

## California's Master Plan for Aging

### Background

Add a section that gives background on the importance of addressing equity in the Master Plan for Aging.

In furtherance of these goals the Equity Work Group has drafted the recommendations below. The Recommendations have three components: Structures & Systems, Program Development, and Evaluation & Assessment.

The Equity Work Group also developed a glossary of key terms.

### Structures & Systems

It is critical that the Administration and the broader aging and disability services and advocacy communities establish structures and systems to ensure that the actions undertaken in the Master Plan for Aging are centered in Equity.

Recommendations:

- **Adopt as a primary goal of the Master Plan for Aging addressing systemic inequities in how we age that result from systemic racism and other forms of discrimination and bias.**
- **Create a permanent Equity Advisory Committee comprised of representative stakeholders to advise and monitor implementation of the Master Plan.**
- **Continuously update and use the Equity Tool to design and refine programs related to the Master Plan for Aging.**
- **Develop a Master Plan for Equity for all Californians across state government, building from the work of the Master Plan for Aging.**
- **Create within 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.** Similar positions should be considered within other agencies and departments.
- **Require Diversity, Equity and Inclusion (DEI) training for all CDA staff that would be 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. DEI trainings should explicitly address ageism and ableism and their intersection with racism, xenophobia, sexism, homophobia, and transphobia.
- **Require that all aging and disability services organizations that receive funding from CDA create and implement a Diversity, Equity and Inclusion plan for their organization.** CDA should also provide funding to support these DEI efforts.

**All aging and disability service providers, advocacy organizations and foundations in California should develop their own Diversity, Equity and Inclusion plans.** Plans should include evaluation of the diversity of their board, leadership, staff and making that data publicly available. If staff are not representative of communities being served, the organization should have a plan for alignment.

## **Programs**

It is critical that the Master Plan for Aging include programs that advance equity and that meet the needs of specific populations within the aging community that experience disparate outcomes in aging due to systemic inequities they have faced throughout their lives including BIPOC, immigrant, LEP, LGBTQ, people with disabilities and women. The following recommendations apply to any programs developed under the Master Plan.

- 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”**

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Recommendations:

- **Know your audience.** Use existing data such as the [Healthy Places Index](#) to know your demographics.
- **Partner with the community.** Partnership 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 and outreach by taking into account linguistic and cultural nuances, accommodations for disabilities, immigration status, and the digital divide.**

## **Evaluation and Assessment**

Measurement is an important, yet underused, tool for reducing disparities in aging and disability services. Measurement can allow policymakers, providers, consumers, and other stakeholders to identify disparities in their communities, target resources and interventions that can reduce those disparities, and monitor the improvement or worsening of disparities in response to these interventions

or other changes. However, in order to be an effective tool for advancing health equity, performance measurement must be implemented in a way that specifically accounts for disparities in risk factors, experiences, access, quality of care, and wellness outcomes. We recommend several ways to structure performance measurement to promote equity.

Recommendations:

- **Develop an inclusive assessment and evaluation plan to identify gaps in data, priority problems, select appropriate outcome indicators, set targets, and measure results.**
  - [https://familiesusa.org/wp-content/uploads/2018/06/FamiliesUSA\\_Policy-Options\\_Report.pdf](https://familiesusa.org/wp-content/uploads/2018/06/FamiliesUSA_Policy-Options_Report.pdf)
- **In recognition that there is a paucity of data on the experience of diverse older adults and their families, it is advised to identify available tools and frameworks to identify local factors that determine inequity in community conditions** (<https://www.caregiving.org/no-more-one-size-fits-all-research/>).
  - California Healthy Places Index <https://healthyplacesindex.org/> to identify highly vulnerable communities and intervention targets
  - International Classification of Functioning, Disability and Health <https://www.who.int/classifications/icf/en/#:~:text=The%20International%20Classification%20of%20Functioning,a%20list%20of%20environmental%20factors> to organize and document functioning and disability as function of individual health, environmental factors and personal factors
  - The California Health Interview Survey (CHIS) <http://healthpolicy.ucla.edu/chis/Pages/default.aspx> to utilize the nation’s largest state health survey to obtain health data about the state’s various racial, ethnic and other diverse groups.
  - [The Elder Economic Security Standard™ Index \(Elder Index\)](https://healthpolicy.ucla.edu/programs/health-disparities/elder-health/elder-index-data/Pages/elder-index-data.aspx) <https://healthpolicy.ucla.edu/programs/health-disparities/elder-health/elder-index-data/Pages/elder-index-data.aspx> to provide an evidence-based indicator of the actual basic costs faced by older adults (ages 65 and over).
- **Directly measuring inequities and progress toward eliminating them requires using disparities-sensitive measures that detect disparities in populations, and equity measures that assess whether programs and services that increase equity are being implemented.**

Accordingly, we recommend that the development and use of reliable disparities-sensitive and equity measures to assess the MPA goals is a priority. Specifically, we recommend that disparities-sensitive measures be based on the following criteria:

- A condition’s prevalence among populations with social risk factors.
- The size of the disparity.
- The strength of the evidence linking improvement on the measure to improvement in target outcomes for populations with social risk factors.
- The “actionability” of the measure.
- [https://www.urban.org/sites/default/files/publication/101052/the\\_state\\_of\\_equity\\_measurement\\_0.pdf](https://www.urban.org/sites/default/files/publication/101052/the_state_of_equity_measurement_0.pdf) for equity definitions and subsequent measurement—qualitative and quantitative

- **Report performance data stratified by race, ethnicity, language, socioeconomic status, age, sex, gender identity, sexual orientation, disability, and other demographic factors to identify disparities and evaluate the impact of specific service delivery changes on outcomes for members of underserved and under-resources communities and whether they are reducing or widening disparities.**