

California's Master Plan for Aging

Draft Equity Work Group Recommendations

For the MPA Stakeholder Advisory Committee (SAC) Meeting on 8/11/2020
Final Recommendations to be Shared at the MPA SAC Meeting on 9/15/2020

The Equity Workgroup Recommendations have Four Components:

- A. Structures & Systems
- B. Programs
- C. Evaluation & Assessment
- D. Definitions

A. 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.

- The Master Plan for Aging must adopt as a primary goal of advancing equity across all four MPA goal areas by addressing systemic inequities caused by racism, discrimination, and bias.
- The Administration should establish a permanent Equity Advisory Committee comprised of stakeholders to advise and monitor the implementation of the Master Plan across agencies and organizations.
- The California Department of Aging – and other state agencies – should create a Director of Equity position that is responsible for and empowered to ensure that CDA's programs are advancing equity.
- The Administration should 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
 - DEI trainings should explicitly address ageism and ableism and their intersection with racism, xenophobia, sexism, homophobia, and transphobia.
- The California Department of Aging should require that all aging and disability services organizations that get funding from CDA create and implement a Diversity, Equity and Inclusion plan for their organization.
- Aging and disability service providers, advocacy organizations and foundations in California should develop their own Diversity, Equity and Inclusion plans.

- The professional aging and disability network in California lack racial and LGBTQ diversity, particular among statewide advocates and representatives in Sacramento. We need to become more racially and ethnically diverse, equitable and inclusive.
- Organizations working in this space – service providers, advocacy organizations, foundations – should commit to changes within their organization that ensure more diverse and inclusive representation. This should include evaluating 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.
- CDA should require that any organization receiving funds from CDA has created and is working to implement a DEI plan for their organization, including the review of organizational diversity outlined above. CDA should also provide funding to support these DEI efforts.

B. 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”
- Ensure that all programs are culturally and linguistically accessible

C. Evaluation and Assessment

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

D. Definitions:

The Equity Work Group will create a glossary of terms that will be used to encourage enhanced literacy and transparency as we seek to address equity through the Master Plan for Aging. The glossary will include, but not be limited to, the below terms and will accompany the EWG Equity Tool. The final glossary will be shared on September 15th at the SAC meeting.

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| <ul style="list-style-type: none"> • Diversity • Equity • Health Equity • Equality • Disparities • Inclusion • Cultural Competency • Bias & Unconscious Bias/Implicit Bias | <ul style="list-style-type: none"> • Disability • Ableism • Ageism • Racism (implied systemic, institutional, and historical) • Intersectionality • Discrimination • Lifespan |
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