California Master Plan for Aging
Research Subcommittee Meeting
July 23, 2020

Captioners Transcript

>> Amanda Lawrence: Hello. Good afternoon and welcome to today's "Master Plan for Aging Research Subcommittee Meeting."

Today we are meeting via webinar and by phone only, just as we will for all the remaining Master Plan for Aging meetings, including our next research subcommittee meeting, which will take place on August 26.

Go ahead and advance the slide, please.

So, we will post all materials online from this meeting today, including transcripts, recording, and agenda.

And the live caption is available, as always, using the CC button at the bottom of the screen.

Next slide. We have time reserve for public comment at the end of this meeting and there will be a 15-minute reserved. And we will share these instructions with you when the time comes. But as always, you are welcome any public comment and feedback to our email: engage@aging.ca.gov.

And today we'll be following AARP California Meeting Guidelines. Please, we encourage everyone to start and end on time.

One person speaks at a time.

Be fully present.

Use respectful language and tone.

Assume good intentions.

Also, want to share a friendly reminder with all of our panelist to, please, keep yourself muted unless you speaking.

And I'm going to hand it over to California Department of Aging Director, Kim McCoy Wade, for our welcome and introductions.

>> KIM McCOY WADE: Welcome. And really I should say welcome back. And it is wonderful to see the Master Plan for Aging Research subcommittee reconvened. Although, very different from when we last met all together in March -- I'm sorry. February at the campus hosted by Dr. Laura Carstensen. We were about to meet in San Diego, hosted by the West Health in March as part of our commitment to the research subcommittee touring the state and visiting some of our state's leading centers for research and data driven outcomes when, of course, we entered this unprecedented and very challenging time. As we all know, we've been on pause with Master Plan, but not on pause with anything else. Everybody has been incredibly busy in their professional and personal life adjusting to this -- and responding to the moment, as our governor say as. So, we are grateful that we able to reconvene. We are grateful for our technology that allows us to do so. And hopefully some new and accessible ways, our captioning there, and nobody had to travel today. So, thank you so much for being with us.

We'll talk specifics in a moment, but I do just want to open by reaffirming that we are committed to finishing the "Master Plan for Aging" in 2020. That is our administrations

intention. If anything is more urgent than ever as we experience COVID-19.

Second, we are absolutely committed to having it be deeply informed by the lessons of COVID-19. Some of which are amplifying and underlining things we already knew. Some of which are new and require us to be different and expecting us to be more innovative.

And thirdly, we are committed to reporting to each other's health and well-being, as we do this work in this time. So, while we have ambitious goals, we also first and foremost, have to take care of ourselves, and each other, and our loved ones. So, trying to do this work in a sustainable way, shorting meetings, reasonable goals. Those are our intentions.

So, we see if we can do all three of those things.

But in all seriousness, I hope everyone is staying well and staying connected.

Before we launch into the meeting, let me introduce the CDA Team; we do have a team, thank goodness. This is how this all works and I'm the Director and joined by Terry Shaw, who is one of our Aging consultants funded by the Consortium Foundations, Making the Master Plan impossible. Special expertise and data technology and health, as well as, Carrie Graham, our other Master Plan for Aging consultant. And I understand a full professor as of this week's promotion. So, congratulations Carrie Graham. So delighted and lucky to have you on our team, as well. And Amanda Lawrence, our Master Plan for Aging Project Director who we had the good fortune to, I don't know if she feels this way, coming on writing this way switching gears with COVID, so we're so grateful for Amanda, as well.

Amanda, would you introduce the rest of the members of the illustrious research

committee, please?

>> AMANDA LAWRENCE: Yes. And, of course, I'm grateful to be here.

I'll read through this roster, and go ahead and unmute yourself go ahead and announce your presence.

If you are not on our panelist right now and perhaps on our attendance list, please, hit (inaudible) to raise your hand and we will move you from "attendee" to "panelist."

Gretchen ALkema.

>> GRETCHEN ALKEMA, PhD: Hi. Gretchen Alkema.

Congratulations to Carrie.

>> AMANDA LAWRENCE: Donna Benton.

I think we need to move Donna Benton over.

>> DONNA BENTON, PhD: Congratulations, Carrie.

>> KATHLEEN KELLY: I'm here. This is Kathy.

>> AMANDA LAWRENCE: Great.

Kathryn Kietzman.

>> KATHRYN KIETZMAN, PhD: I'm here, Kathryn Kietzman. And congratulations, Dr. Professor Graham.

>> AMANDA LAWRENCE: Laura Carstensen.

>> LAURA CARSTENSEN, PhD: Hi, I'm here. Congratulations, Carrie. I had no idea the exciting things that were happening this week.

>> AMANDA LAWRENCE: Stacy Moore.

>> STACY MOORE: Yes, Stacy Moore here.

>> AMANDA LAWRENCE: Jeannee Parker Martin.

>> JEANNEE PARKER MARTIN: I'm here. And congratulations, Dr. Graham.

>> AMANDA LAWRENCE: David Ragland.

>> KAREN D. LINCOLN, PhD: Hi, Amanda, this is Karen. I was having issues with my audio. I'm here.

>> AMANDA LAWRENCE: Hi welcome.

>> STACY MOORE: I'm not sure you can hear me and congrats, Carrie Graham.

>> TYLER KENT: Hi everyone. And nice to be together again. And congratulations to Carrie.

>> AMANDA LAWRENCE: Janet Frank.

>> JANET C. FRANK, DrPH: Yes, I'm here and congrats Carrie.

>> AMANDA LAWRENCE: Shireen McSpadden.

>> SHIREEN McSPADDEN: Yes, I'm here. Hi everyone. >> AMANDA LAWRENCE: Karen Lincoln.

>> KAREN D. LINCOLN, PhD: I jumped the gun, I'm here. Thank you.

>> AMANDA LAWRENCE: Nari Rhee.

>> NARI RHEE, PhD: I'm here. And congratulations, Carrie.

>> AMANDA LAWRENCE: And Ramon Castellblanch.

>> RAMON CASTELLBLANCH, PhD: No, I'm here. I just had to unmute myself. Good afternoon.

>> AMANDA LAWRENCE: All right. Welcome everybody.

>> DONNA BENTON, PhD: And this is Donna. Congratulations Carrie.

>> AMANDA LAWRENCE: Great.

Next slide, please.

David Lindeman.

Sharon Nevins, I believe Sharon needs to be moved over.

Marty Omoto.

Jennifer Breen.

Derek Dolfie.

>> DEREK DOLFIE: Present. Hello everyone.

>> AMANDA LAWRENCE: And Christopher Langston.

>> CHRISTOPHER LANGSTON, PhD: Good afternoon. Hi everybody.

>> AMANDA LAWRENCE: Again, thank you everyone.

>> KIM McCOY WADE: Thank you, Amanda. And we have a couple other presenters, panelists who will be introduced when we get to their section by Carrie or Terry. So, thank you.

Here's what we are going to do today, quick overview we'll kind of ground everybody in some kind of important MPA updates, both the new timeline, and also some work that we began in February with our equity workgroup that has deepened.

And Donna Benton and other members will share the equity tool that has been produced.

And then, we will turn to the Research Agenda, that Carrie Graham has been leading the group in some recommendations for the Master Plan for the longer term research goals.

And then, the data dashboards. And exciting updates from our partners from CDPH and West Health that Terry will facilitate.

And, of course, as always, time for public comment and clarity around next step.

Next slide. Okay. Here we go. I won't take you through all of this, the box on the left, a year ago, June 2019, an executive order was issued. This group began meeting in November and has met and began a focus on both Research Agenda and Data Indicators and really grounding ourselves in an extraordinary panel of experts from California and nationally to help us drive our work.

Where we are now, this is actually a more complicated version all of us need to track, but where we are now really being in the summer. If you see we August 11th, on that 2020, we really trying to in August and September 15th, bring together the final sets of recommendations for the many groups and committees who are working. We were very fortunate that our first subcommittee, long-term services and supports got their recommendations in that were due in March for their executive order, got them in right before we all went on pause for COVID.

So, those have been received. But now we do have goal two, goal three, goal four, equity, research, and Alzheimer's all to come in. And we are very much committed to having them all come into the SAC in August and September so that we really finished to that stay-cold and deep-listening-process by September, so that the Administration has October and November to pull it all together and release it in December, which is our goal to really finish the year strong. But, also, set up some important work for 2021. Bills, budget, program priorities, state, federal, this is important time to be very clear about what our Aging priorities are.

So, that's why we're trying to stick with the 2020 timeframe. Give us that extra two months from October to December, but it does mean there's a lot of work happening these three months to really pull it altogether. And I want to thank all of you who are

doing that.

The other piece that's not on here is the public. We are engaging with the public in a couple ways. There's a poll running right now, an online survey that from our "Together We Engage" page, where I think, remember last time you updated me was over 800 responses of how COVID impacted you and how it should impact the Master Plan for Aging. Lifting up a range of issues and including agism, including racism. And to that end, we are also very excited to be hosting a virtual Town Hall next week on agism. Shireen McSpadden, one of the members here, is the key anchor of that event with many of her colleagues, MetaFund and others, really showing the way on how we can begin to end agism. And really drive the values of inclusion, and equity, and diversity that our core of the Master Plan and core to California for all.

And then, of course, continuing to engage with the legislator. We are having community round tables, that guess what?

They are becoming virtual round tables. We are doing those. The next one I believe is September, with Assembly Member Wood. And we're excited to pilot that model of a virtual community round table.

And the Cabinet Work Group is also continued to meet during the Coronavirus and will begin, again, digging into recommendations as they come in.

So, lots happening and lots of fronts. But this group, the place to focus, and Carrie is going to go into more detail, is really getting that clarity on the research agenda recommendations by September and so the full stakeholder-group can hear them. And advising, advising, advising on that data dashboard that we want to have a 1.0, be ready in December.

Carrie, anything to add before you take us into the next slide?

>> CARRIE GRAHAM: No, I don't think so.

I think we will go to the next slide and look at what this timeline, what it needs for us and the Research Subcommittee.

Well, first of all, thank you to everybody for your congratulations. I feel like this is the perfect group to announce that kind of promotion to. You were more excited than my husband, I think. So, thank you for that.

[Laughter]

>> CARRIE GRAHAM,PhD: This just breaks down what Kim was just talking about with to, what's relevant to us in the Research Subcommittee and the overlap.

And, again, back in March, the pink block was when we got the stay-at-home order. We diverted into COVID-19 response. Between March and June, there was work going on, there was work going on some of the candidate to measures. We worked with some students, who Terry is going to introduce you to when we get to that point in the meeting. In June we began slowly reconvening and SAC and the Equity Work Group, we reconvened remotely. Today we're going to be hearing about the equity tool.

Then, today, July 23rd, is our first research subcommittee reconvening, obviously.

We will be talking today about our two sort of deliverables Research Agenda and our Data Dashboard, where we'll be, hopefully be working on those off-line through August.

And have our next Research Subcommittee on August 26th, where we will hopefully have pretty good drafts of both of those to discuss at the meeting. And this is important to get that done by the end of August or early September. Because what we like to do is take our Research Agenda and Data Dashboard to SAC for them to review and

hopefully stamp and sign-off on them on September 15th. At that point, I realize that's a tight timeline, so hold on to your chairs.

Then, in October, everything in the MPA from the stakeholders gets to the administration. And the administration writes in MPA.

And then, that just kind of narrows focus on what we're going to working on in the next month. The month of August is going to be a really critical time for achieving on what we want to achieve with this Research Subcommittee.

And thanks to all of you for your flexibility and all that you are doing for COVID, as well.

So, that is that.

So should we stop for any pressing questions on the timeline?

We will keep going over the timeline, so I don't think we necessarily need to talk more about it.

Next slide, please. So, one of the things that has been happening, and I mentioned the Equity Workgroup was real critical during the COVID response and they reconvened back in June, they have been working very hard on what we are calling a "Equity Framework" or "Tool" is designed to be used by all the committees in terms about how we think about moving forward and all of our deliverables. And I want to hand it over to the esteemed Donna Benton, who has been working hard on the framework to talk through of what that is and how we can use it now in our deliverables.

>> DONNA BENTON: Thank you very much.

The key thing around our -- and I'm not going to read the slide, but one of the things that we want to make sure in framing any of our strategies is that the equity lens requires that we really develop strategies to equalize resources and opportunities through how

we design any program and look at our research principles. We want to make sure that during the formation of any of the recommendations that equity is the lens that you are using. You want to look at the strengths and assets of every community. And highlight those as we move forward in developing our protocols, because sometimes things are not coming out the strength-based framework. And so, we want to make sure that we also look at those. One of the other things, I don't know if this is the only slide we have. Is this the only slide, Carrie?

Am I kind of moving too far ahead?

>> CARRIE GRAHAM: So, we have the actual six questions, so these are the first three.

>> DONNA BENTON: I'm not going to get the questions right now. I'll continue with the framing.

The other part around our recommendations is that we want to, as you are, as we are looking at data basis, if we are looking within research, we want to make sure as we present things, that we are very specific and explicit about what communities we're discussing. So, we want to try, we recommend that we don't use generic terms, like diversity, or communities of color. But really use a terminology that describes the group that is being systemically underrepresented or misrepresented. So, use the term black, African American, Latino and then be specific within those populations of who we are talking about.

And, of course, when we are also looking at equity, you have to look at the intersectionality of the population so that you, you know, it's just not going to be about race, or class, or gender, but you have those intersect create systems that make, we

want to have systems that are supported of people with those intersections.

Finally, I think, we want to make sure that we know that the health disparities that are systemic in our society have led to different outcomes. And, so, as we are doing our measures, we want to make sure that our outcomes look at the systemic system when we are doing our recommendations.

So, now, if we can just move to the generalize, the questions that we have.

So, we came up with a total of six questions that we feel are important when you're designing and looking at our Research Recommendations.

So, first of all, for our group what we are looking at are what are really the gaps and needs and organizational barriers to further any kind of diversity, equity, or inclusion when you are making your recommendation?

So, these are questions that are important to review before and as you are developing your recommendations. And who's determining those needs and gaps?

So, have you talked to, you know, where is it in the research, have you talked to, interviewed and talked to the people that it's applying to?

And, also, who are the subject matter experts?

So, that's kind of the question too when you are even determining the need, you have to talk to the right population.

Are the recommendations taking into account really the culture, language, and really what communities you are going to impact?

You don't want to unintentional consequences when we are trying to determine needs.

And you have to understand those key performances and have to have varied methods for obtaining the information that you want for the data, so that, you know, not

everybody has internet, so, you know, we have to use other ways of reaching people. It might be the phone. Have to use social media. It may not always be the LA times, you want to use community media, other things like that.

So, finally, when you looking at your recommendations for the last three is how does the data research help support the recommendations that you are looking at. And you want to make sure that you conducting in a way that is inclusive and reflective of the demographic and cultural make-up of California. And California is quite diverse. And when you are looking at in sexuality, and you are looking at the different population that means that sometimes we don't have that data collected. So, when we are looking through recommendations, some of your recommendations are going to be dealing with where are the gaps and services?

And, as we already said, build on the strengths and assets of the communities that we are trying to measure look out for outcomes. And when you do a propose a recommendation, you have to take in account the rights of the people. And, also, be sure to look within groups, such as disability groups and use the "homestead act" for some guidance for your questions and your final recommendations.

So, that's what when we are actually looking for, for the research, we're using these principles for the research and we want to reviewing all of the other recommendations so that they are fitting these recommendations for our toolkit.

I think that's it.

>> CARRIE GRAHAM: Great.

Well, do any of our subcommittee members have any questions or anything to add about the equity tool and our charge to keep these six questions in mind in everything

we do?

We're just asking for panelist right now?

Jeannee Parker Martin has a question.

>> KAREN D. LINCOLN, PhD: Sorry, I switched my -- can you all hear me?

Hi, this is Karen Lincoln. I'm also on the Equity Workgroup.

So, one the points that was raised, I guess that I raised is that the question is written tend to lean to equality, not necessarily equity. And so, the idea of this tool is there's a preference that clearly indicates that. Now, these questions do lean toward equality, with the ultimate goal of equity. Would require more systemic structural kinds of changes. So, these questions don't really capture that. So they really are, sort of the beginning stages.

And then, I think at later, at some point we will be able to define what equity might meet in terms of some of these recommendations. But I just really wanted to clarify for anyone who has an understanding of the differences between equality and equity that these questions are really about first achieving equality. But they don't really get at the systemic level issues that we will ultimately need to address to achieve equity.

>> CARRIE GRAHAM, PhD: Thank you Karen.

>> JEANNEE PARKER MARTIN: Yeah. Karen, thanks for that clarification. And, Donna, thanks for that excellent presentation.

These are really terrific questions. If you'll go back to the prior slide, I have a question, I think this is a question for the larger SAC; but these questions are questions that I think you said would be used for recommendations of both the SAC, as well as, the Research Subcommittee; correct?

>> CARRIE GRAHAM, PhD: It's a lens that we are trying to promote that comes out of the Master Plan.

>> JEANNEE PARKER MARTIN: Okay. So, my question then, is on the second bullet, I think these are terrific. I just wondering about the practicality of the second bullet particularly with the question, "How were they determined, primary research, interview, subject, matter, expertise;" and I'm wondering if as we look at overall recommendations, are those for us, or those for future applications as we execute on a plan?

So, difference between the recommendations themselves, versus the execution. So, I'm kind of wondering practicality and when I'm looking at the 31st deadline for many of the recommendations 31st of July, I'm just kind of wondering the practicality of that.

So, can you just help me understand, or help us understand that piece?

>> DONNA BENTON, PhD: Sure. I don't know if somebody else on the committee wants to take this, but I think that the distinction that you are making is we know that they are gaps. So, when you are trying to find out whether it's primary or secondary, part of the research lens is that we'll find out where those gaps are. And, so, when we are making some of those recommendations that might by the overall dashboard.

But, as you said, some of these are going to be in the application when people are submitting data. Yeah. And looking through data.

So, your recommendations may even say, this is what we have now. We think this, you know, in the primary source, these are the limitations. Or we can't seem to -- or we don't know where that's going to come. But we don't know that looming deadline, initially we know that there is going to be gaps. And so, it is from that move right now

from equal to equity lens.

>> JANET C. FRANK, DrPH: Hi.

I just had a clarification, at the very beginning of your talk, Donna, you said you wanted to drill down and make sure that we are identifying the specific groups and subgroups that of these recommendations apply to, rather than using generic terms, like people of color, or underserved communities, that sort of thing, and I'm just wondering since I know, there is a, you know, kind of wanting to be parsimonious the recommendations, whether or not, you know, how to really balance that? Because I think you can have an entire list of 10, 15 different subgroups, as appose to, trying to capture it within a more generic title, you know more generic term.

>> DONNA BENTON, PhD: You know, Karen, you may want to answer this; but my initial response is that, you can still, within any of the groups when you, say use the term "diversity," we know that there are some groups that they are going to be at higher risk, so recommendation may be that we're looking into diversity. But we know that this is the group that we need to target more because of the data shows that these are the impacts in this group, so then you may be more specific around one group that we're reaching out to.

I obviously, I'm not trying to do a checklist of everyone, every time. But when you are looking through the data and the recommendations that you may be a little more specific.

I don't know how else to respond to that. I hope that's partially helpful, Janet.

Because I do understand your concern for our lens of recommendation and how we write them.

>> KAREN D. LINCOLN, PhD: I mean, I just want to add, the parsimony is very important. But it's similar to COVID, but we are sort of mentioning certain groups that are the more sort of burdened, to put it nicely. So, when we talk about language, we might be referencing certain groups. But we also want to make sure that, you know, there are some cultural issues that we need to attend to. So I brought up the point that African American are hardly included when you mention about language, because English is our first language, which, but, many of us can't read it, can't understand it, can't sort of really access the texted as written; right?

So, it's really if there's a way of moving away from people of color, lumping different groups, and aggregating different groups that have different needs, we might want to find a way to highlight some of those differences to suggest that people need to take, you know, so take those communities into account.

>> CARRIE GRAHAM, PhD: I thank you both for those responses. Shireen has her hand up.

And, also, if you are not a panelist or if you are an attendee, I'd ask you to wait on your question until we have public comment towards the end.

>> SHIREEN McSPADDEN: Hi. Thank you, Donna, and all this is great work.

I have a question that may be in here, and maybe I'm just missing it. One of things that I think is really important is that there's agency from the specific groups that you are mentioning to help think of what the questions that we are asking are. So, like if we are talking about African Americans, how are we engaging African American's and really understand what the questions are. Not whether their key performance about their own experience, but how do we ask the right questions and not think that we're, you know,

as researchers, or whatever, determining those questions and going out and finding experts in communities?

I want to, you know, so how are we engaging in people right up front?

And how do we loudly say that so that we don't get into what research often does, which is studying people and getting their input now?

Now, well, not necessarily, but now we do get input. There is not a design aspect to that. And I just, maybe I'm not seeing it strong in here, or maybe I missed it, I'm curious about that.

>> DONNA BENTON, PhD: I mean, I think that is how we were looking at that; I think it was Number 3 and Number 4 in the question, but the other part is in designing some of these questions, like we feel one of our recommendations is going to be to have in equity work group that would be represented and helping, you know, overall and who you pull into that work group initially is going to be very important and back out into the community and reaching out and, as you say, developing those questions. And that's going to be important when different groups take on the recommendations. Because it's still -- this isn't all going to be done at the state level. Some of this information and the recommendations will be taken on by different people in different community groups.

>> CARRIE GRAHAM, PhD: All right, well, thank you everyone. We need to move on. This is a really important discussion and we are so grateful to our Equity Work Group.

>> KIM McCOY WADE: And, Carrie, while you lead us into the next section, I just want to take a second and emphasis to the Equity Workgroup that, obviously, the

time that we're in is not just one of COVID, and economic recession, and public health, but the time of the killing of George Floyd and great rising up of those of us who are committed to antiracism to do better. And so we are very grateful for the Equity Workgroup for guiding the Master Plan, but, also, giving us immediate feedback for the month of COVID response. We are calling on experts to join other essential and part

>> CARRIE GRAHAM, PhD: All right. Thank you so much Laura, Gretchen, and everybody who had comments. And I think we'll talk about next steps, but I'll be following up with each of the goal-groups to try to pull together maybe a representative with each some overlay of examples and ideas for specific evaluation of Master Plan. And with that, I'm going to turn it over to Terri to talk about the "Dashboard."

>> TERRI SHAW: Hi everybody. Thank you all for being here for the great discussion so far. So nice to reconnect with all of you.

I'm really excited to share with you, or actually to have the real experts behind these prototypes, share with you, the prototypes of Data Dashboard. I'm going to keep my remarks extremely brief.

First of all, I note that while many of us were on pause from MPA doing other extremely important work, some of us we're still also doing behind the scenes work on the MPA, and I particularly want to thank a set of the students from University of California, at Berkeley, who helped us pull together the many recommendations that Carrie summarized earlier, as well as, pulled from all of our many inputs, SAC, LTSS, Subcommittee meeting, Equity Workgroup, et cetera, pulled out all the input that they

can find that indicated some nature of recommendation around candidate measures of data points that we might include in our data dashboard. We have with us today the students, Nate Bon Levine, Irene Lu, and Caitlin Ruffle, they are all, I believe, online really. And I really wanted to thank them for all that they have done, laid some ground work for us pulling together on the input information that we received from all of you and other state in this process. So thank you very much, to them for this.

I also want to say thank you to two teams who really picked up the ball from Candidate Measures and really started narrowing down prototypes of what we might look like and all the Indicators we include in it.

So, we got two teams here with us today, we have from the California Department of Public Health, we have Latesa Slone, Julie Nagasako, Benjamin Hicks, who are going to present an overall framework for a potential data dashboard prototype how that fit with "Let's get Healthy, California," and walk us through some ways that we would really really leverage the data that is in "Let's get Healthy California."

After their remarks, we'll hear from the team at the West Health Institute, who have been extremely helpfully, as well, in building out these prototypes.

And Zia Agha team, who is one of our committee members, as well as, Tyler Kent and Juhi Israni. They will be showing us some additional indicators focusing more on Indicators within Goals one and three.

So, these are only prototypes, and I really do want to emphasize to all of you that these are prototypes.

I think they are phenomenal and are going to be a great basis for further discussion in continuous evaluation into progress.

But they are prototypes and I want to make sure that everybody understands that this is not final.

And we really do want to encourage discussion and feedback.

Please hold your questions until after the presentation are done, if possible. Because that way we will be able make sure that everybody sees all of the great content in and all the great work that has been done. And hopefully allow us to have a more discussion.

This will continue to evolve. Go further will show based on the prototypes for our next meeting in all towards of being able to show the advisory committee in September. We going to keep moving forward, but we want to make sure that all of you have the opportunity to see and weigh-in on the progress as we go.

The one slide I do want to show as a reminder, we moved from a set of candidate measures and really look at the model of built by Healthy California to convey and look at the options, come up with a set of Indicators. So, some of those criteria that included many of the same points that we discussed earlier around the equity tool. So, hopefully you'll see that come through in the prototypes. I just wanted to replay this slide for you, mind you that this is the type of criteria that we had talked about in weighing that we put into this so to help us to be able to monitor and progress on the Master Plan.

With that, I'm going to turn it over, move forward, and I think we are going to let the folks as CDPH go live.

>> LATESA SLONE: It sounds like I'm --

>> CARRIE GRAHAM: We're going to have a little bit of echo, but if you are dialing in on your phone. Oftentimes, it gets that echo going. I don't know if you are talking,

but we are not able to hear you. It looks like your computer.

>> LATESA SLONE: Can you hear me now?

>> CARRIE GRAHAM, PhD: Yes, but we're still getting an echo. We're still getting an echo. Are you connected to two different devices, by chance?

Do we have the plan B?

Looks like Ben can talk.

>> BENJAMIN HICKS: All right. So, we're very excited to be here and share Master Plan for Aging, Data Dashboard design and development.

Latesa, if you connect your voice, please, let me know and they'll let you take over.

It's important to know that our presentation today is sharing only mock-ups and they are subject to change as we are based on the needs ed-evolving MPA framework timeline and feedback from MPA members and leadership.

Recently as mutually enforcing improve initiatives under California, under the California Health and Human Services Agency. The Master Plan of Aging will be developed within the existing "Let's Get Healthy California" website infrastructure. The MPA.org will be a unique direct URL, and it will also be accessible of being navigation of the LGHC website.

One of our objective is to process -- in this process is to engrave complementary initiatives to provide a comprehensive message about how a state agencies and how our partners are working to improve the health of California. As a state health assessment and improvement plan, the "Let's Get Healthy California" framework is meant to provide a snapshot of the health of the entire population across the range of conditions of factors. Furthermore, let’s get healthy California advance health equity by

reducing the disparities across the outcomes. Framework lays out six goals and a set of key indicators that taken together provide a share measurement system for tracking progress at both the population and global systems level.

Based on a wide range and feedback, Let's Get Healthy California may revise the current goal area to help healthy aging, as you see right here.

We like to also include a feature highlight on the Master Plan for Aging as an extension of this goal area.

We've identified interest in three types of dashboards. So, our first one is the Dynamic Demographic and includes descriptive measures of to better understand the breakdown of population across the range of different demographic categories. This dashboard will be embedded through the MPA page.

Summary Level Progress Dashboard, that includes all the indicators, including the baseline, current and target values. And the status of progress for each indicator. This dashboard will be embedded on the "progress page." The detailed indicators visualization will also be viewable through the colored links. These are where a user can explore how that indicator breakdowns within various demographic and geographic are.

These dashboards will be embedded within the "go" pages or some other form of sub-page.

For the purpose of the progress "dashboard," we're leveling a scorecard, software based on leveraging scorecard software. The software based on accountability framework. With those based on accountability framework end to means thinking and

supports transparency and accountability -- let's two levels of accountability, population and system, or performance.

Let's dive into the display of an indicator. The scorecard format allows the entire framework and system measures to how the strategies view to advancing populations results. And currently results are aligning with the PA goals, areas. It may be revised, if necessary.

Let's dive into the display of an "Indicator." The scorecard allows multiyear display of data, allows us to monitor, to trend, and apply turn-the-curve techniques to improve results. It also enables some limited deprivation in equity target.

And one extremely valuable asset in the scorecard with the ability, the story behind the data that directly into the scorecard. Including partners advancing progress and opportunity to have capture strategies and have examples of how it works.

Next we want to share progress with the Demographic Dashboard, which includes descriptive measures to better understand the breakdown of the population across of demographic range of categories.

We want to note two key goals into.

One is to provide summary review bring charts to be able to download and include in communication and reports.

Two, a detailed view where you can view deep dive into various demographics to view at the trend and each category and see how it's played out geographically. Please note that the data in these towards is from the California Health Interview Survey.

So, for the purposes of this presentation, we want to focus on the overall design and functionality data.

We are still working on data. I'll go ahead and switch to live mode, for a moment.
So, seeing here is the summary view of the demographic dashboard. This will default to the California view, but will elaborate on a county. Note that because this data is California Health Interview surveys, some counties will be added data together. The data can also be viewed by year, as well as, comparison group allow you to see here. I currently have research disparities, so which makes our estimate within the age group which allow us to compare different demographic substrata, such as males who are aged 60 or older or females who are aged 60 or older. A demographic substrata total a 100% a year.
Right now, I'll go ahead and select research population size. When I select "research population size," it makes our estimate of our proportion within the demographic group and allows me to compare different demographic groups substrata, without demographic here our age group. Here are age group totals are a hundred percent.
So, now research disparities. When hovering over a figure, so and asking for the value that it's statistically unstable, the competence interval, frequent interval, and the 2013 to 2018 timeline.
Then, the entire concept behind this display is to show multiple demographics at a strata display given geography. Detail demographic display, allow the selected demographic. Selected demographic from the left on the barograph. And on the right is a timeline and a map are displayed of data, however, of the demographic from the barchart.
Additionally, competence interval can be turned on or off for the bar chart.
Multiple demographics can also be displayed on the bar chart.

Finally, when hovering over a demographic substrata insufficient survey respond county estimate is not displayed on the map.

We're are currently looking into additional aggregates to stabilize some more estimates at the county level.

Go ahead and switch back to our main display. To tie this altogether, we want to direct our focus back to the landing page where this demographic will live.

Additionally, you'll be able to access the goal pages and view more goal pages. The goal pages provide and define goal areas and objective. These pages will also include our detailed visualizations. Each dashboard will include a cluster of indicators that can be toggled in between using "tabs."

Now, I'll pass it over partners at West Health, who can share some progress of their indicator development.

>> TERRI SHAW: So, this Terri, I'm going to break in for just a moment to say, first of all, Ben, thank you for being a hero and picking up in the gap. So, Laura Carstensen had a quick question that we can resolve before we move onto our next presentation.

>> LAURA CARSTENSEN, PhD: Thank you. I think this is great that you are getting at the county level, on these outcomes. One thing, though, I wonder if it is possible be to look at multiple factors in the same questions, so you want to know about, for example, I want to know how low-income Latina women in Santa Clara County are faring on one of these, can I get at that through the dashboard?

Or can I only break it down by ethnicity alone, gender alone, county alone, that's my question?

>> BENJAMIN HICKS: Currently, it's by one demographic alone. But we can also pull additional data to display on the dashboard.

As we said, this is from the California Health survey, and they do allow some cross-population of the data itself.

>> LAURA CARSTENSEN, PhD: It'd be great to get it, since we're talking about understanding diversity in this way that would be terrific. Thanks for answering my question.

>> RAMON CASTELLBLANCH, PhD: Thank you. I look at map, it appeared to me that on the map in the City of Susanville in the same geographic area, because I think you mentioned that you do some county break-up, and then you also lump some counties together. So, at least visually it looked to me that you had Susanville and Crescent City in the same area, in which from a functional point of view, they are over 6-hour apart. It wouldn't make much difference to talk about someone six hours away in Crescent City to people in Susanville.

>> TERRI SHAW: So, I'll take that one. So, this is highlights again some of the issues that we're talking about under the Research Agenda topic which is that there are some gaps and limitations in our current data capabilities. This, for example, is a wonderful survey, but the results only allow you to draw down so far before you hit significant numbers.

So, we have to be mindful of those limitations in our data.

Having said that, we are constantly looking for better data researches. And I do think the research agenda can be a useful tool, I think research can push even further development on that going forward.

>> SPEAKER: I'm going to turn it over. The West Health Team.

>> JUHI ISRANI: All right.

>> SPEAKER: You have two devices in your room, as well. If you will mute one, please.

>> JUHI ISRANI: You want me to share my screen on my end?

>> SPEAKER: It would be great if you can steer that way.

>> JUHI ISRANI: So, this is West Health Team. We're going to kind of go over a little of the interim process. And then, walk you over some prototypes.

>> SPEAKER: Are you setting up?

>> SPEAKER: I'm sorry to interrupt, but can you put it in slide-show-view?

>> ZIA AGHA: Okay. So as looked at the reason all the indicator to stock up our prototypes and use a four-step-process use it to identify a group. And this will be publically available, the data that was frequently updated and capture the goals laid out by MPA. Appropriate data through the modem.

And, then, most importantly signed those sketches, so that's really what dashboard meet is about. It's to tell a story of progress or some timeline or key measure indicators.

The next figure for developing the prototypes, we are on our way in about four to six weeks, which we had two prototypes to share with you on Goal one, the most advance VIP access of goal.

And then, on Goal two, we have some prototypes, which share with you next time.

I believe, one, is to focus on getting feedback on the appropriateness of both the layout and presentations. Also, the types of intervals we will be talking about.

>> JUHI ISRANI: Thanks Zia.

Just to give you an overview of LTSS, the Goal one, was really about the services and support. And Objective one is access to help those who need live in the homes and communities, as well as, preparing for the challenges and award of caregiving.

So, keeping those objectives in mind, we have really looked at the indicators and then and started to develop across these indicators and use the data sketches.

So, for Goal one, when we look the long-term services and support. The first visualization we saw, was institutional pair models. And the objective to this was access model high quality, surfaces in every community. When we were looking at that access, or location is basically a proxy for this measure. So, we look at indicator such as location or long-term care facilities. And then when we look at "quality of care," we're see that, that is look at as safety deficiencies. Which was another indicator that we saw within the list.

So, we came together and decided that we need to utilize the indicators to build more of a system level dashboard using the Oxford 2018 data, as well as, the nursing-home-compared 2018 data. And I'll briefly show you a prototype for that, but I want to quickly talk about the others.

So, for Visualization two, is really highlighting the use of the senior population. Although, the objective for this Visualization kind of falls under access to the health communities, to the live-in-the-homes and safe communities, this Visualization really highlights the needs communities, busy and populated. And that's because the data source we currently have is the data source.

Now, this whole prototype can continue to evolve because got more data and information from the California Health Interview Survey, which will include the access

module questionnaire and that can help us answering more of these questions of access, rather than need.

Then the last Visualization one is build on "caregiving." This one is really telling preparedness to the challenges towards caregiving for an aged loved one, and indicators for this are really highlighting the caregivers and basically the burden that they are experiencing and this data source funded by the AARP caregiver survey and data sources. And we'll have that for you next time.

Going into the dashboards, for the quality care. So, the data source for this is 2018 the utilization and care. So, this is really looking at the deficiencies at the facility level and county level and perspective the number of long-term care, this is more of a ratio.

So, basically, you can highlight over -- sorry about that. So if I highlight over, I can highlight over the county view at that particular county, as well as, the facility where I highlight and can get the number of deficiencies.

And you can see the map goes from a green kind of shade-color over the red. Another thing you can do is with this Visualization is you can also look at different types of facility types, we can look at hospice, and congregate facilities.

And you can look at minorities and non-minorities in a facility.

So, pretend, if I look at minorities in groups, I can see that there is a higher level of safety deficiencies per bed in minorities verses non-minorities. I can also look at even more and look at the percentage of racial group in facilities in counties. So, I can narrow that minority groups, look at about 50 percent of minorities within a facility, and it will highlight that county, as well as, facilities that have about 52 percent minority groups. Left-hand side, which is health, race, and age.

And, then, all kind of move over to our second

Visualization on active of daily living.

>> TYLER KENT: If you have difficulty hearing me, please, let me know. So thank you for that.

As Juhi has mentioned, this is using, which stands for Behavioral Risk Factor Surveillance System, and the nature of that data, it's a survey that's given nationwide on a yearly basis. So, that allows to do certain things with it, track over time how respondents are instant, so we can ask specific questions that we are concerned with.

So, what we did with this is we took from 2013 through 2018 and we focused it on three questions within and that related to our indicators, and was, do you have difficulty dressing or bathing?

Do you have serious difficulty walking or climbing stairs?

And because of physical, mental, or special condition, do you have difficulty doing in errands alone, such as, visiting a doctor's office or shopping?

So you will see the percent of respondents of 65-plus who answered yes to those.

The blue lines are California.

And the orange line is showing you the other states.

On the left-hand side, see how the race education level, employment status and income visual level. And one thing we implement is we optimize this decision it is as we hover over this year, we'll see everybody in 2013 who answered yes in this question in California. What is their education, employment status, income level?

And we've also included those filters at the top here in case you wanted to filter that entire display.

So, let's say you wanted to see more specifically how is California doing compared to other states?

This opens up a different way to Visualize this data, where you see the colors representing the percent responded yes. The redder it becomes, is the more higher percentage.

So, you'll see there is kind of this California-shape within the plot, it will this shows how are we doing compared to the other states in terms of need.

So, it also highlights the outline. Particularly, do you have difficulty in dressing or bathing? 14.3 responded yes.

And within this display, use a perimeter to select which question you want to look into.

So, it has all three of them. We've also included the same filters race, employment, education, and to try to capture that equity peace that we've been talking about.

So, we included another button here locate a map-view, click that and now you have the same information there that's presented as a heat-map. You can change the year that you want to look. And, then again, which question you want to look at.

Thank you. I'll turn back over to Juhi.

>> SPEAKER: Juhi, in the interest of time, can we do another minute or two?

>> JUHI ISRANI: Sure.

>> SPEAKER: Those of you are phone, bear with us as he gets through the content.

>> JUHI ISRANI: Just in the time, we're going to kind of skip through some of data and prototypes together next time. So, the last currently build two of time timelines prototype goal in about 50% so, now we can view one the last prototype for Goal one,

and then really finalizing those based on the feedback that you gave us steps to improve.

And then lastly we'll dive into the goal and we'll go over next time.

>> TERRI SHAW: Let's got next slide and really what we want to do is, this is hopefully a lot of great food for thought. I know I find this information really energizing and really highlights the possibilities for us moving forward.

The discussion that we are most interested in having are we on the right path?

Did we get the right kind of indicators?

And another thing we want to be able to talk about as we move forward is whether and when to include benchmark and targets indicators of progress in the dashboard.

And we can answer that question before Version 1.0.

So, we don't have to answer these questions right now, but I want everybody to be thinking of these types issues as we do move forward.

>> RAMON CASTELLBLANCH, PhD: Yes. Thank you. I gather from what we're hearing so far, that you are basically taking existing data and displaying it, you are not looking at new data. Because what I'm particularly concerned about availability of services, and how that varies across the state.

And, also, in particular the services are available to unpaid caregiver, because as I understand it, long-term care is provided by them. And, so, I don't know if at some point you are going to be able to gather additional data that highlights available services, especially services for unpaid caregivers. Or, if we are working within a framework of what data and different ways of showing it to us.

>> ZIA AGHA: That's a great question, Ramon. I think consider this as our first

prototype version 1.0 of dashboard, giving the timeline will probably be working with existing data. I think it's an opportunity, which is their tools are available to collect exactly the type of data points that you are talking about and add those in subsequent dashboards create those.

>> KAREN D. LINCOLN, PhD: So, thank you for the presentation, I had a similar question to Ramon's question.

It was around, being able to take these data and maybe do some type of a simulation. So, since you have those data, can you do like an Oaxaca-binder kind of simulation where you can determine, you know, if something changed, would we see some differenced, particularly with disparity?

So, if income changed, or social isolation changed, or if something changed would we see poorer or better outcomes, would we be able to see these types of things on this dashboard?

>> ZIA AGHA: Yeah. We can see certain factors, for instance, we can simulate on population growth, yep. Simulate on changes ethnic, interracial sort of mixed, if that's changed. You can probably do these types of simulation into the future and be fairly accurate with what assuming that things don't change. Other factors don't change, give a fairly accurate picture.

On the other hand, I think you can also use this tool as an exploration tool, where it's assuming a fairly accurate where it's not about predicting future, verses about looking at certain, what-if scenarios.

My question to the group is, do we bring that function out onto a tool that is very much public facing?

Or is that something that happens for more of the researchers or the analytic people like yourselves, who really want to dig deeper into the dashboard?

>> SPEAKER: Just to clarify, if I were working in an agency and I were, I had X amount of dollars and I wanted to target and say, I want to focus on, you know, addressing this particular issue, like food insecurity, or housing insecurity, because it would potentially lead to this change; right?

Or I might choose a different factor to focus on because it would lead to some level of improvement or some level of decline?

So, it's really not so much projecting out into the future based on data that we know, it's really predicting change, if we were to manipulate some disparity factor.

>> SPEAKER: Yes, we can change a lot, but a lot of these assumptions are predictions. But clearly we can.

>> SPEAKER: We need to give more time to public

>> JEANNEE PARKER MARTIN: Thank you so much.

ZIA, this is incredible work, thank you so much.

It is such a great prototype for us to consider. One of the things I would like recommend that you do consider, on her comment, we think of what is it that we want to be measuring as we look at 2030 that is not quite so granular; maybe not some of the big meta questions?

I don't know how that's incorporated here, but that's sort of struck me that these are very granular detail observations that you would think would change with our population, so the older adults is increasing, you would assume that they are going in to being more people to have some of these difficulties in their life.

And, so, I like us to think about, what is 2030 picture that we're really looking for?

And how do these measurements maybe again at a meta level, move to?

You don't have to respond because of time.

So, thank you, again.

>> SPEAKER: Thank you, Jeannee, and I do agree with you.

>> KIM McCOY WADE: Well, I'm almost speechless with thanks, for all the people who have been so hard at work and such a collaborative teamwork way. From West Health, University of California Berkeley, to CDP, to all the committee members. There has been a lot done. Clearly, a lot still to do, but grateful for where we are sitting here today.

I'll ask folks to try to be one to two minutes to make sure we can hear from as many people as possible.

>> SPEAKER: My name is Art from San Francisco, one of Care, Great Panthers.

Two questions.

One, will the subcommittee research agenda include and examination of the benefits to the single pair to Health outcomes to seniors if it were to be implemented to California since single-pair legislation concludes access to long-term care; that's the first question?

Second one, will the Research Agenda will inform the Master Plan on Aging on the future health care that's currently provided by nursing homes?

CARE, that's provided by nursing homes.

In other words, will your research reflect what we learned from the current pandemic knowing that so many nursing homes residence died due to poorly managed designed and regulated nursing home?

And will alternative nursing homes, as we know be researched and recommended by the Master Plan for Aging Research Subcommittee?

>> SPEAKER: Yes. Can you hear me?

>> SPEAKER: Yes, Jorge.

>> SPEAKER: This has been a great discussion and this is a very aggressive Research Agenda. My point that I want to address relate to the "equity" section of the discussion. Specifically goes to the issue of the developmental disabled individuals. As you all know there has been a dramatic increase in population growth in the developmental disabilities of older adults, and a lot of the agencies are not prepared or used to dealing with the goals and services that they are providing, they are used to more a younger population. This is a very important topic for the DD community and there has been a workgroup that has been established with the state council with the developmental disability of Los Angeles Section, it's called "the Aging and DD Group." They have come up with a draft policy and program recommendations that could be considered by their research agenda and by also the over Master Plan. The members of the state working group involve not only the state council, but regional centers, and some aging organizations, and DD Service Organizations. They've been looking also the data, looking at the departmental of services fact book, census data, and a number of other places of where there are some information and data that can be gathered by other relating specifically DD population. I would behoove to think that we need to

consider DD population in a much broader way and make they are included in the discussion. We need to make sure that we are not discussing disabilities, based on chronic disabilities, but intellectual disabilities.

Second, dealing with the American Native population. And included as part of the state plan and we should be doing some gathering of data as to how the Indian population is being, and the lack of services they are having in Aging services in California.

They have a separate title in an act federally recognized tribe, not necessarily urban Indians that are living in cities, that's where we have the gap and barriers, I think we should be looking as part of the agenda here today. Thank you.

>> SPEAKER: I'm not seeing anybody else in comment. That we truly inclusive in every way. There is partnership in place there, but much work to be done.

>> CARRIE GRAHAM: In terms of the research agenda, group of folks who are going to be working to figure out next steps and come up with an outline of an agenda. There will be some convening and talking through this next month. Please email me, if you are a part of this committed and you would like to be a part of that.

That's my next step for Research Agenda.

>> SPEAKER: Yes. And I will announce, but not put in the hot seat, CDA has our first full time data research Paul Stafford, Dana Birmingham started Monday, so we're going to give him a minute before we put him in the hot-seat, but we are thrilled that we are expanding our data capacity at CDA because clearly, we will always be working in partnership. We are thrilled to be strengthening our foundation, as well. So welcome, Dan.

Meanwhile, please, send your feedback, as always to

"Engage" email box.

That's how we continue to hear from you, if we didn't hear you enough this conversation or in public comment, there it is:

EngAGE@aging.ca.gov

Meanwhile, thank you for being a part of this conversation, for all the work do in between, and for helping us get this right and continuing being better.

Be well. Stay safe. Stay connected.