MASTER PLAN FOR AGING
EQUITY WORK GROUP
EQUITY TOOL

Together We ENG**AGE**
Master Plan for Aging

CALIFORNIA
Department of
AGING

The Master Plan for Aging (MPA) will serve all 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, the Stakeholder Advisory Committee formed the Equity Work Group (EWG) to advise on MPA recommendations and deliverables through an equity lens. To guide other MPA subgroups and subcommittees, the EWG developed a set of equity tool questions for use while forming these deliverables.

Since the development of the first set of guiding questions for the MPA recommendation process, we have been struck collectively by two pandemics: COVID-19 and the public health crisis of systemic racism, most recently highlighted through police brutality and the Black Lives Matter movement. Through these pandemics, deeply rooted inequities have been become widely apparent and undeniable, making it an utmost responsibility to seek equity through all MPA recommendations.

> *"The route to achieving equity will not be accomplished through treating everyone equally. It will be achieved by treating everyone justly according to their circumstances."*
>
> — Paula Dressel, *Race Matters Institute*

Equity is a goal that can be reached through a pathway of equality. As members of the EWG, our principles are seen through an equity lens. An equity lens requires framing and developing strategies to equalize resources and opportunities as a further step toward justice. These principles include, but are not limited to, the following:

- Equity must be embedded in decision-making during the formation stages of any recommendation.

- The strengths and assets of each community must be highlighted and used to help us to move in culturally appropriate and inclusive ways.

- Systemic racism can only be eliminated through systemic solutions. These pandemics only heightened and unveiled existing disparities; they did not create them.

- Recommendations must be very specific and explicit about the communities they are attempting to address. "Communities of color" or generic "diversity" language weakens and takes power away from

the recommendation and the groups we aim to serve. To be explicit in terminology provides power to the group that has been systemically underrepresented or misrepresented.

- Recommendations should not unintentionally further exacerbate inequities experienced by some communities.

- There is intersectionality between race, class, gender, and sexual orientation. Therefore, recommendations should be guided by the principle that the MPA is for all Californians throughout their lifespan, with particular emphasis in creating systems that are supportive and inclusive of people of all races, classes, genders, and sexual orientations.

- Systemic racism, ageism, able-ism, and sexism can only by eliminated through systemic solutions. The MPA should strive to transform the systems that impact the lives of those most affected by systemic and institutionalized discrimination and who, therefore, have experienced the most profound and adverse impacts during COVID-19.

We offer the following guiding questions in making recommendations for the MPA.

QUESTIONS

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).

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

   b. 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.

CALIFORNIA MASTER PLAN FOR AGING
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