California Master Plan for Aging
Research Subcommittee Meeting

August 26, 2020 | 1 p.m. – 4 p.m.

CALIFORNIA DEPARTMENT OF AGING

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Meeting Logistics

- **Telephone or webinar (Zoom) only - *No in-person meeting***
  - **Join by phone: 888-788-0099**
  - **Webinar: Join by smart phone, tablet, or computer**
  - **Meeting ID: 918 9098 4691   Password: 258**
  - **Live captioning streamed through webinar**
  - **Meeting materials will be posted online**

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Public Comment

Public comments during meeting, as on <u>agenda</u> 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 and feedback, send emails to <u>Engage@aging.ca.gov</u>.

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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.

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Welcome & Introductions

Kim McCoy Wade
Director, California Department of Aging

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Research Subcommittee Members (Goals 1-2)

Goal 1:Long Term Services and Supports & Caregiving
- Gretchen Alkema, PhD, The SCAN Foundation
- Donna Benton, PhD, USC Leonard School of Gerontology **(Equity Work Group Member)**
- Kathleen Kelly, Family Caregiver Alliance
- Kathryn G. Kietzman, PhD, UCLA Center for Health Policy Research

Goal 2: Livable Communities and Purpose
- Laura Carstensen, PhD, Stanford Center on Longevity
- Stacey Moore, AARP California
- Jeannee Parker Martin, LeadingAge California
- David Ragland, PhD, School of Public Health, UC Berkeley

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Research Subcommittee Members (Goals 3-4)

Goal 3: Health and Well-Being
- Zia Agha, MD, West Health
- Janet C. Frank, DrPH, UCLA Fielding School of Public Health
- Shireen McSpadden, San Francisco County Department of Aging and Adult Services

Goal 4: Economic Security and Safety
- Karen D. Lincoln, PhD, University of Southern California ***(Equity Work Group Member)***
- Nari Rhee, PhD, UC Berkeley Center for Labor Research and Education
- Ramon Castellblanch, PhD, California Alliance of Retired Americans

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Research Subcommittee Members

- David Lindeman, PhD, Center for Information Technology Research in the Interest of Society
- Sharon Nevins, LCSW, County of San Bernardino Department of Aging and Adult Services – Office of the Public Guardian
- Marty Omoto, CA Disability-Senior Community Action Network (CDSCAN)
- Jennifer Breen, California Association of Health Facilities
- Derek Dolfie, League of California Cities
- Christopher Langston, PhD, Archstone Foundation

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Research Subcommittee Meeting Timeline

CV19: Older & At-Risk Adults Stay at Home

Research Subcommittee Reconvenes

Research Subcommittee Final Meeting

Present Recommendations to Administration

June 2020

August 2020

September 15, 2020

December 2020

March 2020

July 23, 2020

August 26, 2020

October 2020

SAC and Equity Workgroup reconvene remotely

Research Sub, CDPH, WHI work on Research Agenda and Data Dashboard

Present Research Agenda and Data Dashboard to SAC

MPA Release by Administration

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Meeting Agenda

1. Welcome & Introductions
2. Equity Work Group's MPA Evaluation & Assessment Recommendations
3. Research Agenda Overview & Discussion
4. Data Dashboard Discussion, Part 1 (Goals 1 & 2)
5. Break
6. Data Dashboard Discussion, Part 2 (Goals 3 & 4)
7. Public Comment
8. Next Steps & Adjourn

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Equity Work Group's MPA Evaluation & Assessment Recommendations

Karen D. Lincoln, PhD
University of Southern California

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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)

Equity Work Group Recommendations Evaluation & Assessment

- 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

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Research Agenda Overview & Discussion

Laura Carstensen, PhD
Stanford Center on Longevity

David Lindeman, PhD
Center for Information Technology Research in the Interest of Society

Research Agenda for the Master Plan for Aging

MPA RESEARCH SUBCOMMITTEE

2020

Mission

- To achieve a deep understanding of the core needs of older Californians, a research agenda will be pursued in parallel to the implementation of the MPA in order to ensure that the MPA is having its intended purpose by monitoring changes and providing economic projections about the relative cost-savings of specific efforts and the overall plan. This research program - led by an alliance of world-class researchers and guided by a advisory group of policy makers, practitioners, advocates, older adults, and people with disabilities -- will assess the current state of aging in California with a focus on gaps in status by region, ethnicity, race, gender, and income. The proposed partnership across public and private sectors will ensure the outcomes of the MPA are evaluated, inequities are identified, and evidence-guided modifications are made efficiently so that all Californians can age well.

Specific Aims (1)

1) Create a consortium of expert researchers, experienced policymakers, and aging and disabled Californians who are charged with identifying key questions and setting benchmarks for achievable goals over time.

2) Create an alliance of researchers across California's world-class universities and research bodies who will oversee the integration of existing data on aging Californians across all CHHS departments and other state programs; identify data gaps and, where needed, collect additional data so that comprehensive assessments of the effectiveness of the MPA is possible.

Specific Aims (2)

1) Use the data to:
   - Analyze and identify disparities by gender, race/ethnicity, sexual orientation, income, & geography to provide empirical evidence about the status of subgroups, and over time identify who is and who is not benefitting from the MPA goals so that identified inequities can be targeted and remedied expeditiously.
   - Maintain an up-to-date and accessible MPA data dashboard for use by policy makers and concerned citizens
   - Use the data dashboard to conduct rapid response analyses to answer pressing MPA policy questions by state, regions, and counties
   - Provide an annual "state of the state" assessment of the aging population.
   - Model the future elderly population with and without recommended changes by the MPA, the projected costs under different scenarios, and the ultimate cost savings related to MPA implementation
   - Model the expected social, and health outcomes of MPA implementation

Specific Aims (3)

1) The consortium will vet and advise researchers and policymakers statewide to ensure that proposed aging research and program/policy evaluation is timely, actionable, person-centered, and translatable into MPA policy.

2) The consortium will identify data gaps and recommend new data collection and/or analysis efforts.

3) The consortium will seek funding for traineeships to lift up the next generation of scientists, gerontologists and aging policy experts in California to continue to ensure our state meets the needs of older adults and people with disabilities in generations to come.

Three Components

1) **An advisory body of experts (i.e. consortium)** including California researchers, policymakers, and other stakeholders (including consumers) charged with overseeing core projects and to ensure that the overall MPA goals and objectives are achieved.

2) **A University-based research Alliance** charged with generating state of the art analysis that simulates future scenarios about an aging California, disseminates MPA research at state and national conferences, and trains future generations of aging and health policy experts who are both deeply familiar with the needs of older people and technically skilled in cutting edge research approaches.

Three Components

3) **A funded "Data Action Center"** (a.k.a. data warehouse) that will work closely with the state to integrate data from several agencies/programs, oversee the MPA data dashboard, execute data use agreements, and ensure HIPAA compliance across research studies.

- The Center will develop webinars about available data that enable individuals and agencies to answer questions they raise, review applications for data access, and assist individual researchers with study design, research questions, and analysis.

- The Center will conduct rapid response analysis for state policymakers and evaluators to answer pressing policy questions related to MPA implementation.

Expected outcomes

- Ongoing evaluation of MPA implementation
- Connecting disparate state data sources and filling data gaps to provide evidence to make sound and equitable policy decisions.
- Creating an unprecedented a policy collaborative across sectors: Policymakers, Academics, Advocates, Service Providers and Consumers to bridge the divide between aging research ->aging policy-> and service delivery in California.
- Documented cost savings through more efficient, evidence-based service provision.
- Improved quality of life for aging Californians.
- A new generation of policy makers and academics who understand how to work in together to implement evidence-based policy that is age-, disability-, and dementia-informed.

Data Dashboard Discussion, Part 1 (Goals 1 & 2)

Zia Agha, MD
West Health

Terri Shaw
Moderator

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Overview

Internal Process for CDPH & WHI
Prioritization of candidate measures for Goals 1-4

Identify appropriate data sources for each indicator

- Publicly available
- Data update frequency
- Demographic data details (e.g. race, payer, age)
- Time series capabilities

Determining themes across indicators

- Appropriateness of data
- Expertise of dataset

Developing Narratives

- Review of data sets
- Determining important data points to highlight
- Developing storyline

Building Prototype Dashboards

- Data Visualization Sketches
- Selecting appropriate data visualization formats
- Use of color, size, shape, and labels to highlight key messages

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Indicators Discussion: Questions to Keep in Mind

- Do the identified indicators adequately serve as a snapshot of the goals/objectives for MPA Data Dashboard version 1.0 or is there a significant priority not reflected?

- To the extent that some goals/objectives are missing person- or system-level indicators, how should we address the gaps going forward for future dashboard prototypes?

- What should the approach be for setting targets & benchmarks for indicators?

- Are we missing any available data sources that can provide additional context to indicators?

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Goal 1: Services & Supports

Research Subcommittee Leads

Gretchen Alkema, PhD, The SCAN Foundation
Donna Benton, PhD, USC Leonard School of Gerontology **(Equity Work Group M**
Kathleen Kelly, Family Caregiver Alliance
Kathryn G. Kietzman, PhD, UCLA Center for Health Policy Research

Goal 1: Long-Term Services & Supports (LTSS)

MASTER PLAN FOR AGING INDICATOR DASHBOARD

Goal	Objective	Indicator Type	Indicator	Final Data Source	Baseline Year	Baseline Value	2030 Target Value
Services and Supports **We will live where we choose as we age and have the help we and our families need to do so.**	Objective 1.1: Californians will have access to the help we need to live in the homes and communities we choose as we age.	**Person**	# of people self-reporting difficulty bathing or dressing	BRFSS			
		Person	# of people self-reporting difficulty doing errands alone due to physical, mental, or emotional condition	BRFSS			
		Person	# of people self-reporting difficulty walking and climbing stairs	BRFSS			
		System	# of safety deficiencies in LTC facilities	OSHPD / CMS Nursing Home Compare	2018	Avg. of 4.95 safety deficiencies per licensed bed	
		System	# of licensed bed counts & patients by payment source	OSHPD			
	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.	**Person**	% of caregivers estimated by county	AARP Caregiver Survey			
		Person	demographics of caregivers in CA	AARP Caregiver Survey			
		System					
		System					

Long Term Care Utilization & Quality of Care

What are the number of deficiencies at the facility level and county level in perspective to rhe number of licensed beds at long term care facilities? How are these deficiencies based on percentage of minority population ar the facility level?

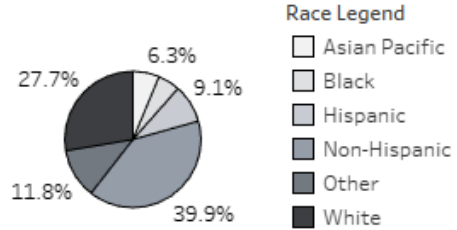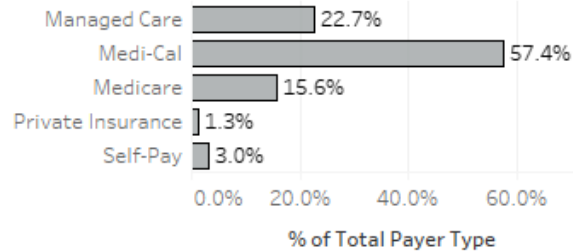LTC Facility Type: (All) ▼   Racial Groups: (All) ▼   % of Total Racial Group: 4.36% — 100.00%   Safety Deficiencies per Bed by Facility: 0.000 — 9.466   Data Source: OSHPD 2018 LTC Utilization & CMS Nursing Home Compare 2018
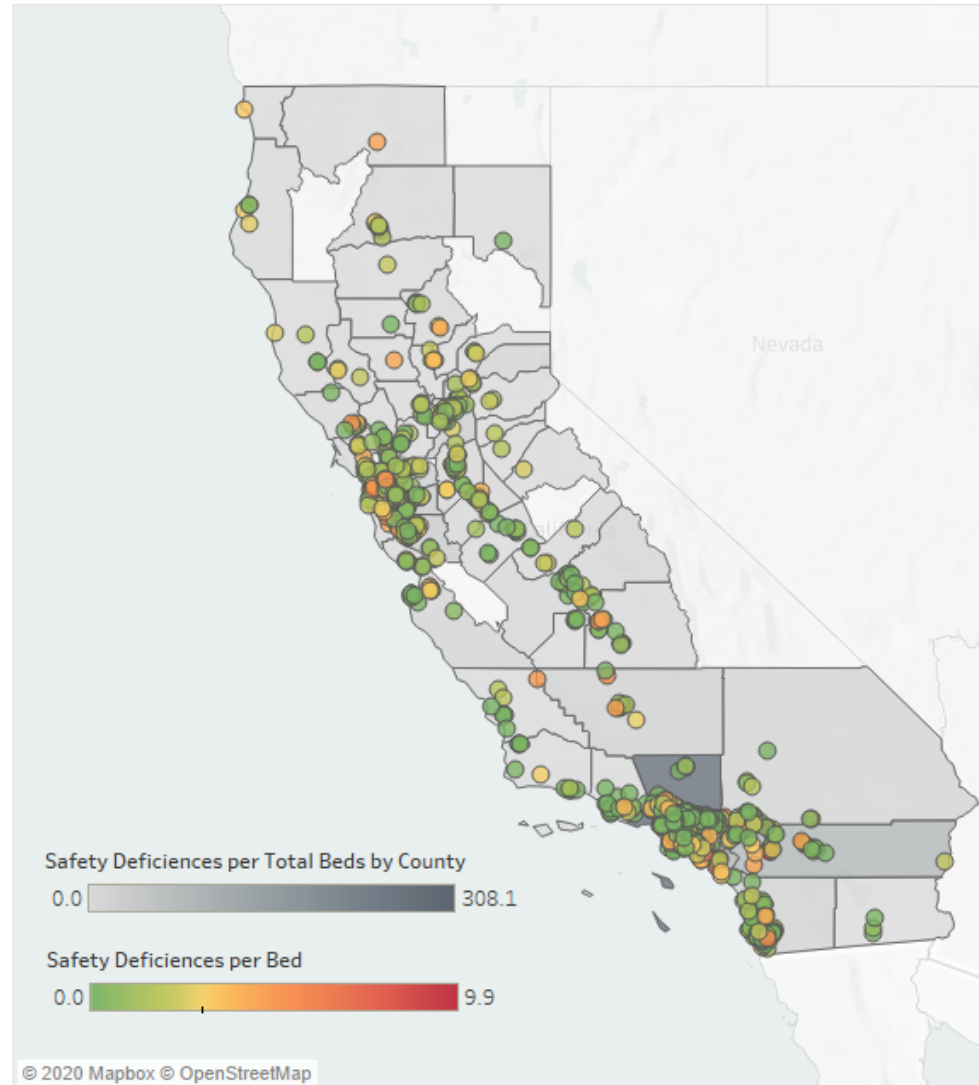
Race

Race Legend:
- ☐ Asian Pacific
- ☐ Black
- ☐ Hispanic
- ☐ Non-Hispanic
- ☐ Other
- ☐ White

6.3%, 9.1%, 39.9%, 11.8%, 27.7%

Payer

Managed Care	22.7%
Medi-Cal	57.4%
Medicare	15.6%
Private Insurance	1.3%
Self-Pay	3.0%

% of Total Payer Type

Age

45 to 65 years	18.5%
65 to 74 years	24.3%
75 to 84 years	27.4%
85 years and above	29.7%

% of Total Age Groups

Safety Deficiences per Total Beds by County: 0.0 — 308.1

Safety Deficiences per Bed: 0.0 — 9.9

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Dashboard Prototypes - 1

- **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) ▼

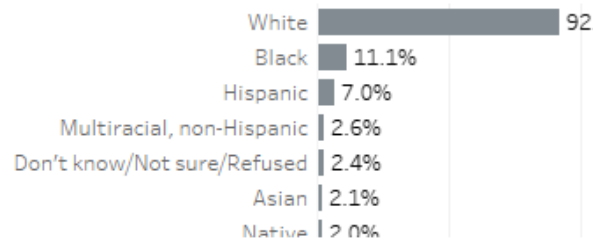**Employment Status**
(All) ▼

Income Level
(All) ▼

Region
■ California
■ Other States

About Data Source
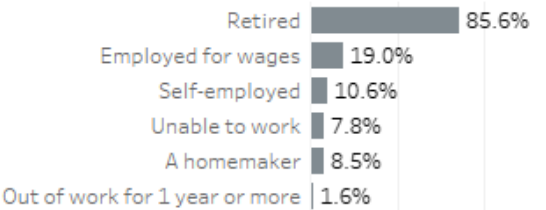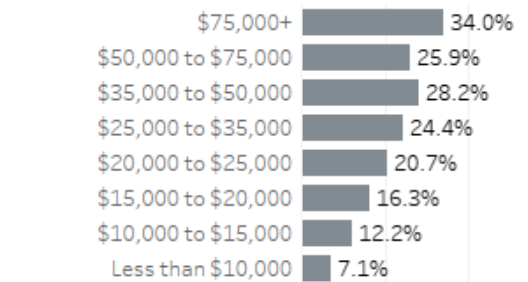
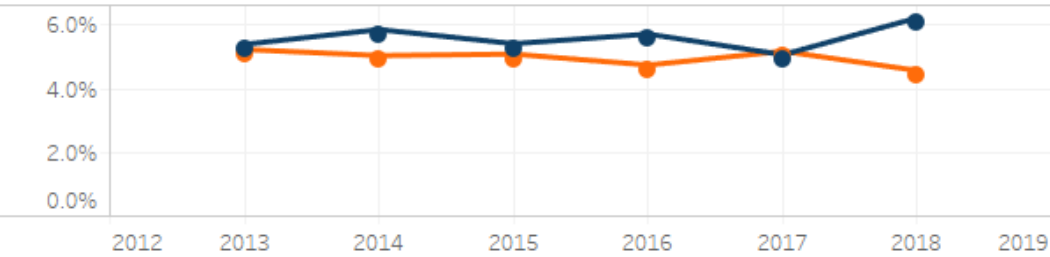**Click Here to See CA Compared to Other States**

Race

White	92.2%
Black	11.1%
Hispanic	7.0%
Multiracial, non-Hispanic	2.6%
Don't know/Not sure/Refused	2.4%
Asian	2.1%
Native	2.0%

Education Level

College 4 years or more	52.5%
Grade 12 or GED	45.6%
College 1 year to 3 years	41.3%
Grades 9 through 11	9.4%
Grades 1 through 8	5.4%

Employment Status

Retired	85.6%
Employed for wages	19.0%
Self-employed	10.6%
Unable to work	7.8%
A homemaker	8.5%
Out of work for 1 year or more	1.6%

Income Level

|	
$75,000+	34.0%
$50,000 to $75,000	25.9%
$35,000 to $50,000	28.2%
$25,000 to $35,000	24.4%
$20,000 to $25,000	20.7%
$15,000 to $20,000	16.3%
$10,000 to $15,000	12.2%
Less than $10,000	7.1%

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

Do you have serious difficulty walking or climbing stairs? (% Yes)
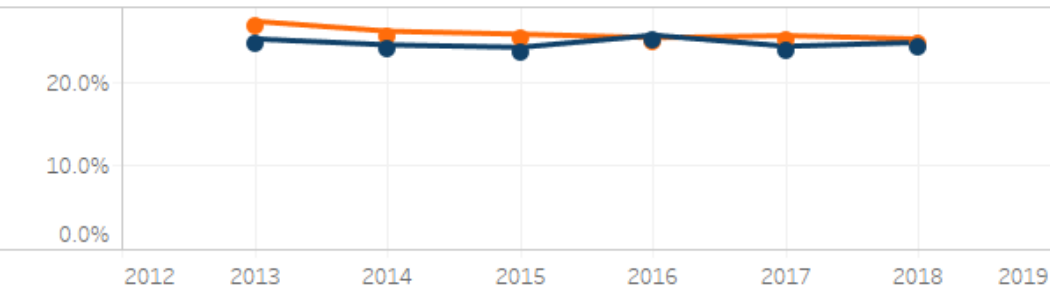
Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (% Yes)
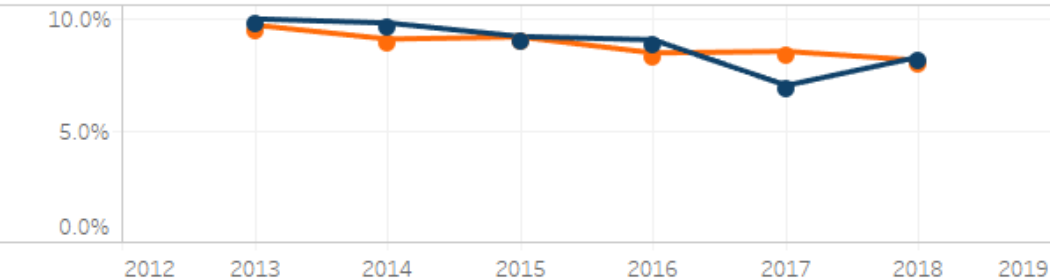
Dashboard Prototype - 2

Description: Comparison of overall self-reporting of ADLs/IADLs in California to national averages over time

Indicators Discussion: Goal 1

- Do the identified indicators adequately serve as a snapshot of the goals/objectives for MPA Data Dashboard version 1.0 or is there a significant priority not reflected?

- To the extent that some goals/objectives are missing person- or system-level indicators, how should we address the gaps going forward for future dashboard prototypes?

- What should the approach be for setting targets & benchmarks for indicators?

- Are we missing any available data sources that can provide additional context to indicators?

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Goal 2: Livable Communities & Purpose

Research Subcommittee Leads

Laura Carstensen, PhD, Stanford Center on Longevity
Stacey Moore, AARP California
Jeannee Parker Martin, LeadingAge California
David Ragland, PhD, School of Public Health, UC Berkeley

Goal 2: Livable Communities & Purpose

MASTER PLAN FOR AGING INDICATOR DASHBOARD

Goal	Objective	Indicator Type	Indicator	Final Data Source	Baseline Year	Baseline Value	Current Year	Current Value	2030 Target Value
Livable Communities & Purpose We will live in and be engaged in communities that are age-friendly, dementia-friendly, and disability-friendly.	**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.	Person	% of income spent on housing (CDPH)	ACS					
		Person	# or % of adults receiving transportation services (MPA)						
		System	Number of affordable housing units (CDPH)						
		System	% of transit stations and vehicles that are ADA-accessible (MPA)						
	Objective 2.2: Californians will age with lifelong opportunities for social and civic engagement, volunteering, learning, and leadership.	Person	Share current LGHC indicators for voting engagement and registration, volunteering, and community cohesion (CDPH)	CHIS					
		Person							
		System	# of senior centers, YMCAs, etc. (unknown)						
		System							

Goal 2: Livable Communities & Purpose
Candidate Measures Tracker

Category	Indicator	Attribute	Brief Measure Description	Type of Measure (Descriptive, Person-Level Outcome, System Driver)	Source Name	Source URL
			Measure			
Housing	Zero-step entrances	Housing accessibility	Percentage of housing units with a zero-step entrance		U.S. Census Bureau,	https://w
Housing	Availability of multi-fam	Housing options	Percentage of housing units that are not single-family, detached		U.S. Census Bureau,	http://fa
Housing	Housing costs	Housing affordability	Monthly housing costs		U.S. Census Bureau:	http://fac
Housing	Housing cost burden	Housing affordability	Percentage of income devoted to monthly housing costs		U.S. Department of F	http://wv
Housing	Availability of subsidized	Housing affordability	Number of subsidized housing units per 10,000 people		Public and Affordabl	http://wv
Housing	Availability of subsidized	Housing affordability	Number of subsidized housing units per 10,000 people		U.S. Housing and Ur	https://ec
Neighborhood	Access to grocery stores	Proximity to destinations	Number of grocery stores and farmers' markets within a half mile		Grocery store locatio	N/A
Neighborhood	Access to grocery stores	Proximity to destinations	Number of grocery stores and farmers' markets within a half mile		Farmers' market loca	http://sea
Neighborhood	Access to parks	Proximity to destination:	Number of parks within a half-mile		2014 Esri North Amer	http://wv
Neighborhood	Access to libraries	Proximity to destination:	Number of libraries within a half-mile		Institute of Museum	https://w
Neighborhood	Access to jobs by transit	Proximity to destination:	Number of jobs accessible within a 45-minute transit commute		U.S. Environmental F	http://wv
Neighborhood	Access to jobs by auto	Proximity to destination:	Number of jobs accessible within a 45-minute automobile comm		Dun & Bradstreet pri	N/A
Neighborhood	Diversity of destinations	Mixed-use neighborhoo	Mix of jobs within a mile		U.S. Census Bureau,	https://le
Neighborhood	Activity density	Compact neighborhoods	Combined number of jobs and people per square mile		U.S. Census Bureau,	https://le

Indicators Discussion: Goal 2

- Do the identified indicators adequately serve as a snapshot of the goals/objectives for MPA Data Dashboard version 1.0 or is there a significant priority not reflected?

- To the extent that some goals/objectives are missing person- or system-level indicators, how should we address the gaps going forward for future dashboard prototypes?

- What should the approach be for setting targets & benchmarks for indicators?

- Are we missing any available data sources that can provide additional context to indicators?

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10 Minute Break

Data Dashboard Discussion, Part 2 (Goals 3 & 4)

Zia Agha, MD
West Health

Terri Shaw
Moderator

Goal 3: Health & Well-Being

Research Subcommittee Leads

Zia Agha, MD, West Health
**Janet C. Frank, DrPH,** UCLA Fielding School of Public Health
Shireen McSpadden, San Francisco County Department of Aging and Adult Se

Goal 3: Health & Well-Being

MASTER PLAN FOR AGING INDICATOR DASHBOARD

Goal	Objective	Indicator Type	Indicator	Final Data Source	Baseline Year	Baseline Value	2030 Target Value
Health & Well-Being We will live in communities and have access to services and care that optimize health and quality of life.	Objective 3.1: Californians will live in communities with policies and programs that promote well-being throughout our lifespans.	Person	Depression in older adults	BRFSS			
		Person	% of people diagnosed with Alzheimer's disease & related dementias				
		System	HPSA Scores	OSHPD			
		System	# of FTEs in shortage areas for primary care, dental health, & mental health providers	OSHPD			
	Objective 3.2: Californians will have access to quality, affordable, and person-centered health care through delivery systems that are age-friendly, dementia-friendly and disability-friendly.	Person	% of dual eligible adults who are enrolled in an integrated plan				
		Person					
		System	behavioral health services for Medi-Cal aged 65+ by county	Specialty Mental Health Services (SMHS)			
		System	# counties offering PACE/adult day care programs	NPA/ ?			
		System	# of eligible enrollees being served in existing PACE service areas	Census/NPA			
		System	Outpatient emergency department utilization rates	OSHPD			
		System	Number of accredited geriatric emergency departments	ACEP			
		System	Hospitalization readmissions & Preventable hospitalizations	OSHPD			

Population per Primary Care Physician FTE (Lower is Better), by Medical Service Study Area
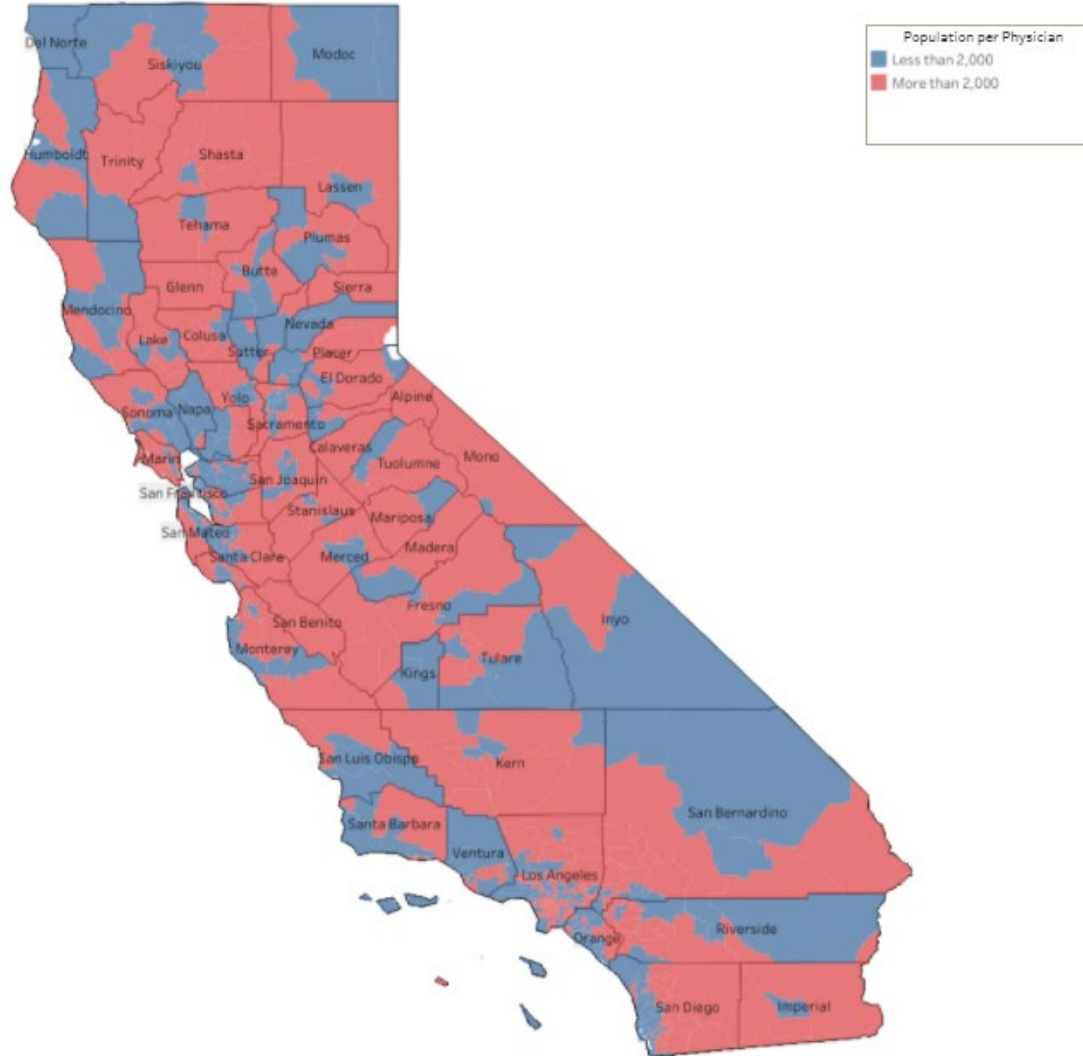
Let's Get Healthy CA example

Description: California's healthcare workforce is not evenly distributed across the state.

Goal 3: Additional Options (Behavioral Health)

Indicator Type	Indicator	Final Data Source
Person	Behavioral Health Services Integration: Linkage to services needed for BH management and recovery	State's Data Collection and Reporting (DCR) System
Person	Numbers of older adults and persons with disabilities served by age; racial and ethnic identity; geographic location	For MH services: Client Services Information (CSI); for Substance Abuse services: California Outcomes Measurement System Treatment (CalOMS Tx); also the Mental Health Statistical Managmeent Program has an older adult consumer survey.
System		California Uniform Application Behavioral Health Report (FY 2019 is most recent)

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Indicators Discussion: Goal 3

- Do the identified indicators adequately serve as a snapshot of the goals/objectives for MPA Data Dashboard version 1.0 or is there a significant priority not reflected?

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Goal 4: Economic Security & Safety

Research Subcommittee Leads

Karen D. Lincoln, PhD, University of Southern California ***(Equity Work Group Member)***

Nari Rhee, PhD, UC Berkeley Center for Labor Research and Education

Ramon Castellblanch, PhD, California Alliance of Retired Americans

Goal 4: Economic Security & Safety

MASTER PLAN FOR AGING INDICATOR DASHBOARD

Goal	Objective	Indicator Type	Indicator	Final Data Source	Baseline Year	Baseline Value	Current Year	Current Value	2030 Target Value
Economic Security & Safety We will have economic security and be safe from abuse, neglect, exploitation, and natural disasters and emergencies throughout our lives.	**Objective 4.1:** Californians will be economically secure throughout our life span with access to housing, food, and income as we age.	Person	# or % of older adults (age 65+) living in single/couple households with incomes below the Elder Economic Index (MPA)	CHIS			2018	29.00%	
		Person	# or % of older adults (multiple age brackets) with income below 200% FPL and not able to afford enough food (CDPH)	CHIS			2018	37.40%	
		System	Ratio of Supplemental Security Income (SSI)/State Supplemental Payment (SSP) benefit to the Elder Economic Index (MPA)				2020*	47.70%	
		System	# or % of older adults enrolled in CalFresh** (MPA)	CHHSA Program Dashboard on the Open Data Portal			2019	6.40%	
	Objective 4.2: Californians will be protected from abuse, neglect, and exploitation as we age.	Person							
		Person							
		System	Adult Protective Services complaints per county (unknown)						
		System	Community care licensing complaints for congregate settings (unknown)						

Goal 4: Alternative/Additional Options (Person-Level)

Indicator Type	Indicator	Final Data Source
Person	# and % of seniors living in households with incomes below Elder Security Index threshold based on marital status/housing tenure. (Note: Elder Index Demographic Dashboard provides this statistics for age 65+ at the county level, but lacks other demographic breakouts.)	ACS & UCLA Elder Economic Security Standard Index
Person or System?	Maximum SSI + SSP monthly award as % of statewide Elder Index monthly budget	Social Security Administration
Person	# and % of seniors and adults with disabilities who experienced food insecurity in reference period	CHIS
Person	# and % of seniors and adults with disabilities who experienced food insecurity in reference period	CHIS

Goal 4: Alternative/Additional Options (Person-Level) (2)

Indicator Type	Indicator	Final Data Source
Person	# and % of wage and salary employees with access to workplace retirement benefits; % of households age 25-49, 50-59, and 60+ with dedicated retirement assets (retirement accounts and defined benefit pensions); median account balance; median total financial assets; net worth quintiles	CPS (workplace retirement plan access); SIPP (financial data)
Person	% of seniors with medical debt	CHIS
Person	Caregiver financial stress: % of caregivers (18-59, 60-84, 85+)	CHIS General Survey Care Giver module
Person	Ratio of income to Poverty: # and % of seniors and adults with disabilities in families with incomes below 100% FPL, 100-150% FPL, 150-200% FPL, and >200% FPL	ACS
Person	Housing cost burden: % of seniors and senior-headed households paying more than 30% of income and more than 50% of income on housing	ACS
Person	# and % of seniors and adults with disabilities who experienced food insecurity in reference period	CHIS
Person	# and % of older workers and workers with disabilities unemployed	Current Population Survey
Person	# and % of seniors and adults with disabilities who report feeling safe/unsafe in their neighborhood	CHIS

Goal 4: Alternative/Additional Options (System-Level)

Indicator Type	Indicator	Final Data Source
System	# seniors and adults with disabilities enrolled in CalFresh; as % of estimated food-insecure seniors and adults with disabilities	CalFresh Data Dashboard; CHIS
System	# active accounts (payroll contributing accounts); # funded accounts; average funded account balance. (Later add on % of estimated eligible workforce)	CalSavers Quarterly Participation Summary Reports
System	Caregiver Resource Centers program availability / 1,000 Californians by age group (18-59, 60-84, 85+)	CA DOA annual reports/Caregiver Resource Center data
System	Respite Care program availability / 1,000 Californians by age group (18-59, 60-84, 85+)	CA DOA annual reports/Caregiver Resource Center data
System	# of affordable (BMR or subsidized) senior housing units; as % in relation to senior-headed households that are housing cost burdened (30% threshold)	TBD: HUD, CalHFA, CA HCD, LIHTC

Goal 4: Economic Security & Safety (2)

Goal	Objective	Indicator Type	Indicator	Final Data Source	Baseline Year	Baseline Value	Current Year	Current Value	2030 Target Value
	Objective 4.3: Californians, as communities and as individuals, will plan, prepare and respond to disasters and emergencies fully including the needs and vulnerabilities of older adults and people with disabilities.	Person							
		Person							
		System							
		System							

Indicators Discussion: Goal 4

- Do the identified indicators adequately serve as a snapshot of the goals/objectives for MPA Data Dashboard version 1.0 or is there a significant priority not reflected?

- To the extent that some goals/objectives are missing person- or system-level indicators, how should we address the gaps going forward for future dashboard prototypes?

- What should the approach be for setting targets & benchmarks for indicators?

- Are we missing any available data sources that can provide additional context to indicators?

Together We ENGAGE
Master Plan for Aging

Public Comment

Public comments during meeting, as on <u>agenda</u> 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 and feedback, send emails to <u>Engage@aging.ca.gov</u>.

Next Steps & Adjourn

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University of California, San Francisco & Berkeley

Kim McCoy Wade
Director, California Department of Aging

Thank you!

Send questions to EngAGE@aging.ca.gov

Learn more about the Master Plan for Aging at

Reference Slides

Indicator Evaluation Criteria
LGHC Model

- Subjective criteria:
  - Does the indicator accurately represent the intent of the goal/objective?
  - Does the data source for the indicator accurately track the indicator?

- Objective criteria:
  - Does it follow a state or national standard that can provide a benchmark?
  - Is it easily understood by the public?
  - Does the data source statistically capture the entire population of interest (demographics, spatial, and temporal granularity)?
  - Is the data timely and sustainable over the next decade?

Target Setting: Healthy People 2030

Target Setting Recommendation | DEVELOPING HealthyPeople 2030

The Data Subcommittee recommends that the priority of target setting methods goes from 1 to 9, with 1 being the preferred target setting method and 9 being the least preferred choice.

1. Modeling and/or Projection/Trend Analysis
2. Adapting recommendations from national programs, regulations, policies, and laws
3. Specific percentage point improvement
4. 10 percent improvement
5. Minimal statistical significance
6. Retention of the previous Healthy People target
7. Total coverage/elimination
8. Better than the best
9. Maintain the baseline value as the target

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