

# 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 smart phone, 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](mailto: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

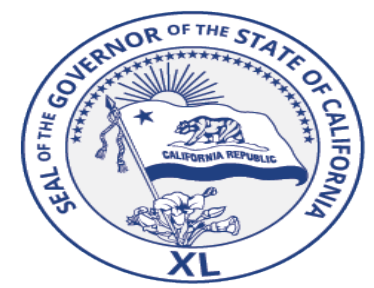
## 10 a.m. – 12 p.m.

- **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*

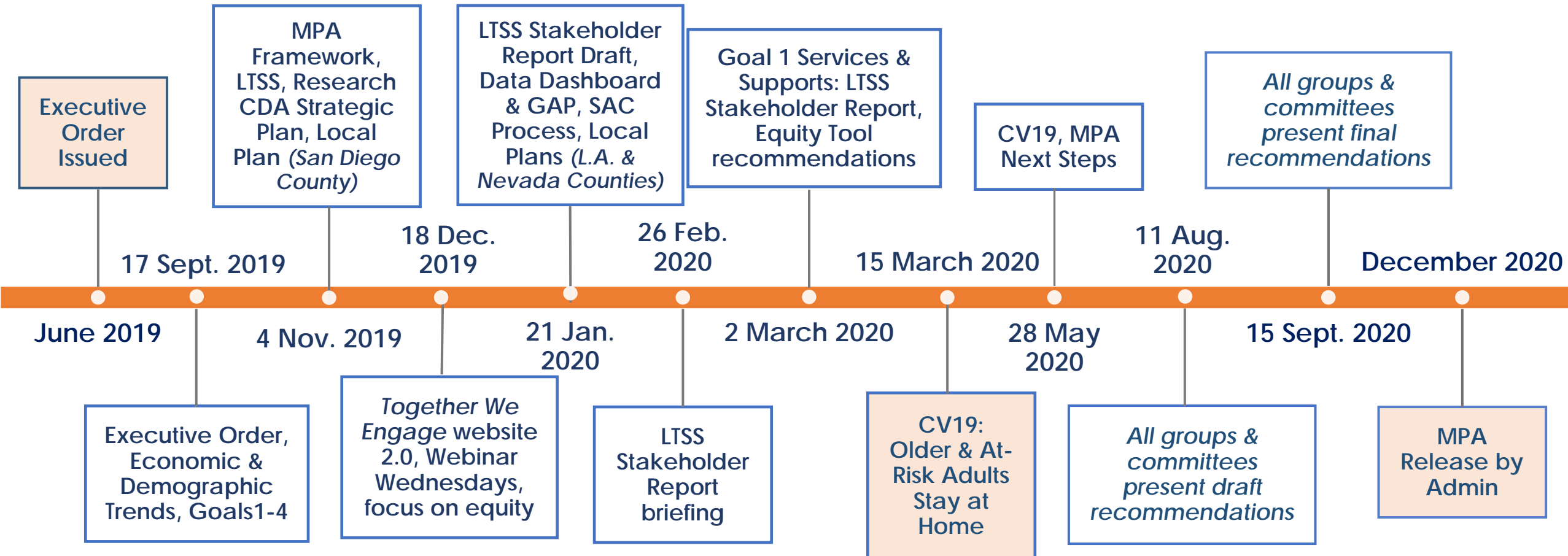
Governor's [Executive Order](#) calls for the Secretary of the Health and Human Services (HHS) Agency to convene a cabinet-level Workgroup for Aging to advise the Secretary in developing and issuing the Master Plan.

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



# Updated SAC Timeline



# 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”

# 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

# Save the Date

The Master Plan for Aging  
Virtual Roundtable  
Assembly District 2

September 22, 2020  
10–11:30 am

Jointly hosted by  
Assemblymember Jim Wood, D.D.S.,  
CHHS Secretary Dr. Mark Ghaly,  
& CDA Director Kim McCoy Wade



# 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  
OSG  
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/>

# EWG Equity Tool Introduction

“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.”

# EWG Equity Tool Questions (1 of 3)

- 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?

# EWG Equity Tool Questions (2 of 3)

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?

# EWG Equity Tool Questions (3 of 3)

- 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
- LGBTQ
- 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
- STACEY 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.

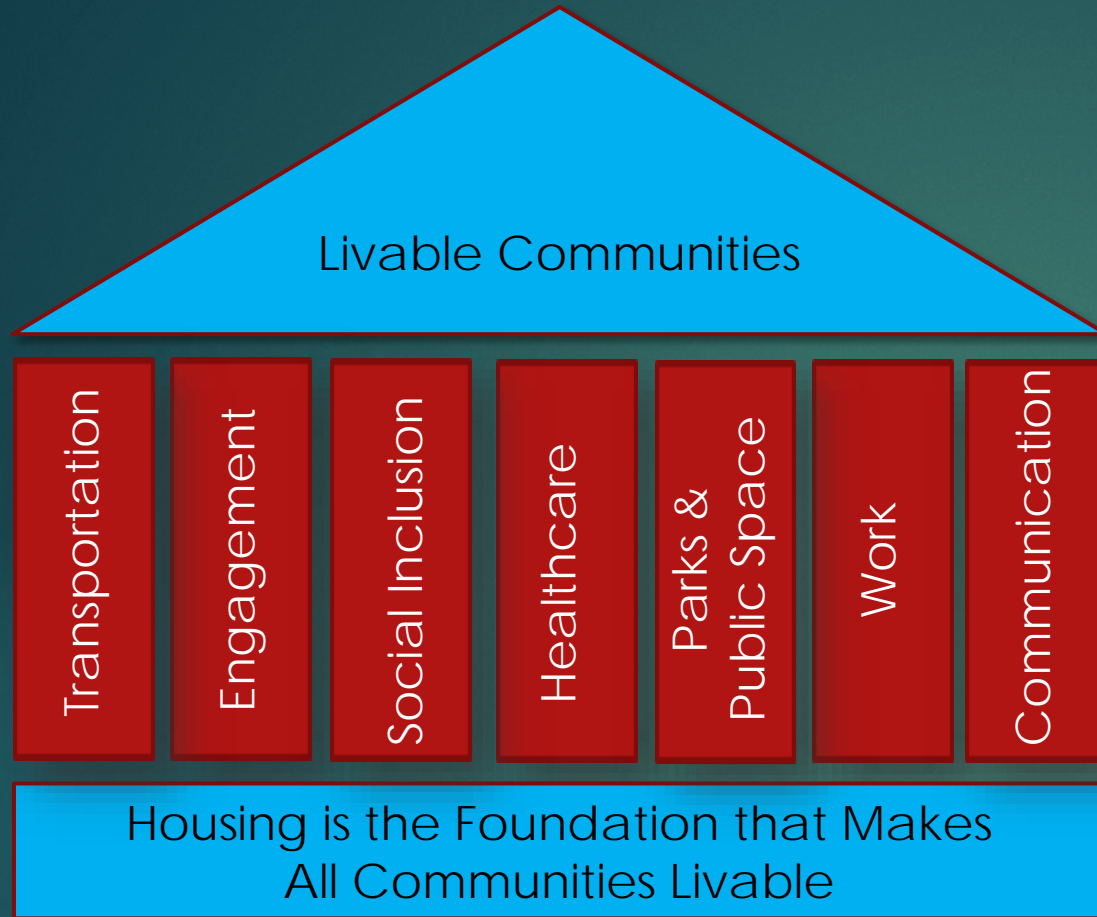
## THE 8 DOMAINS OF LIVABILITY

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



# Guiding Principles

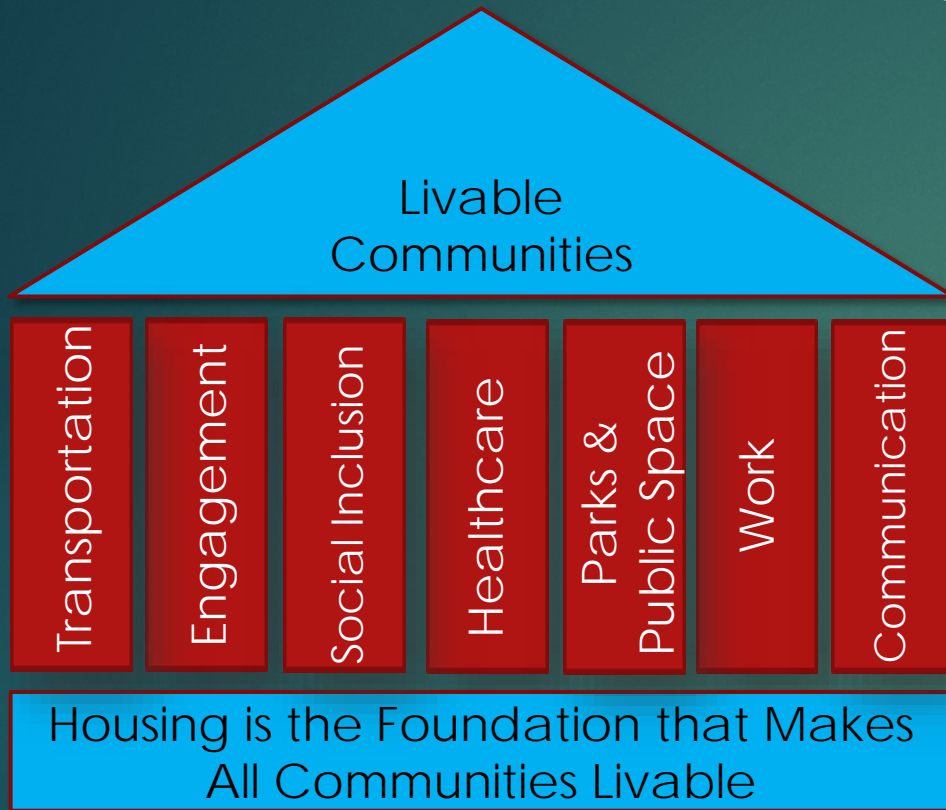
- ▶ **Housing** is a **foundational** component of our continuum of care for older adults and people with disabilities.
- ▶ Transportation should be available, accessible, and affordable and meet the needs of older adults and people with disabilities.
- ▶ California must address the **historic** and **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

# 1. HOUSING

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



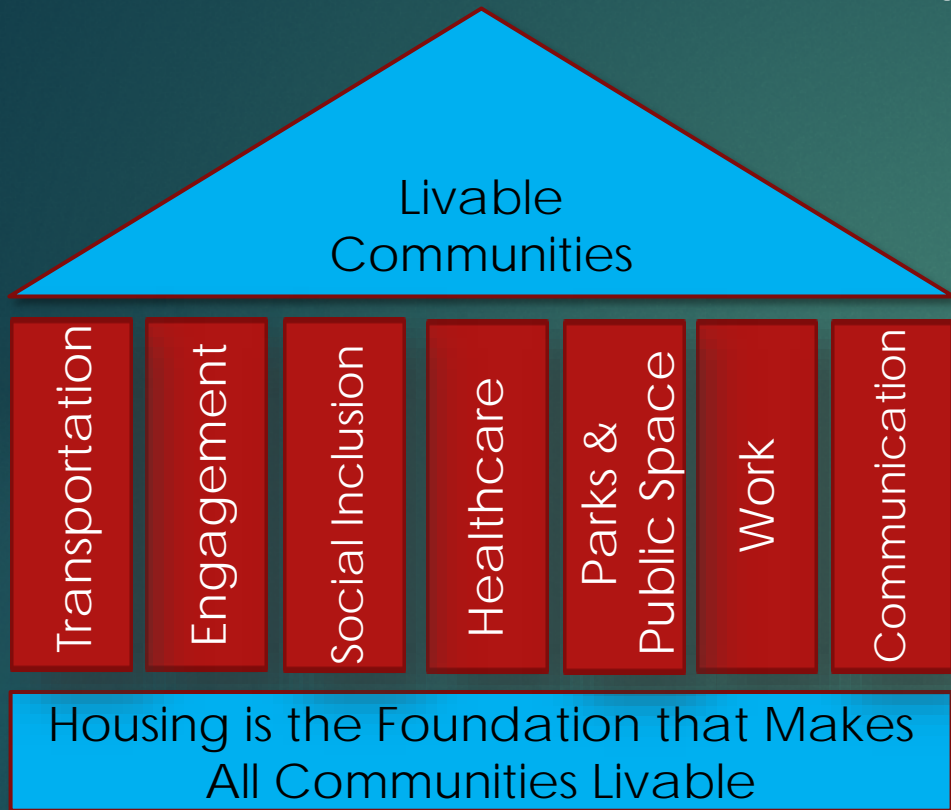
California must create housing options suitable for all people, recognizing the **intersectionality** of **age, race, gender identity, sexual orientation, income, ability, and life stage.**

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.

## 2. ACCESSIBLE TRANSPORTATION



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

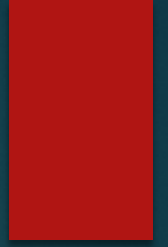
California must enact a policy of parks for ALL.

- ▶ 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

# ECONOMIC SECURITY

**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

# ECONOMIC SECURITY FOR ALL

## **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

# ECONOMIC SECURITY FOR ALL



**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

# WORK OPPORTUNITY

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/faitb, sex, gender identity, sexual orientation, and family status**.

# WORK OPPORTUNITY

**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:
  - 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](mailto:Engage@aging.ca.gov).



**Governor's Task Force on  
Alzheimer's Disease  
Prevention and Preparedness**

Master Plan For Aging Update  
*Susan DeMarois & Karen Skelton*  
August 11, 2020

# Our Mission



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



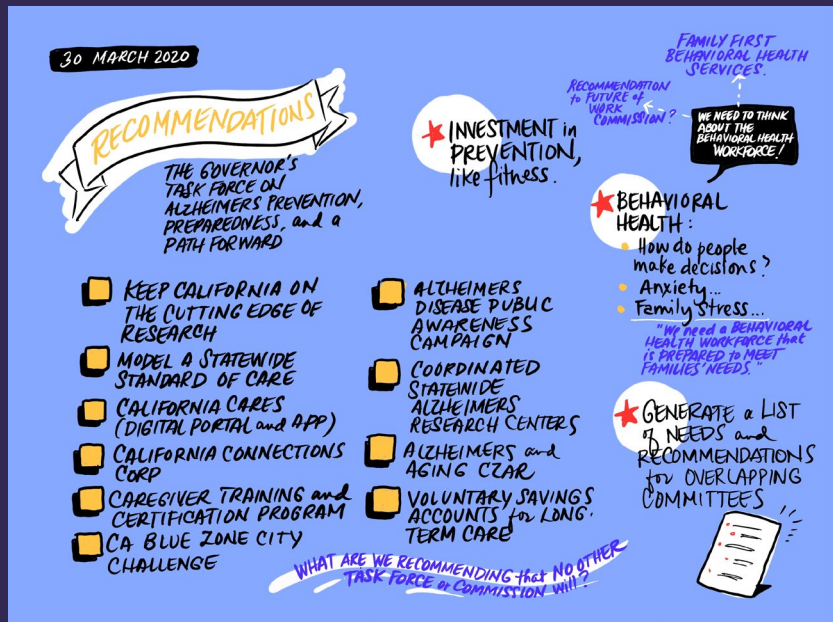
- Hundreds of regional participants attended, representing faith based, advocacy, healthcare, labor, local government, long-term care and other communities.
- Provided input on the unique needs of the diverse communities across the state, including the Bay Area, Southern California, the Capitol Region 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

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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

## **Goal 3: Health and Wellbeing**

### **PERSON-LEVEL**

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 stakeholder to integrate existing data on aging Californians across departments/programs; identify data gaps and collect new data.
- 2) Use that data to 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

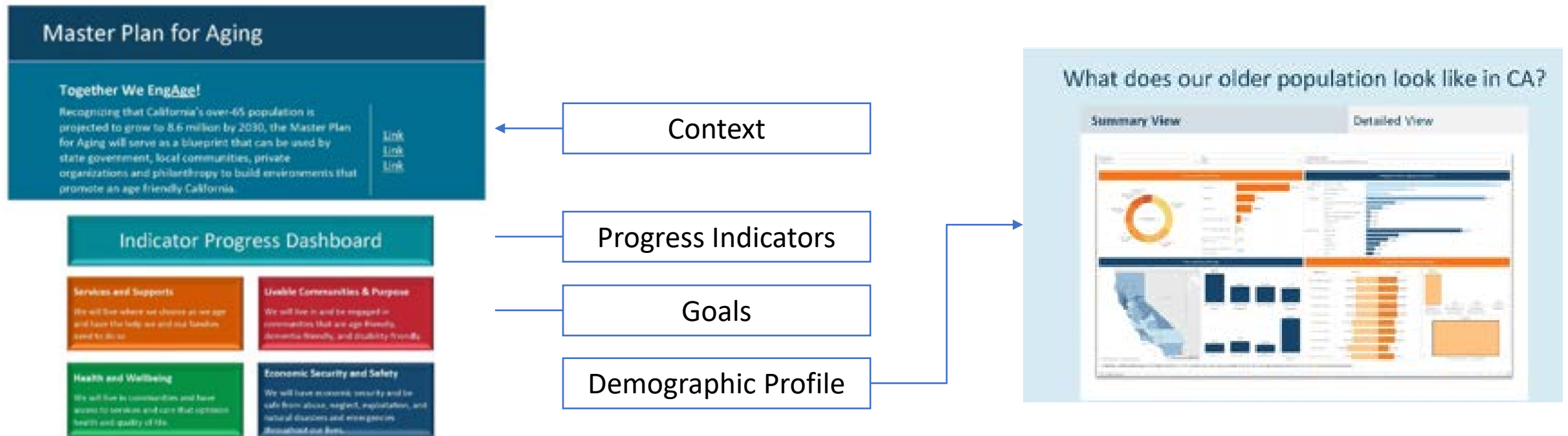


# Model: Let's Get Healthy California (LGHC)

As California's state health assessment and improvement plan, LGHC provides an ongoing statewide collaborative and systematic approach to:



# Prototype: Key Dashboard Components

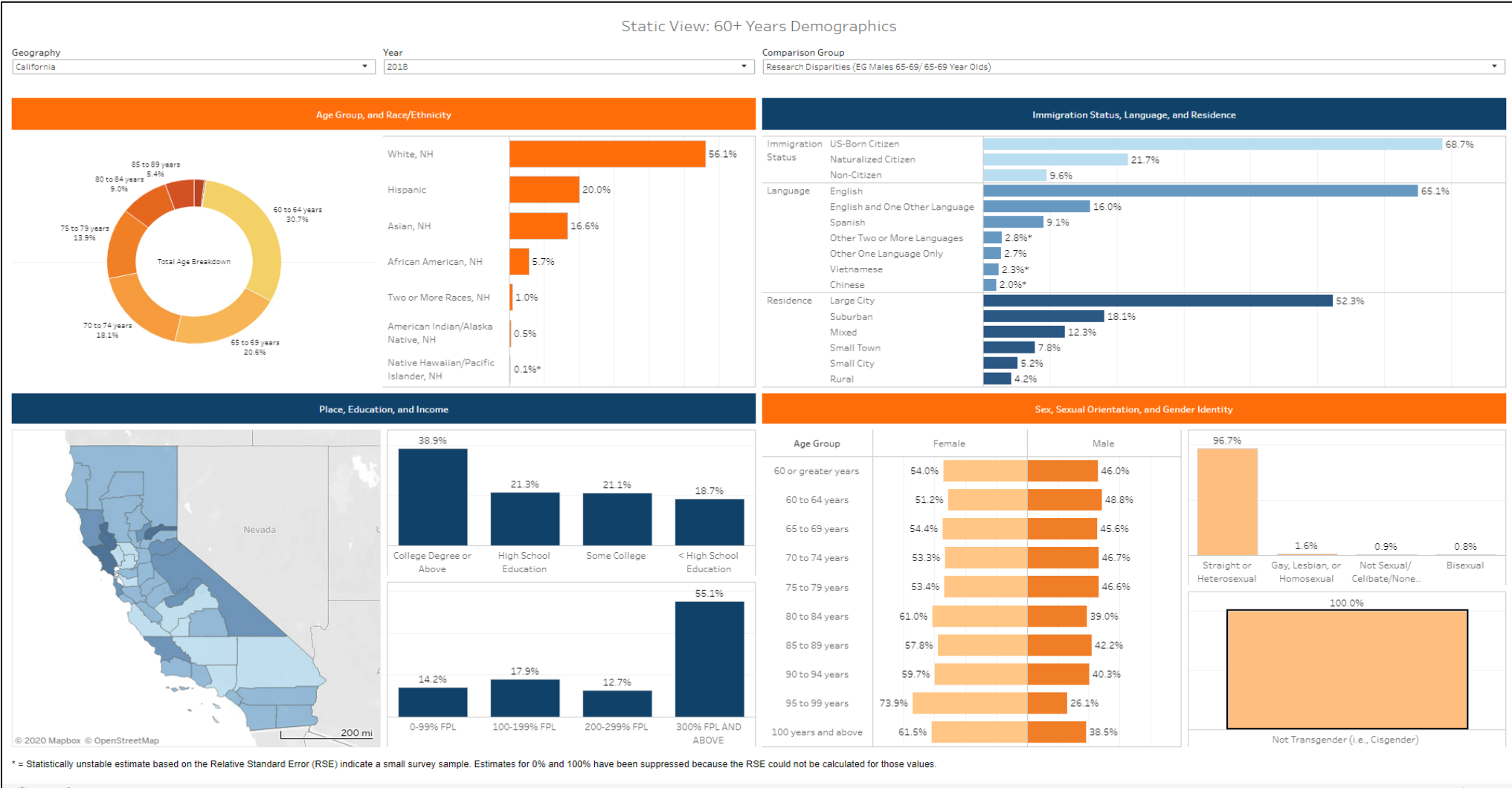


# Sample Visualizations: Demographic Profile

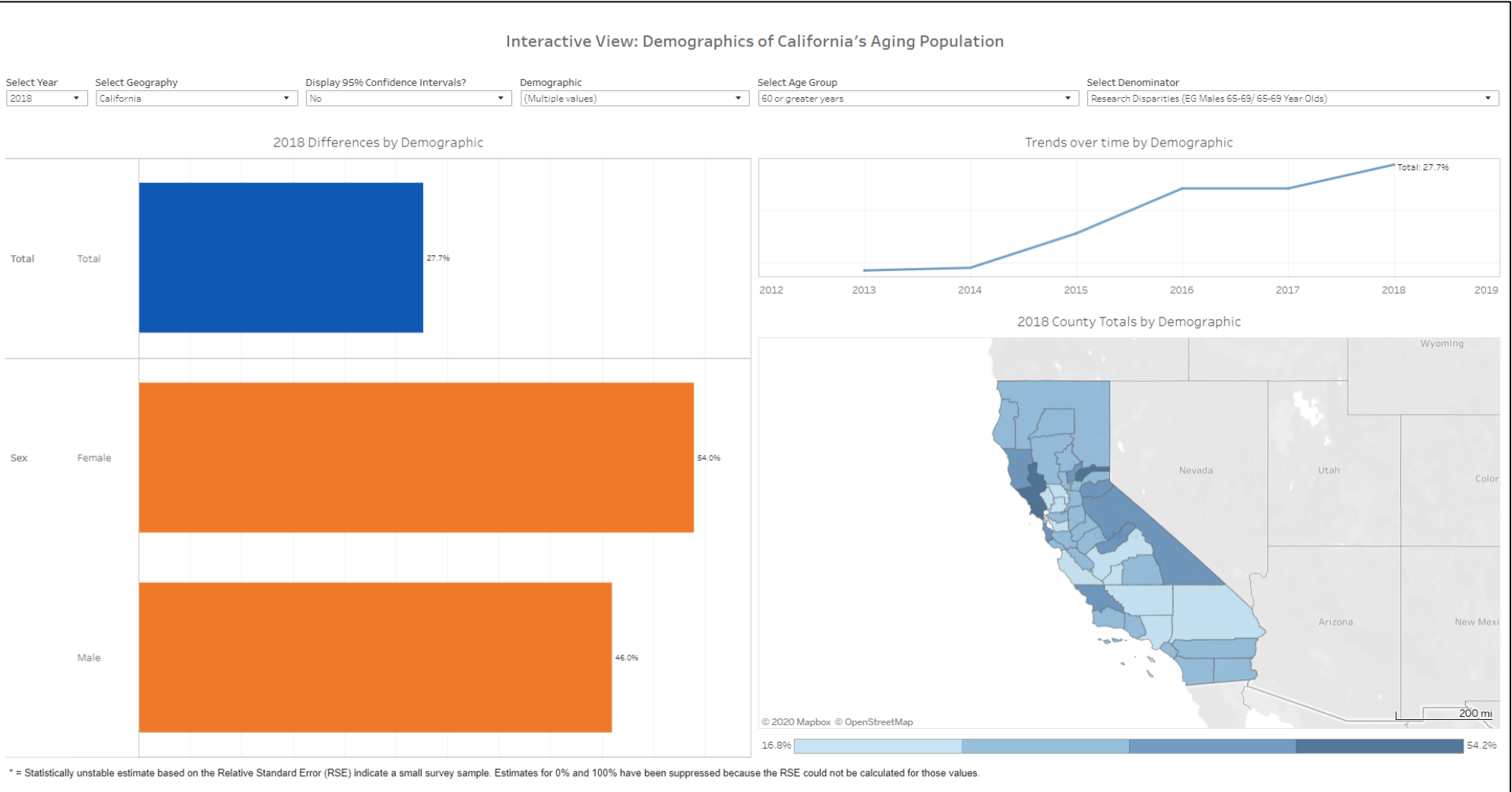
CDPH



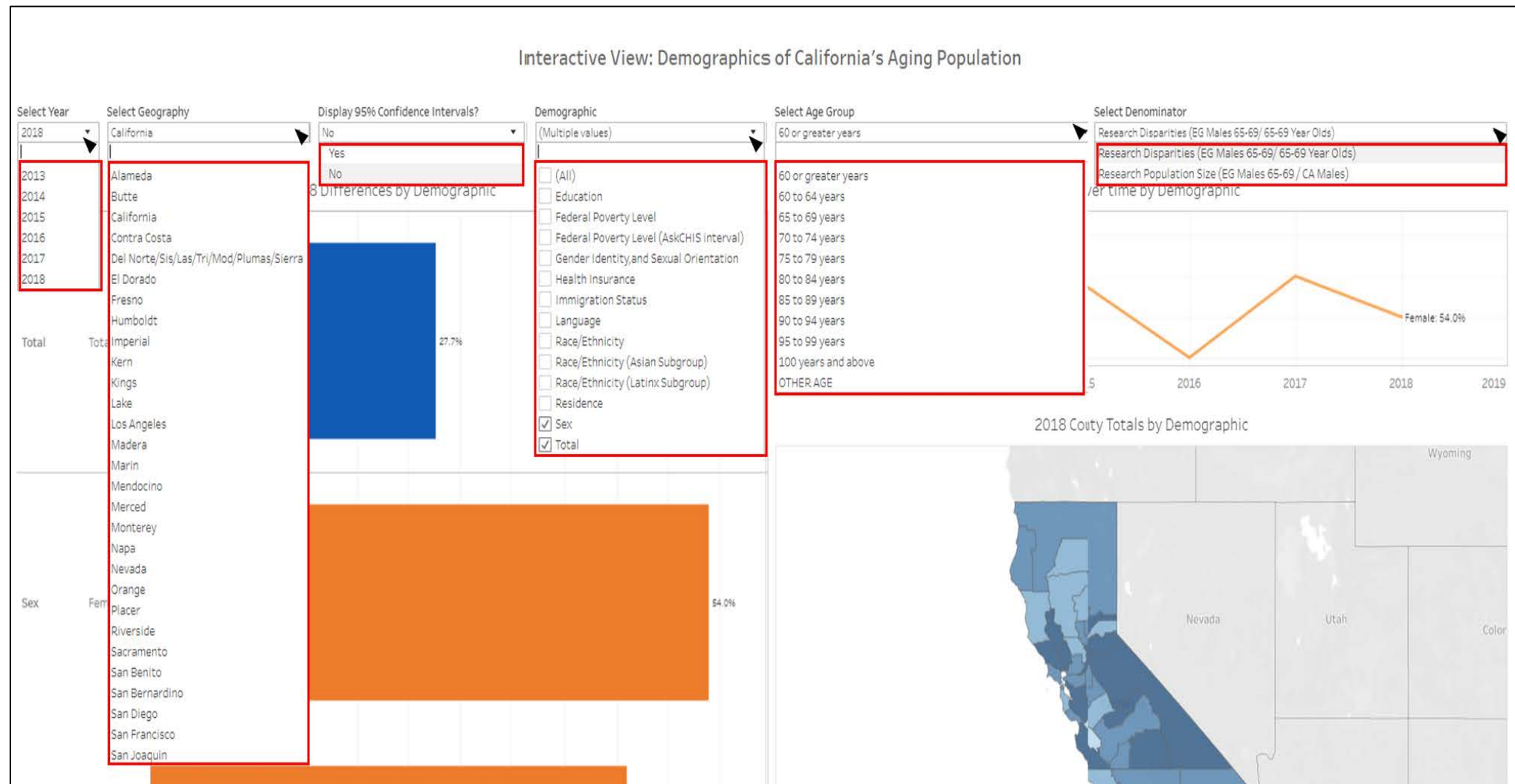
County View



# Interactive View



# Interactive View Dropdowns



# Sample Visualizations: Progress Indicators

CDPH



# Indicator Framework

|    |   |                    |                    |                      |                      |               |                   |
|----|---|--------------------|--------------------|----------------------|----------------------|---------------|-------------------|
| PR | Services & Supports: We will live where we choose as we age and have the help we and our families need to do so   | Most Recent Period | Prior Actual Value | Current Actual Value | Current Target Value | Current Trend | Baseline % Change |
| PI | % of adults reporting difficulty with memory, concentration, decision-making  | 2020               | 13.7%              | 13.2%                | 2.5%                 | 3             | -9%               |
| S  | Objective 1.1: Californians will have access to the help we need to live in the homes and communities we choose as we age.  | Most Recent Period | Prior Actual Value | Current Actual Value | Current Target Value | Current Trend | Baseline % Change |
| PM | # of program slots per 1,000 adults   | 2020               | #1,527             | #1,863               | #2,500               | 2             | 38%               |
| S  | 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. | Most Recent Period | Prior Actual Value | Current Actual Value | Current Target Value | Current Trend | Baseline % Change |
| PR | Livable Communities & Purpose: We will live in and be engaged in communities that are age-friendly, dementia-friendly, and disability-friendly                              | Most Recent Period | Prior Actual Value | Current Actual Value | Current Target Value | Current Trend | Baseline % Change |
| S  | 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. | Most Recent Period | Prior Actual Value | Current Actual Value | Current Target Value | Current Trend | Baseline % Change |

# Indicator Detail



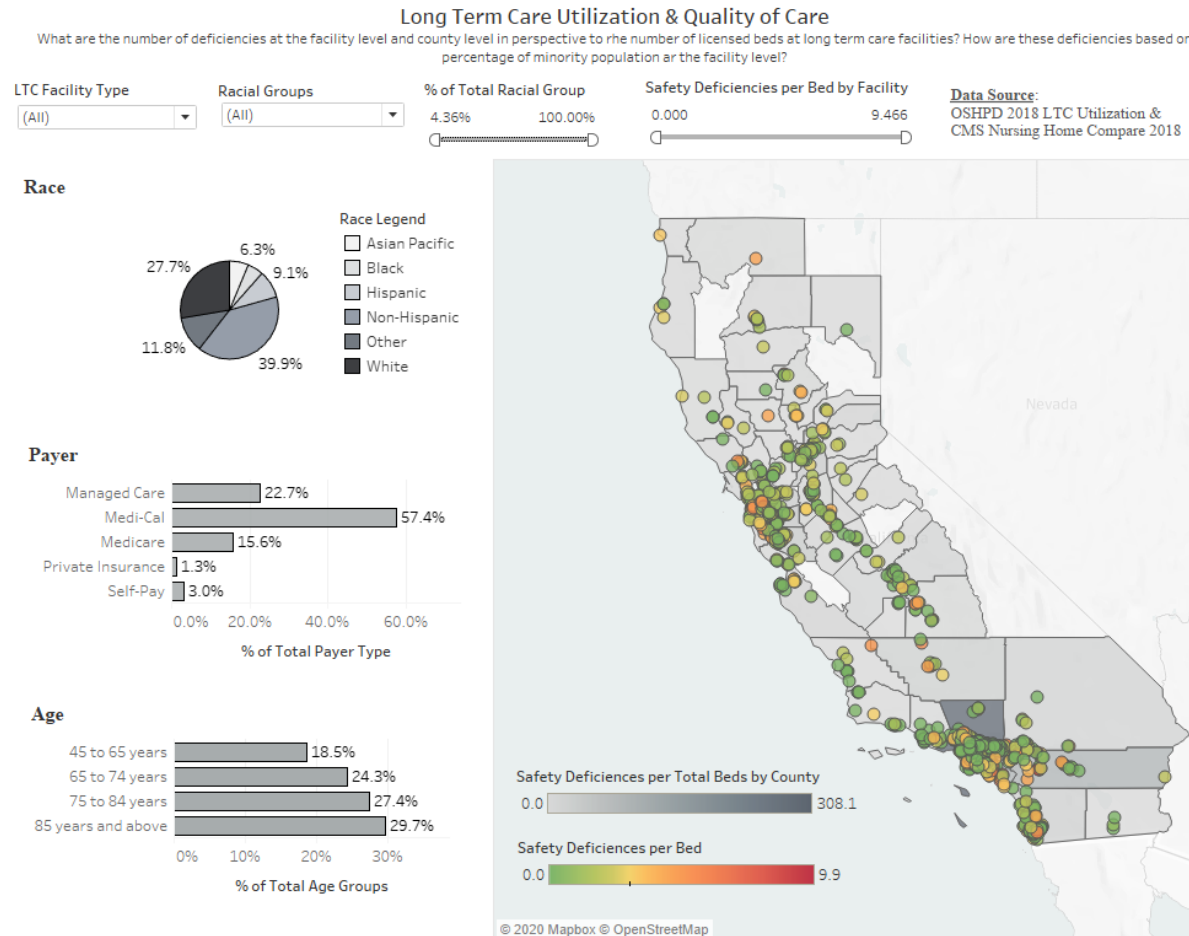
# Sample Visualizations: Goal 1

## West Health Institute



# Long-Term Care Utilization & Quality of Care

## Dashboard Prototypes

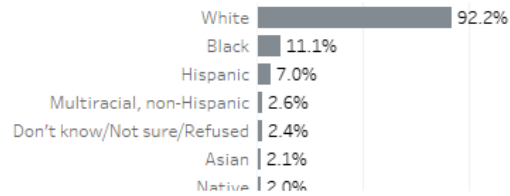


- Description:
- The number of deficiencies at the facility and county level in perspective to the number of licensed beds at long term care facilities.

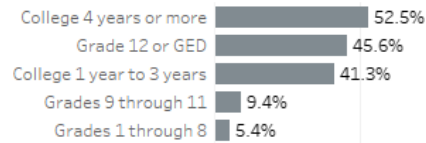
## Seniors (65+): California Self-Reported Activities of Daily Living Compared to National Responses

Race: (All) Education Level: (All) Employment Status: (All) Income Level: (All) Region: California Other States
 [Click Here to See CA Compared to Other States](#)
[About Data Source](#)

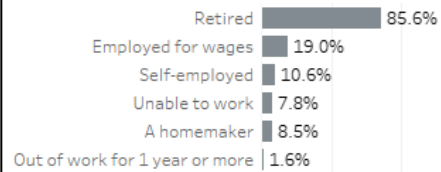
### Race



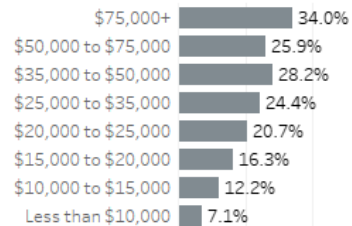
### Education Level



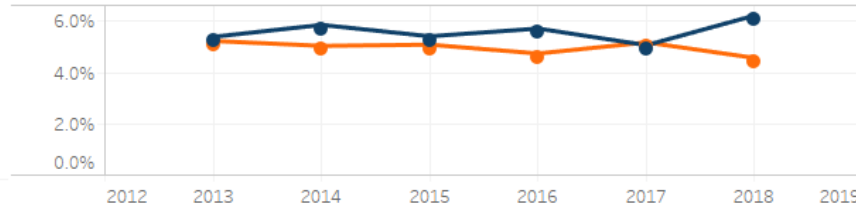
### Employment Status



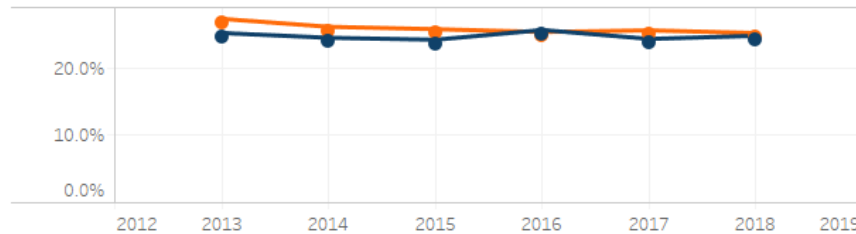
### Income Level



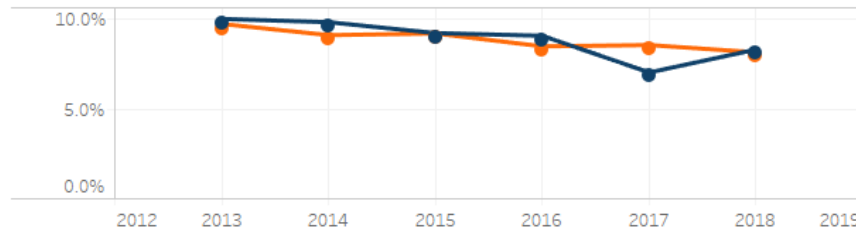
### Do you have difficulty dressing or bathing? (% Yes)



### Do you have serious difficulty walking or climbing stairs? (% Yes)



### Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (% Yes)



# 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](mailto:Engage@aging.ca.gov).

# Summary & Next Steps

*Kim McCoy Wade*

# Next Steps

- Stakeholder Advisory Committee Meeting - Sept 15<sup>th</sup>
  - *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](mailto:EngAGE@aging.ca.gov)

Learn more about the Master Plan for Aging at

