

## California Master Plan for Aging: Equity Work Group

### Introduction

The Master Plan for Aging (MPA) will serve all older Californians across the lifespan.

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.

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 as well as rekindled xenophobic violence against Asian Americans. Through these pandemics, deeply rooted inequities have 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

Idle attention given to the immediate socioeconomic and health disparities that persist today continues to cultivate systemic inequity that has been bred through our history including, but not limited to, the colonization of indigenous peoples; slavery and segregation which denied Black/African people the rights of citizenship and equal treatment under the law, as well as other minority groups; explicit exclusion of Chinese laborers and immigrants; and the repatriation of Mexicans between 1926 and 1930's, which deported up to 1.8 million people to Mexico (of which nearly 60 percent were actually American citizens). In California, examples of historical injustices include the coerced sterilization (or eugenics) of already vulnerable populations, which was made legal for 70 years; the state's significant role in building anti-Chinese sentiment; and the internment of 120,000 Japanese Americans, and more. Dismantling these systemic inequities founded in our history, alongside the construction of an equitable future for all older Californians, requires grand action and investment from the Administration.

### Principles

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 fairly distribute resources and create 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, underserved 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 on 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 be 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.

## California Master Plan for Aging: Equity Work Group Recommendations

In furtherance of the goals outlined in the introduction and principles, the EWG has drafted the below recommendations. The recommendations have three components: Structures and Systems, Program Development, and Evaluation and Assessment.

### Structures and 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 MPA are centered in equity.

#### Recommendations:

- **As a primary goal of the MPA, address 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 that reflect the communities served to advise and monitor implementation of the MPA.**
- **Continuously update and use the Equity Tool to design and refine programs related to the MPA.**
- **Building from the MPA, develop a Master Plan for Equity for all Californians across state government.**
- **Create a Director of Equity position within the California Department of Aging (CDA). This person would be responsible for ensuring that CDA's programs advance equity.** Similar positions should be considered within other agencies and departments.
- **Require Diversity, Equity and Inclusion (DEI) training for all CDA 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. 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 receiving funding from CDA create, implement and evaluate a DEI plan for their organization.** CDA should also provide funding to support these DEI efforts.
- **All aging and disability services providers, advocacy organizations, and foundations in California should develop their own DEI plans.** Plans should include evaluation of the diversity of their board, leadership, staff and making those data publicly available. If staff and volunteers are not representative of communities served, the organization should have a plan for alignment.

### Program Development

It is critical that the MPA include programs that advance equity and that meet the needs of specific populations within the aging community experiencing 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.

## 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 collaborating on community strengths and needs assessments or focus groups to understand specific needs within a population.
- **Include the community in the planning process and throughout.** “Nothing about us without us” – a mantra from the disability movement that conveys that people with a disability know what is best for them and, therefore, ought to have a seat at the table at the beginning of the planning process.
- **Advance equity through planning, delivery, and outreach by taking into account linguistic and cultural nuances, accommodations for disabilities, immigration status, religious diversity, and the digital divide.**

## Evaluation and Assessment

Despite its importance, measurement is an underused tool for reducing disparities in aging and disability services. Measurement allows 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, to be an effective tool for advancing health equity, the implementation of performance measurement must specifically account for disparities in risk factors, experiences, access, quality of care, and wellness outcomes. To structure performance measurement to promote equity, we provide the following recommendations along with example guidelines and frameworks to support this effort.

## Recommendations:

- **Develop an inclusive assessment and evaluation plan to identify gaps in data, prioritize problems, select appropriate outcome indicators, set targets, and measure results.**
  - Families USA Health Equity Task Force’s [Framework for Advancing Health Equity and Value: Policy Options for Reducing Health Inequities by Transforming Health Care Delivery and Payment Systems](#)
- **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.**
  - Pulling from [No More “One Size Fits All” Research: We Need Multicultural Data for Meaningful Patient- and Family-Engagement in America’s Health and Social Care Systems](#)
  - California [Healthy Places Index](#) to identify highly vulnerable communities and intervention targets
  - [International Classification of Functioning, Disability and Health](#) to organize and document functioning and disability as a function of individual health, environmental factors and personal factors

- [The California Health Interview Survey \(CHIS\)](#) 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 \(Elder Index\)](#) to provide an evidence-based indicator of the actual basic costs faced by older adults (ages 65 and over)
- **Directly measuring inequities and the progress toward eliminating them requires using disparities-sensitive measures that detect disparities in populations as well as 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

For equity definitions and subsequent measurement, both qualitative and quantitative, visit: [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)

- **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-resourced communities and whether they are reducing or widening disparities.**

## California Master Plan for Aging: Equity Work Group Equity Tool

To guide other MPA subgroups and subcommittees, the EWG developed a set of equity tool questions for use while forming these deliverables. This tool should also be used to inform the implementation of 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: Equity Work Group Glossary

**Ableism:** Ableism is oppression, disqualification, discrimination and injustice targeting people with disabilities based on a belief in the superiority and privilege of ability.

**Ageism:** Ageism is stereotyping and/or discrimination against individuals or groups on the based on their age. It can apply to any age group or generation. This may be casual or systematic. Robert Neil Butler's definition was modified to include all ages and generations to reflect current realities.

**Bias** is a predisposition to see events, people or items in a positive or negative way. It is an attitude or belief.

- **Unconscious/Implicit Bias** refers to the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. Implicit biases are activated involuntarily and without an individual's awareness or intentional control. Implicit biases are pervasive. Everyone possesses them, even those with avowed commitments to impartiality. (Adapted from [Cook Ross](#)).

**Cultural Competence:** Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. 'Culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. 'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities. (Adapted from [Cross, 1989](#)).

*Note: Several EWG members prefer using the terms Cultural Responsiveness, Cultural Appropriateness, and/or Cultural Humility*

**Disability:** A physical or mental impairment that substantially limits one or more major life activities.

**Discrimination:** the unequal or unfair treatment of a person based upon one or more personal characteristics including, but not limited to: race, gender, sexual orientation, gender identification, nationality, ability, age.

- **Historic Discrimination:** Discrimination against Blacks, it appears to be equal but has adverse impact on African Americans. ([Griggs vs Duke Power, Supreme Court](#)). Now includes other races and LGBTQ (recent case law).
- **Historic Racism** – State sponsored discrimination against Black/ African American people after the Reconstruction period. Jim Crow laws were state and local laws enforcing racial segregation. These laws were enacted and enforced between 1876-1965 and included redlining and housing covenants. The impacts of these laws and ongoing discrimination continue to have economic, political, and educational impacts on Black/ African American people.

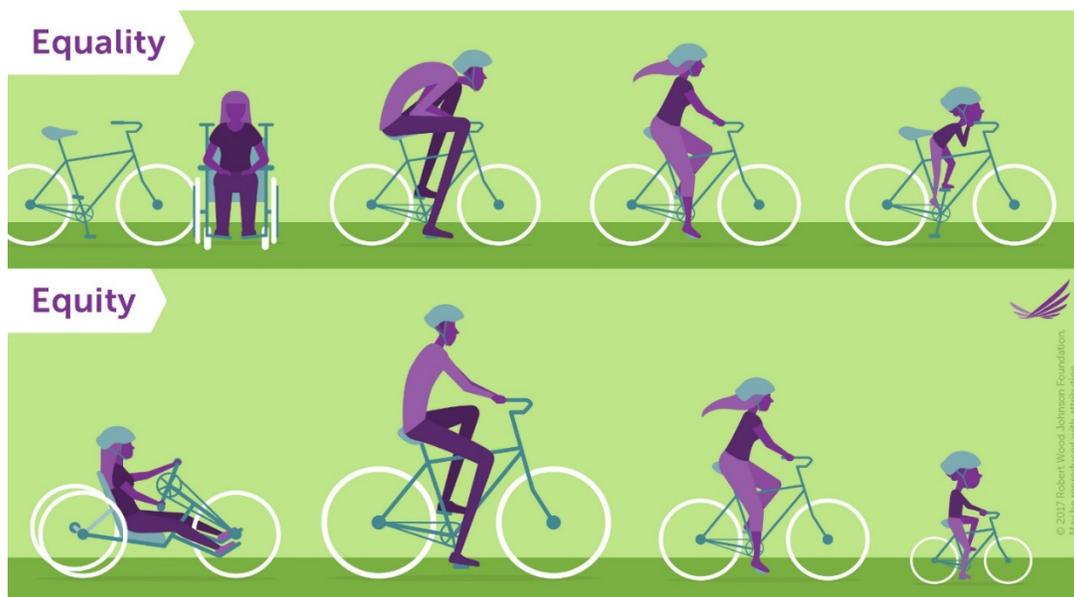
**Disparity** is a lack of similarity or equality; inequality; difference: a **disparity** in age; **disparity** in rank. ([Dictionary.com](#))

- **Health Disparity:** A “*health disparity*” refers to a higher burden of illness, injury, disability, or mortality experienced by one group relative to another. ([Kaiser Family Foundation](#))
- **Health Care Disparity:** A “*health care disparity*” typically refers to differences between groups in *health* insurance coverage, access to and use of care, and quality of care. ([Kaiser Family Foundation](#))

**Diversity** is the condition of having or being composed of differing elements, *especially* the inclusion of different types of people (such as people of different races or cultures) in a group or organization. ([Merriam-Webster](#))

**Equality** generally refers to equal opportunity and the same levels of support for all segments of society. **Equity** goes a step further and refers offering varying levels of support depending upon need to achieve greater fairness of outcomes. ([Diffen.com](#))

**Equity** is an approach that ensures everyone has access to the same opportunities. Equity recognizes that advantages and barriers exist, and that, as a result, we all don't all start from the same place. Equity is a process that begins by acknowledging that unequal starting place and makes a commitment to correct and address the imbalance. ([General Assembly](#))



Source: [Robert Wood Johnson Foundation](#)

- **Health Equity** means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, personal biases and their cause: systemic racism resulting in lack of access to good jobs, quality education and housing, safe environments, transportation, and quality health care insurance. (modified RWJ) “Health Equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.” ([Robert Wood Johnson Foundation](#))

**Eugenics:** English statistician Francis Galton developed the word “eugenics” in 1883 to describe improving the qualities of the human population by discouraging reproduction of persons with presumed genetic defects or inheritable undesirable traits (negative eugenics ) through methods like coerced sterilization, or encouraging reproduction by persons presumed to have inheritable desirable traits (positive eugenics ). Negative eugenics also involves the identification of intersectional, socially constructed moral, physical or mental defects targeted for erasure. ([Dictionary.com](#) & [Merriam-Webster Dictionary](#))

**Inclusion** is about folks with different identities feeling and/or being valued, leveraged, and welcomed within a given setting (e.g., your team, workplace, or industry). “Diversity is being asked to the party. Inclusion is being asked to dance.” ([General Assembly](#))

**Intersectionality:** The interconnected nature of social categorizations such as race, class, and gender as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage. Coined by Kimberle Crenshaw, in 1989, to explain the interplay of inequities, siting at the intersections of race and gender. Black women were too Black to be female and too female to be Black.

**LGBTQ+:** Acronym for lesbian, gay, bisexual, transgender, queer, and other gender and sexual identities and orientations. Sometimes, when the Q is seen at the end of LGBT, it can also mean questioning. LGBT and/or GLBT are also often used. The term "gay community" should be avoided, as it does not accurately reflect the diversity of the community. Rather, LGBTQ community is preferred. ([GLAAD's LGBTQ Media Reference Guide](#))

**Lifespan:** The duration of existence of an individual. ([Merriam-Webster](#)).

**Nativism:** Discrimination based on one's country of origin. This includes a wide range of immigrants from various parts of the world including Syria, Iraq, Afghanistan, Iran, Armenia, Somalia and countries from the Pacific Rim--Mainland China, Taiwan, South Korea, The Pacific Island (Guam, Samoa) and of course Hispanics from throughout Mexico, Central American and South America. Nativism is similar to "Racism" given it involves discriminating against individuals that are considered different. However, "Racism" is focused on Race (not ethnicity or country of origin) and is generally viewed in the public narrative as a "Black/White" dichotomy which tends to overlook those from other parts of the world. And in this case, Hispanic is not a "RACE" but an ethnic group.

**Racism (implied):** Racism is different from racial prejudice, hatred, or discrimination. Racism is one group having the power to carry out systematic discrimination through the institutional policies and practices of the society and by shaping the cultural beliefs and values that support those racist policies and practices. (b) Racism is a system of beliefs and practices that serves to reinforce the power and well-being of whites at the expenses of African American, Native American, Latinx, Asians and all people of color. (c) Racism is a system of structuring opportunity and assigning value based on race that unfairly disadvantages the protected class.

- **Institutional/ Systemic Racism:** Discriminatory policies and practices favorable to a dominant group and unfavorable to another group that are systematically embedded in the existing structure of society in the form of norms.
- **Historical Racism** – State sponsored discrimination against Black/ African American people after the Reconstruction period. Jim Crow laws were state and local laws enforcing racial segregation. These laws were enacted and enforced between 1876-1965 and included redlining and housing covenants. The impacts of these laws and ongoing discrimination continue to have economic, political, and educational impacts on Black/ African American people.

**Redlining:** A nationwide system of federal, state, and local policies and private practices originating in the 1930's that mandated segregation and restricted locations where Black people could live and own property. Provisions explicitly prohibited selling homes in federally subsidized suburban communities to Black individuals, who were also refused mortgages and home insurance, charged high rates, and pushed into urban housing projects excluded from economic opportunity. The effects of these policies

remain today. (See [The Color of Law: A Forgotten History of How Our Government Segregated America](#), Rothstein, Richard.)

**Xenophobia:** Relevant to nativism; a “fear of foreigners” and those not part of the dominant group in a particular location.

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