ONDRA CLARK HARVEY
- SUSAN DEMAROIS
- JANET FRANK
- PETER HANSEL

- JODI REID
- SARAH STEENHAUSEN
- JUDY THOMAS
- FERNANDO TORRES-GIL
- DEBBIE TOTH
- HEATHER YOUNG

Special thanks to Graduate Students: Nate Bohm-Levine (UCSF/UC Berkeley, Lei Chen (UCLA), Mutian Zang (USC)
Goal 3: Health and Wellbeing
VALUES

- **Inclusion**: The system must address disparities across racial and ethnic groups, disability, geography, income, immigration status, language, religion/faith, gender identity, sexual orientation, and family status.

- **Holistic**: People do not live in silos. Health and wellbeing has as much to do with social, emotional and functional supports as it does with medical care.

- **Person-centered**: Systems must be based on needs of person rather than the needs of the system.

- **Choice**: All older adults and people with disabilities should have access to range of supports based on individual needs, desires and preferences.

- **Comprehensive**: Health care delivery must include access to all care, including wellness, behavioral health, dental, vision, and with access to telehealth and related services.
Goal 3: Health and Wellbeing
CROSS CUTTING ISSUES

Priorities

- Equity: Identify and address health disparities, meeting needs of underserved communities
- Leadership: Establish a single state leader on health, aging, and disability
- Integration: Develop a coordinated service delivery system. Address fragmentation across health, LTSS, human services, and related sectors
Goal 3: Health and Wellbeing

FRAMEWORK

Framework

► Person-Level: Health Aging/Wellness and Prevention
► System-Level: Health Care and Integrated Systems of Care
► Provider-Level: Professional Geriatric Health Care Workforce Development and Provision of Integrated Care for All
Carmen’s mother has had several falls with injuries, one resulting in a broken back. When she wasn’t responding to physical therapy, the health plan said she could no longer be rehabilitated in skilled nursing. Three years into the revolving door of hospitals, skilled nursing, home care and assisted living, Carmen’s mother was diagnosed with Alzheimer’s. Looking back, Carmen realizes they misattributed many of her signs and symptoms to falls and hospitalizations. Despite frequent contacts with the medical profession, she went undiagnosed contributing to her overall decline and high costs.
Goal 3: Health and Wellbeing
PERSON-LEVEL

Wellness and Prevention Across Lifespans

- Reframe public narrative
- Promote intergenerational education
- Address social determinants of health, including racism and climate change
- Enhance prevention and wellness
Goal 3: Health and Wellbeing
SYSTEM-LEVEL

Health Care and Integrated Systems of Care
- System Integration
- Care Transitions
- Alzheimer’s and Dementia Care
- Behavioral Health
- Oral Health
- Palliative Care
- Telehealth
- Skilled Nursing Facilities
Goal 3: Health and Wellbeing
SYSTEM-LEVEL

System Integration Recommendations:

- Vision for system integration: Health care, behavioral health and LTSS system integration
- Goal: Fully integrated care options in all counties
- Prioritize leadership: Medicare/Medi-Cal Coordination Office in Department of Health Care Services
- Expand access to PACE
- Medicare-only population: Develop integrated care options in Medicare Advantage and MediGap
Goal 3: Health and Wellbeing

PROVIDER-LEVEL

Professional Health Care Workforce Development

▶ Vision: Adopt an organizing framework
▶ Supply: Increase # of qualified providers in primary care & behavioral health
  • Expand # of primary care and psychiatry residency positions
  • Increase # of psych-mental health nurse practitioners
  • Strengthen pipeline development for future health care professionals
  • Develop more robust data collection to track behavioral health workforce
Goal 3: Health and Wellbeing
PROVIDER-LEVEL

Professional Health Care Workforce Development

- Training: Prepare workforce to provide person-centered, culturally-congruent, team-based and technology enabled care for older adults
  - Promote inclusion of competencies in care of older adults integrated across settings and specialties for both new professionals and the incumbent workforce, including competencies in dementia care, behavioral health, palliative care and LTSS
Goal 3: Health and Wellbeing
PROVIDER-LEVEL

Professional Health Care Workforce Development

- Align regulations to support optimal access
  - Maximize role of advance practice providers (nurse practitioners and physician assistants)
  - Conduct pilot demonstrations of nurse delegation in community settings
  - Promote use of gerontologists for team care and care management
Goal 3: Health and Wellbeing
PROVIDER-LEVEL

Professional Health Care Workforce Development

- Incentivize optimal workforce preparation
  - Require State, Counties and Academic Institutions to designate priority slots for future loan forgiveness and stipend programs for trainees including Social workers
  - Consider incentives in small and rural counties for geriatric behavioral health
  - Require competency expectations in accreditation
What’s Missing? Needs Improvement? Comments to Date

- Universal Health Care
- Affordability/Medi-Cal expansion for older adults/people with disabilities
- Non-discrimination (Crisis Care Guidelines context)
- Assure language is inclusive
- Ensure leadership recommendations are focused and consistent
- Social isolation
- SNF recommendations
- Equity review
Goal 3: Health and Wellbeing

QUESTIONS/DISCUSSION
Research Subcommittee

Full Research Subcommittee member list may be found at https://www.chhs.ca.gov/home/master-plan-for-aging/
Research Agenda Update

Carrie Graham
Research Agenda
Example Recommendations

•Goal 1: LTSS and Caregiving
  • Add LTSS module and Informal Caregiver Module to CHIS permanently
  • Evaluate IHSS to demonstrate cost savings of HCBS over institutional care

•Goal 2: Livable Communities and Purpose
  • Create and distribute community surveys to equip local providers with accessible data to forecast the needs of their specific aging community
  • Assess public perception regarding elder and end-of-life care through routine, countywide surveys
Research Agenda
Example Recommendations

• **Goal 3: Health and Well Being**
  • Identify specialized health service gaps by area (oral, geriatric, palliative, etc.)
  • Establish systems to reliably document patient treatment preferences across sites
  • Increase data collection for behavioral and mental health care provision

• **Goal 4: Economic Security and Safety**
  • Conduct routine food insecurity assessments and develop plan to broaden nutrition support services
  • Create standard protocol for reporting elder abuse, and collect statewide data to understand the scope of the issue
Research Agenda
Example Recommendations

• **Overarching Research Agenda Ideas**
  • Create an MPA Research consortium for ongoing research & evaluation informed by MPA stakeholder process.
  • Create a data warehouse where programmatic and Medi-Cal data are merged and easily accessible for analysis by state and researchers.
  • Prioritize collection and distribution of data to monitor equity and disparities.
  • Develop models to project aging services gaps and benchmark MPA recommendations.
Research Agenda

Proposed MPA Research-Policy Consortium

1) Create a Consortium of expert researchers, experienced policymakers, and other stakeholders to integrate existing data on aging Californians across departments/programs; identify data gaps and collect new data.

2) Use that data to conduct analysis, update dashboard, evaluate/project impact of MPA, assess equity/disparities.

3) Act as an advisory group for aging research statewide.

4) Train the next generation of researchers/policymakers to be age-, disability- and dementia-informed.

5) Focus on “priority areas” related to Goals 1, 2, 3, 4.
MPA Data Dashboard Update

Terri Shaw
MPA Data Dashboard Progress

• Candidate measures compiled from:
  • Public recommendations
  • Prior SAC, LTSS Subcommittee, Equity Workgroup, and Research Subcommittee meetings

• Prototypes being developed with the partnership of:
  • California Department of Public Health (CDPH)
  • West Health Institute
As California’s state health assessment and improvement plan, LGHC provides an ongoing **statewide collaborative** and **systematic approach** to:

- Assess and Monitor Health
- Identify and Prioritize Opportunities
- Collectively Plan and Act
- Evaluate and Report Progress
Prototype: Key Dashboard Components

Context

Progress Indicators

Goals

Demographic Profile
Sample Visualizations: Demographic Profile

CDPH
Interactive View: Demographics of California’s Aging Population

2018 Differences by Demographic

- Total: 27.7%
- Sex: Female 56.0%, Male 44.0%

Trends over time by Demographic

2018 Country Totals by Demographic

* Statistically unreliable estimate based on the Relative Standard Error (RSE) indicates a small sample size. Estimates for 0% and 100% have been suppressed because the RSE could not be calculated for these values.
Interactive View Dropdowns

Interactive View: Demographics of California's Aging Population

Select Year: 2018
Select Geography: California
Display 95% Confidence Intervals? Yes

Demographic: (Multiple values)
- Age Group: 65 or greater years
- Gender: Female
- Race/Ethnicity: Asian Subgroup
- County Totals by Demographic

Select Denominator: Research Population Size (60+ Males 65-69 / CA Males)

2018 County Totals by Demographic

Together We ENGAGE
Master Plan for Aging
Sample Visualizations: Progress Indicators

CDPH
Indicator Framework

Services & Supports: We will live where we choose as we age and have the help we and our families need to do so.

Objective 1.1: Californians will have access to the help we need to live in the homes and communities we choose as we age.

Objective 1.2: Californians of all ages will be prepared for the challenges and rewards of caring for an aging loved-one, with access to the resources and support we need.

Livable Communities & Purpose: We will live in and be engaged in communities that are age-friendly, dementia-friendly, and disability-friendly.

Objective 2.1: California’s neighborhoods will have the built environment to fully and meaningfully include older adults, people with disabilities, and people of all ages.

Together We ENGAGE
Master Plan for Aging
Story Behind the Curve

This is where you tell the story behind the data. You can also share any data limitations or cautions when interpreting the data.

Partners

This is where you share partner organizations that are responsible for implementing strategies and actions to make progress on this indicator.
Sample Visualizations: Goal 1

West Health Institute
Long-Term Care Utilization & Quality of Care

Dashboard Prototypes

- **Description:**
  - The number of deficiencies at the facility and county level in perspective to the number of licensed beds at long-term care facilities.
Activities of Daily Living

Dashboard Prototypes

Description:
Comparison of overall self-reporting of ADLs/IADLs in California to national averages over time.
Activities of Daily Living
Dashboard Prototypes

**Description:** Comparison of overall self-reporting of ADLs/IADLs in California to state averages over time
MPA Data Dashboard Next Steps

- Align MPA recommendations and indicators to support:
  - Monitoring of MPA implementation
  - Sound and equitable policy decisions

- Refine and harmonize design across all components

- Provide interactive demonstration at next SAC meeting (9/15)
Public Comment

• Public comments during meeting, as on agenda and announced:
  • 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

Kim McCoy Wade
Next Steps

• Stakeholder Advisory Committee Meeting - Sept 15th
  • Final recommendations and SAC action to Administration

• Cabinet Work Group – Ongoing

• MPA Release by Administration – December
Thank you!

Send questions to EngAGE@aging.ca.gov

Learn more about the Master Plan for Aging at ENGAGECA.org