

# Supporting Equity and Caregiving in State Aging Plans

*October 2, 2023*



NATIONAL ACADEMY  
FOR STATE HEALTH POLICY

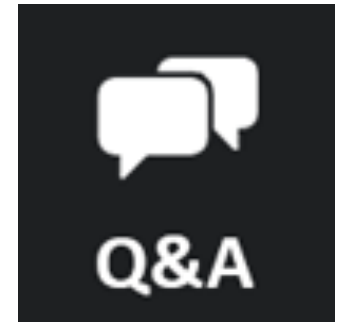


The  
John A. Hartford  
Foundation

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# Webinar Logistics

- Use the Q&A function at the bottom of your screen to enter your questions and comments throughout the presentations
- We will address questions and comments at the end of the webinar after the presentations
- The slides and webinar recording will be posted after the webinar on the NASHP website and sent out to all webinar registrants



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# Agenda

- **Welcome**  
Marcus Escobedo, Vice President, Communications and Senior Program Officer, The John A. Hartford Foundation
- **The RAISE Act Family Caregiver Resource and Dissemination Center**  
Salom Teshale, Senior Policy Associate, Aging and Disability, The National Academy for State Health Policy (NASHP), moderator
- **Supporting AANHPI Family Caregivers: Findings at the Intersection of Two National Strategies**  
Emerson Ea, PhD, Clinical Professor and Associate Dean for Clinical and Adjunct Faculty Affairs at the Rory Meyers College of Nursing, New York University, and 2022-2023 Health and Aging Policy Fellow
- **Ohio's Activity**  
Ursel McElroy, Director, Ohio Department of Aging
- **California's Activity**  
Sarah Steenhausen, Deputy Director of Policy, Research and Equity, California Department of Aging  
Dr. Nakia Thierry, Deputy Chief, Older Adult Program Branch, California Department of Aging
- **Q&A**
- **Wrap Up**

# Welcome

## **Marcus Escobedo**

Vice President, Communications and  
Senior Program Officer, The John A.  
Hartford Foundation



# The RAISE Act Family Caregiver Resource and Dissemination Center

*Salom Teshale, Senior Policy Associate, Aging and Disability*

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# About NASHP

**The National Academy for State Health Policy (NASHP)** is a nonpartisan organization committed to developing and advancing state health policy innovations and solutions.

NASHP provides a unique forum for the productive exchange of strategies across state government, including the executive and legislative branches.



# The Recognize, Assist, Include, Support & Engage (RAISE) Family Caregivers Act

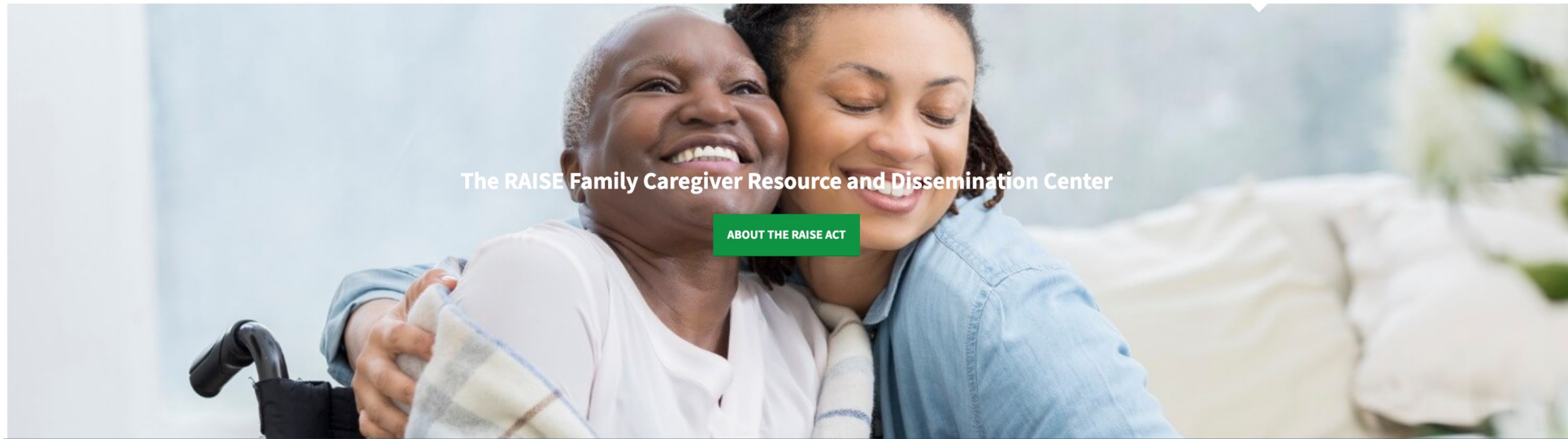
- Became law: Jan 22, 2018
- Three core elements
  - Family Caregiving Advisory Council
  - Initial Report to Congress
  - National Strategy to Support Family Caregivers

# RAISE Family Caregiver Resource and Dissemination Center

<https://www.nashp.org/the-raise-family-caregiver-resource-and-dissemination-center/>



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The RAISE Family Caregiver Resource and Dissemination Center

ABOUT THE RAISE ACT

THE FAMILY CAREGIVING ADVISORY  
COUNCIL AND FACULTY

COUNCIL MEETING MATERIALS AND  
RESOURCES

STATE RESOURCES

RESPITE CARE



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# SupportCaregiving.org



Fulfilling the National Strategy to Support Family Caregivers in Your Community

RESOURCE GUIDES ▾

ABOUT

WHO WE ARE



**Resources for:**

- Family Caregivers >
- Employers >
- Funders >
- Managed Care Plans >

**Resources for State Officials:**

- Respite Care >
- Direct Care Workforce >
- State Policy Strategies >



# Supporting AANHPI Family Caregivers: Findings at the Intersection of Two National Strategies

**EMERSON EA, PhD, DNP, APRN, FAAN**

CLINICAL PROFESSOR

ASSOCIATE DEAN, CLINICAL & ADJUNCT FACULTY AFFAIRS

RORY MEYERS COLLEGE OF NURSING

NEW YORK UNIVERSITY

HEALTH AND AGING POLICY FELLOW 2022-2023

# Presentation Outline

- ❑ Family Caregiving in the AANHPI Community: An Introduction
- ❑ Results of the Crosswalk Analysis of the Two National Strategies to Support AANHPI Family Caregivers
- ❑ Implications and Significance of the Results of the Crosswalk to Family Caregiving in the AANHPI Community
- ❑ Summary and Conclusions

# The AANHPI Community & Family Caregiving: An Overview

- **Diversity** in the AAN and NHPI community ([AAPI Data, 2023](#))
- **Growth** of the AA and NHPI older adult population ([USDHHS, 2023](#))
- **42%** of AAPI provide care to an older adult vs. **22%** of the of the general population ([NAPCA, 2023](#))
- **Role of culture and family structure** in family caregiving in the AA and NHPI community ([Diverse Elders Coalition, 2021](#))

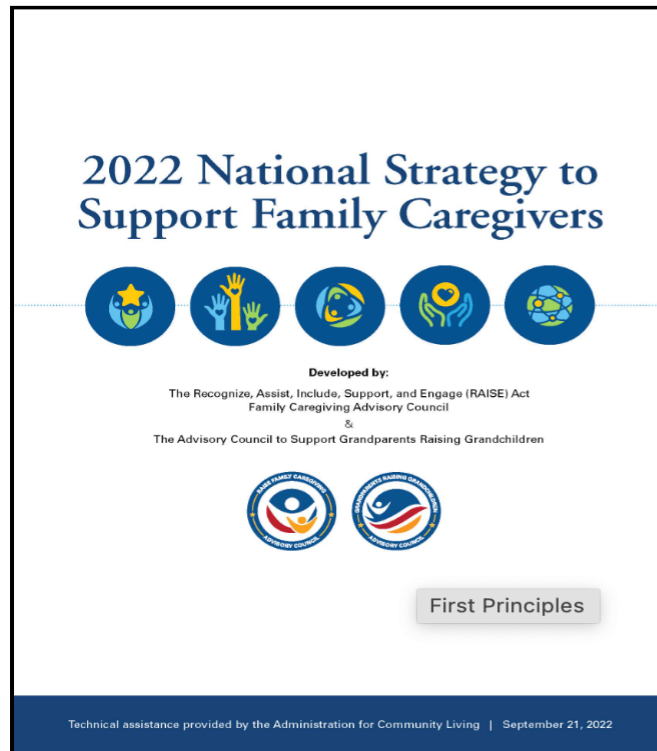
# The National Strategy to Support Family Caregiving

## 2022 National Strategy to Support Family Caregivers



The 2022 National Strategy to Support Family Caregivers was created to support family caregivers of all ages, from youth to grandparents, and regardless of where they live or what caregiving looks like for them and their loved ones.

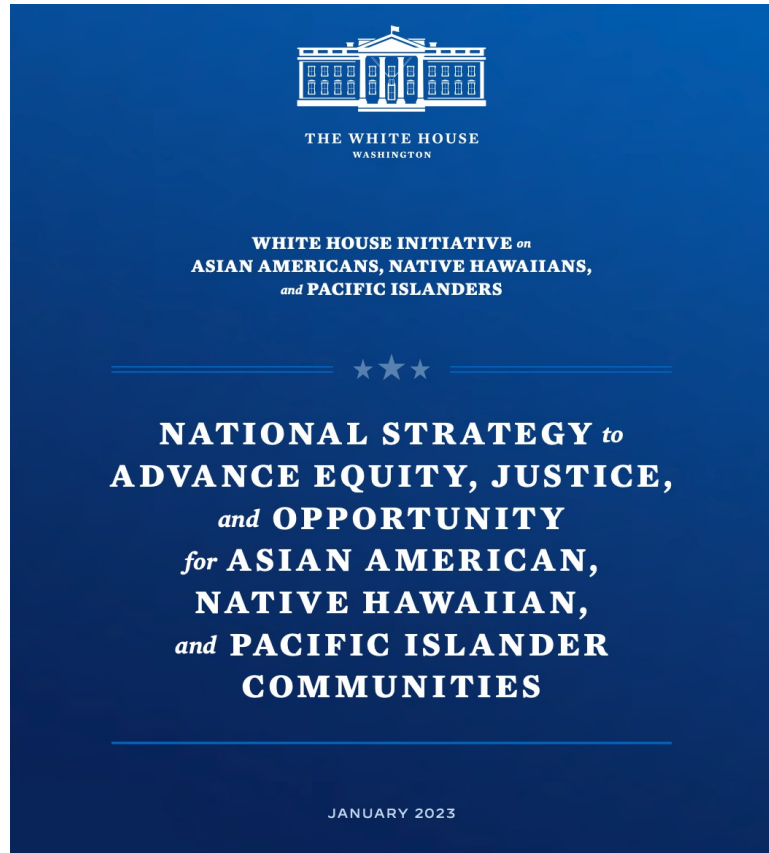
The strategy was developed jointly by the advisory councils created by the [RAISE Family Caregiving Act](#) and the [Supporting Grandparents Raising Grandchildren Act](#), with extensive input from the public, including family caregivers and the people they support. It will be updated in response to public comments and will evolve with the caregiving landscape.



### COMPONENTS OF THE NATIONAL STRATEGY

- [2022 National Strategy to Support Family Caregivers](#) - An overview and description of the strategy's goals and intended outcomes
- [First Principles: Cross-Cutting Considerations for Family Caregiver Support](#) - Describes the four key principles that must be reflected in all efforts to improve support to family caregivers
- [Federal Actions](#) - Nearly 350 actions that 15 federal agencies will take in the near term to begin to implement the strategy.
- [Actions for States, Communities, and Others](#) - More than 150 actions others can take.

# The White House National Strategy to Advance Equity for AANHPI Communities



## POLICY GOALS *and* STRATEGIC PRIORITIES

The White House Initiative outlines **fourteen guiding principles** and focuses on **seven strategic priority areas**.

- PRIORITY 1:** promoting belonging, inclusion, and combatting anti-Asian hate and discrimination;
- PRIORITY 2:** data disaggregation for AA and NHPI communities;
- PRIORITY 3:** language access for AA and NHPI communities;
- PRIORITY 4:** promoting equitable and inclusive COVID-19 response and recovery efforts;
- PRIORITY 5:** capacity building for AA and NHPI communities;
- PRIORITY 6:** federal workforce diversity; and
- PRIORITY 7:** outreach and engagement to AA and NHPI communities.

# The Crosswalk Analysis of the Two National Strategies: Aims

- ❑ Identify areas of convergence and synergy that could facilitate better coordination, interagency collaboration, and allocation of resources,
- ❑ Gaining insights in policy priorities or approaches that can assist in evaluating impact and effectiveness, and
- ❑ Provide a blueprint for addressing the family caregiving needs and concerns of other populations.

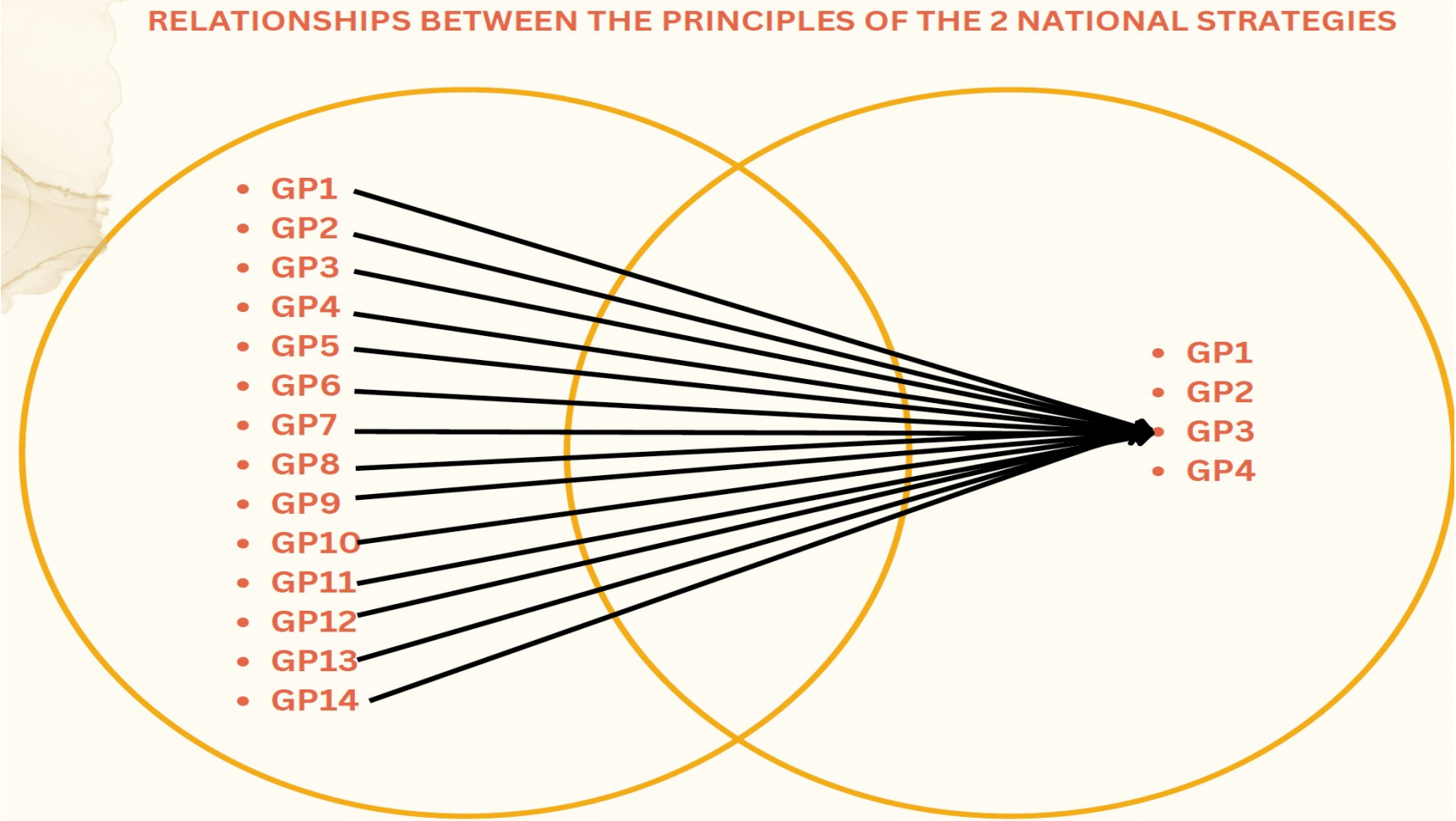
# The Crosswalk Analysis of the Two National Strategies: Methods

- Using the **lens of equity** as a framework as defined by President Biden’s EO 13985
- Guided by the question, *How might the National Family Caregiving Strategy support family caregiving in the AANHPI community?*

Equity is defined as “the consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; LGBTQ+ persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.”



# The Crosswalk Analysis of the Two National Strategies: Results



# The Crosswalk Analysis of the Two National Strategies: Results

## WHIAANHPI NATIONAL STRATEGY TO ADVANCE EQUITY, JUSTICE, & OPPORTUNITY FOR AANHPI COMMUNITIES

**Priority 1 (P1):** Promoting belonging, inclusion, and combatting Anti-Asian hate and discrimination

**Priority 2 (P2):** Data disaggregation, for AA and NHPI communities

**Priority 3 (P3):** Language access for AA and NHPI communities

**Priority 4 (P4):** Promoting equitable and inclusive Covid-19 response and recovery efforts

**Priority 5 (P5):** Capacity building for AA and NHPI communities

**Priority 6 (P6):** Federal workforce diversity

**Priority 7 (P7):** Outreach and engagement to AA and NHPI communities

## NATIONAL STRATEGY TO SUPPORT FAMILY CAREGIVERS

**Goal 1 (G1):** Achieving greater awareness of and outreach to family caregivers

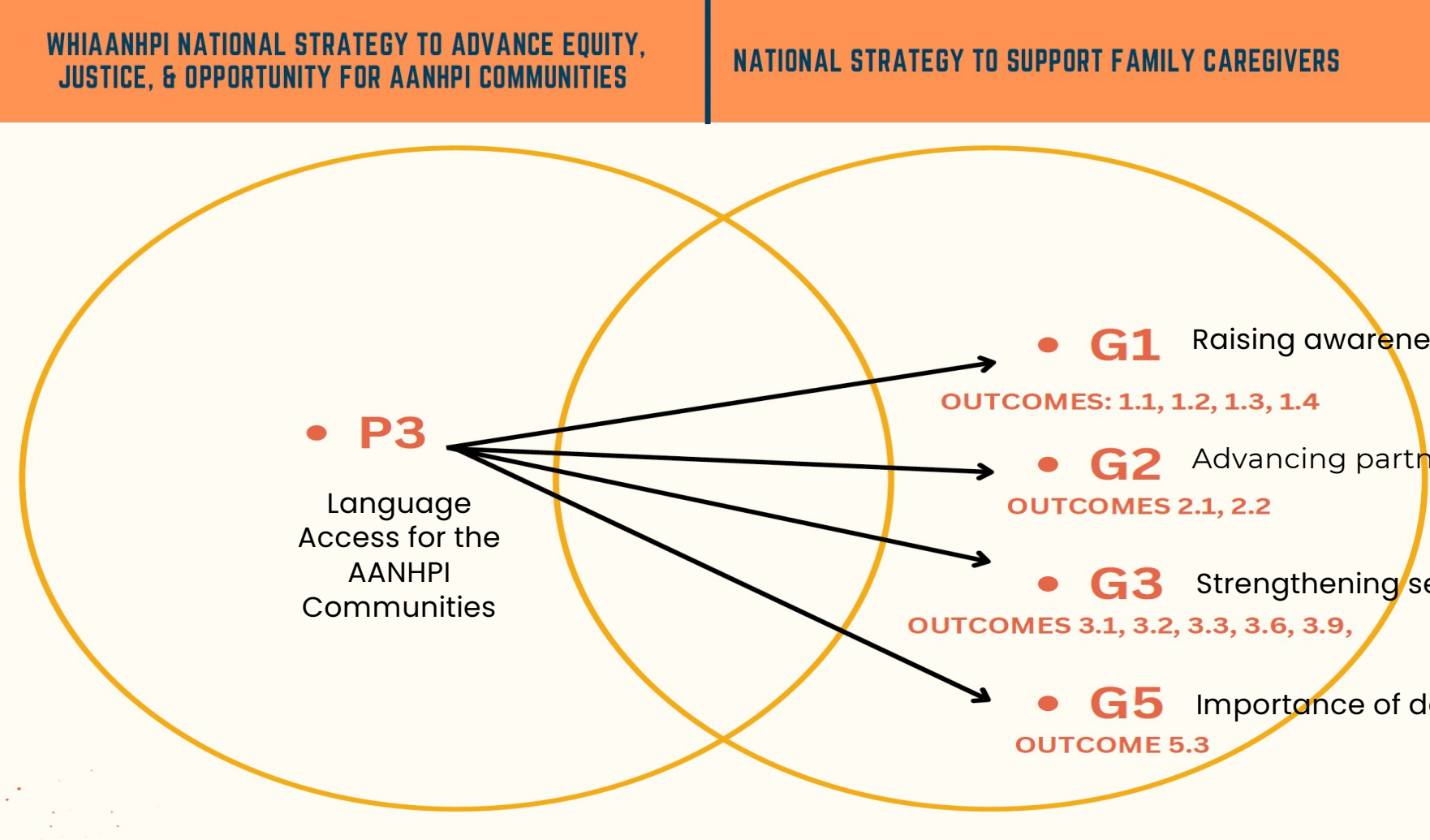
**Goal 2 (G2):** Advancing partnerships and engagement with family caregivers

**Goal 3 (G3):** Strengthening services and support for family caregivers

**Goal 4 (G4):** Improving financial and workplace security for family caregivers

**Goal 5 (G5):** More data, research,, and evidence-based practices to support family caregivers

# The Crosswalk Analysis of the Two National Strategies: Results

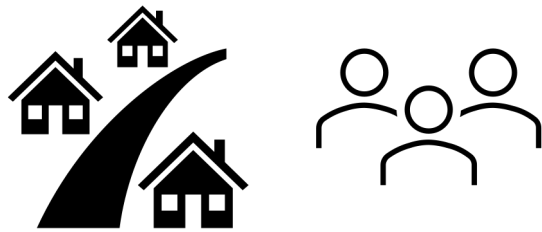


# Implications to Family Caregiving in the AANHPI Community: An Example

White House Initiative Priority 3: Language Access for AANHPI Communities



National Family Caregiving Strategy Goal 1: Achieving greater awareness of and outreach to family caregivers



An Example:

Collaborating with relevant federal and state agencies and community-based organizations to ensure that outreach materials consider language preferences, cultural values, and various types of family caregiving within each community

# Summary and Conclusions

- The Two National Strategies recognize the importance of equity, accessibility, and inclusion in addressing the needs of AANHPI family caregivers.
- Could provide a blueprint for understanding and addressing family caregiving experiences and challenges in other populations

“Asian American, Native Hawaiian, and Pacific Islander (AA and NHPI) communities, some of the fastest growing groups in the Nation, represent a multitude of ethnicities, languages, and experiences that enrich America and strengthen our Union. Yet for far too long, systemic barriers to equity, justice, and opportunity have put the American Dream out of reach of many AA and NHPI communities.”  
- [White House Initiative on Asian American, Native Hawaiian, and Pacific Islanders](#)

# Acknowledgement





# Department of Aging

Ohio – The best place to age in the nation!



Ohio

Department of  
Aging

*Fostering sound public policy, research,  
and initiatives that benefit older Ohioans.*

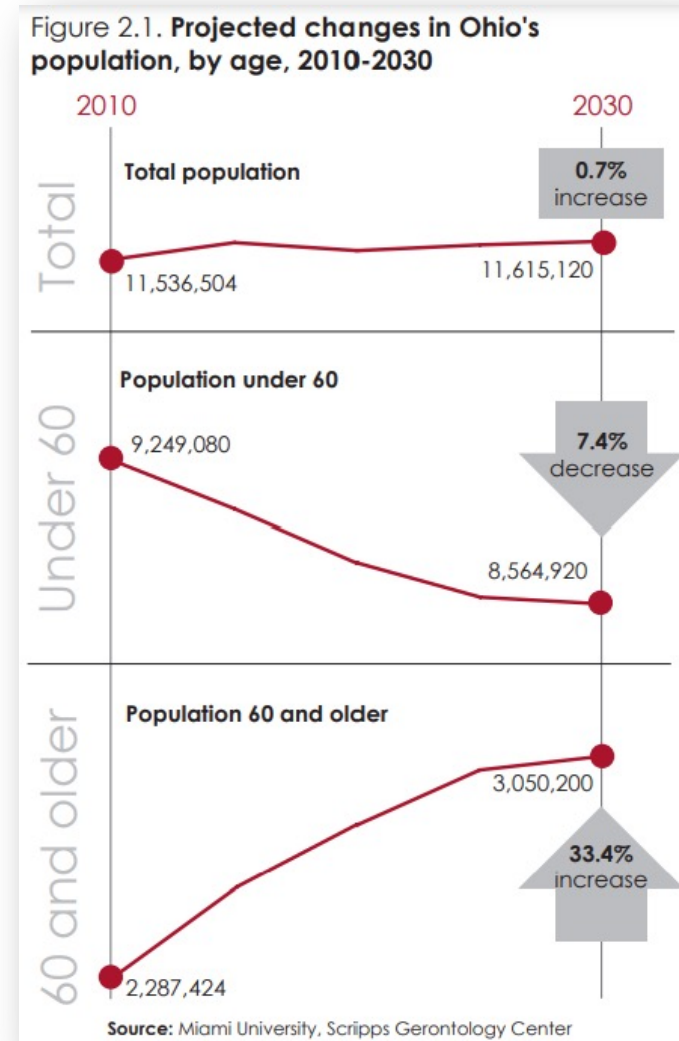
Ursel J. McElroy  
Director




# Ohio's Aging Population

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- ✓ Between 2010 and 2030 Ohio's older adult population will **increase by 33.4%**.
- ✓ By 2030, **26.3% of Ohio's total population** will be older adults.

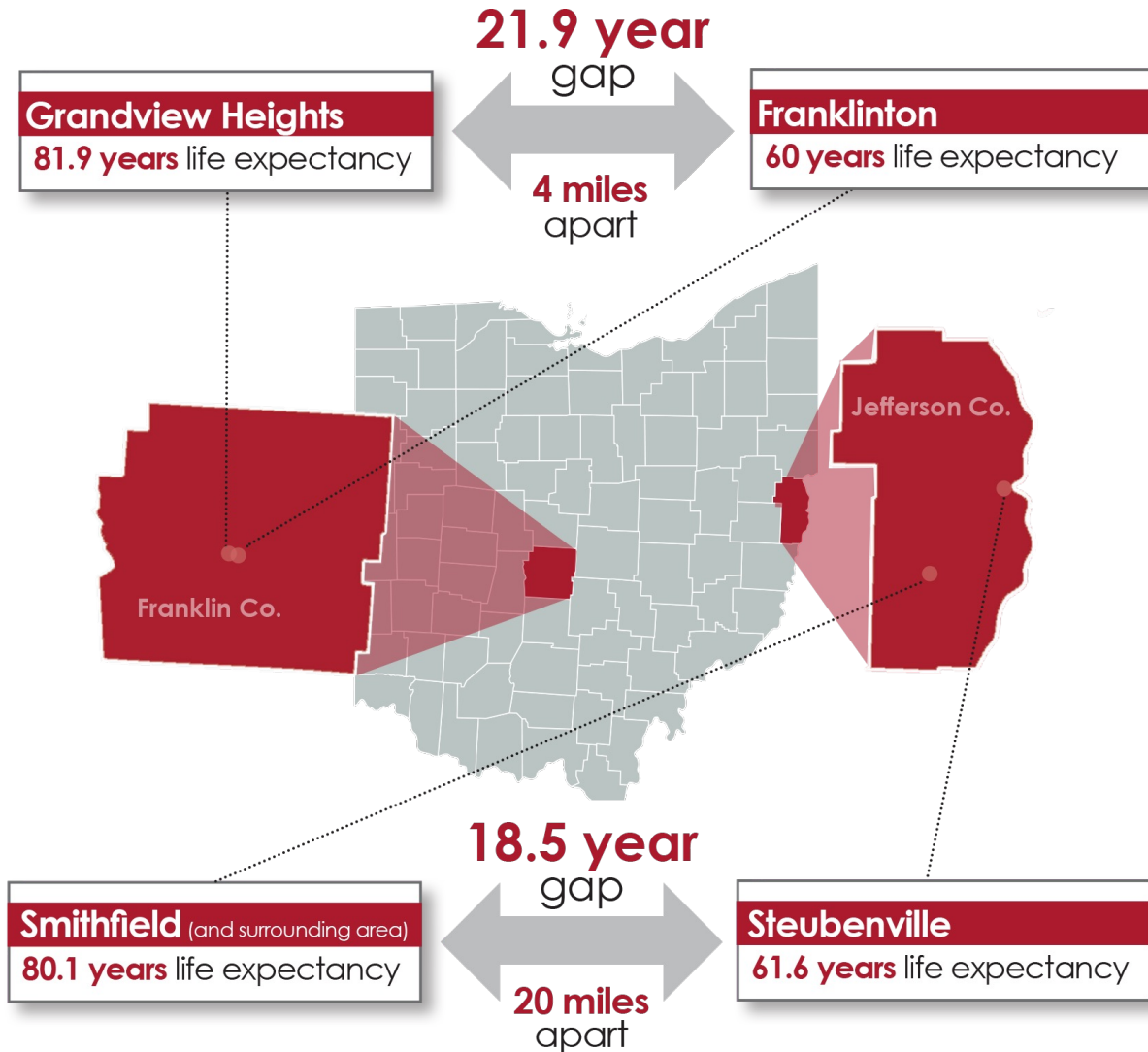


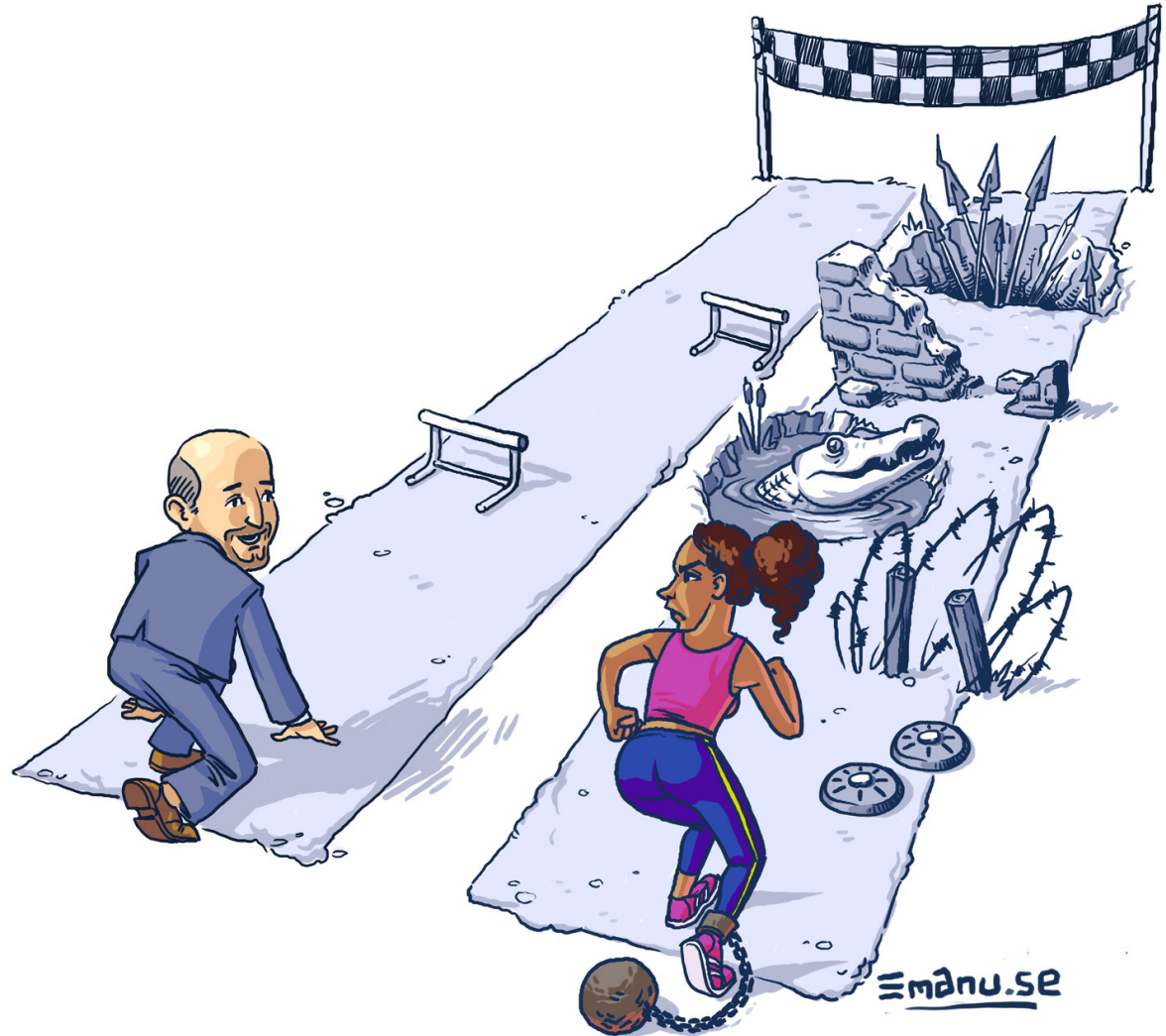


In Ohio, there is a 29 year life expectancy gap depending on the zip code where a person lives.

# Life Expectancy

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“What’s the matter?  
It’s the same distance!”

# Healthy People 2030

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**Social determinants of health** are the conditions in the environments where people are born, live, learn, work, play, worship, and **age** that affect a wide range of health, functioning and quality of life outcomes and risks.

Source: Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion

## Social Determinants of Health



Social Determinants of Health  
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 Healthy People 2030

# Social Determinants of Health

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Source: Centers for Disease Control and Prevention, 2021

# North Star

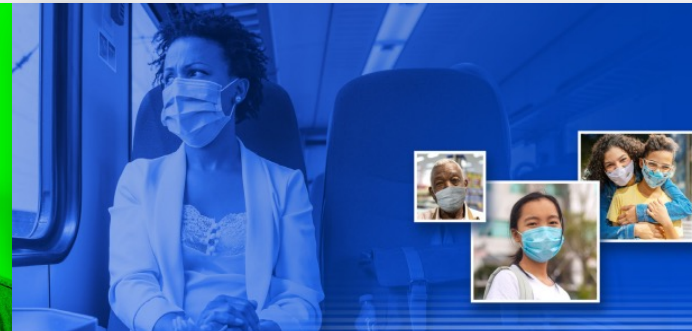
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**COVID-19  
MINORITY HEALTH  
STRIKE FORCE:  
INTERIM REPORT**



**COVID-19 OHIO  
MINORITY HEALTH  
STRIKE FORCE  
BLUEPRINT**



Ohio's Executive Response:  
**A Plan of Action to Advance Equity**

AUGUST 2020

 **MIKE DEWINE**  
GOVERNOR OF OHIO

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**MORE  
THAN  
MASK**

**MORE  
THAN  
MASK**



SHIP

State Health Improvement

Ohio 2020-2022

# Strategic Blueprint

Supporting Equity and Caregiving in State Aging Plans



State Plan



Summary Assessment of Older Ohioans



2020-2022 Strategic Action Plan on Aging



2020-2022 Strategic Action Plan on Aging Implementation toolkit



2023-2026 State Plan on Aging

October 2022



# State Plan on Aging

Supporting Equity and Caregiving in State Aging Plans



A comprehensive roadmap to advance **elder justice** and **equity** and achieve **optimal health** and **well-being** for older Ohioans.

# State Plan Priorities

Supporting Equity and Caregiving in State Aging Plans



**PRINCIPLES**



Elder Justice



Equity



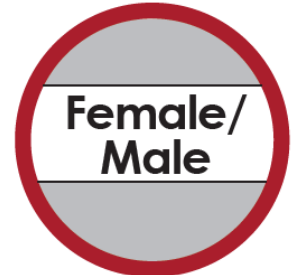
Federal Priorities

# Elder Justice and Equity

Supporting Equity and Caregiving in State Aging Plans

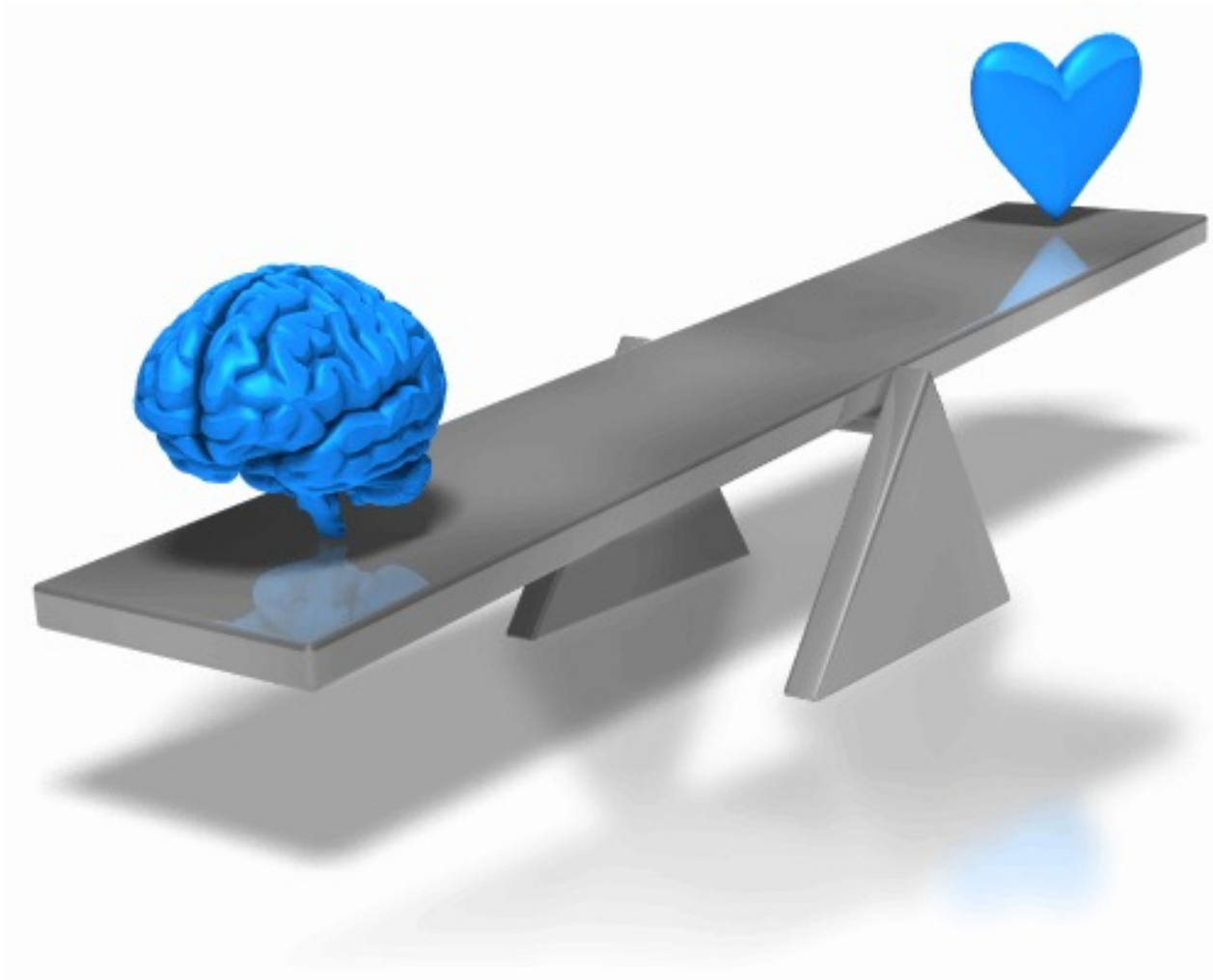


- ✓ Providing considerations for advancing **elder justice** and **equity**.
- ✓ Identifying **priority populations**.
- ✓ Highlighting strategies likely to reduce **disparities** and **inequities**.
- ✓ Setting specific targets to eliminate **disparities** and **inequities**.



# Advancing Equity Requires Data

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# Evidence of Impact

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## Program evaluations

- ✓ A study measures the effect of a program versus the status quo.

## Other types of evidence such as...

- ✓ Performance metrics (what are the trends of this program?)
- ✓ Audits (is this program complying with the rules?)
- ✓ Testimonials (what are examples of people who benefited from this program?)

**...are useful but not evidence of impact.**



Source – Dr. Andrew Feldman, Center for Results Focused Leadership

# Detailed Tables

## Supporting Equity and Caregiving in State Aging Plans

### ATTACHMENT E Detailed Strategy Tables

#### Sources of Evidence-informed Strategies

The following table lists the sources of evidence-informed strategies for the State Plan and the recommendation level(s) of evidence included. Sources were updated as of April 2022.

Evidence registry, systematic review, or database of evidence-informed strategies	Recommendation level(s) included in this inventory (if applicable)
<p><b>What Works for Health (WWFH):</b> Evidence registry from County Health Rankings and Roadmaps, a project of the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation.</p>	<ul style="list-style-type: none"> <li>Scientifically supported</li> <li>Some evidence</li> <li>Expert opinion</li> </ul>
<p><b>The Guide to Community Preventive Services (Community Guide):</b> Systematic reviews from the U.S. Centers for Disease Control and Prevention (CDC).</p>	<ul style="list-style-type: none"> <li>Recommended</li> </ul>
<p><b>Administration for Community Living (ACL), Aging and Disability Evidence-Based Programs and Practices:</b> Collection of evidence-based programs and practices that address older adult health and wellness, long-term services and supports, and caregiver and family support.</p>	<ul style="list-style-type: none"> <li>N/A</li> </ul>
<p><b>National Council on Aging (NCOA), Evidence-Based Health Promotion/Disease Prevention Programs:</b> List of evidence-based health promotion/disease prevention programs approved for Older American's Act Title III-D funding.</p>	<ul style="list-style-type: none"> <li>N/A</li> </ul>
<p><b>U.S. Preventive Services Task Force (USPSTF) Recommendations:</b> Systematic reviews from the Agency for Healthcare Research and Quality.</p>	<ul style="list-style-type: none"> <li>Grade A (recommended; high certainty of benefit)</li> <li>Grade B (recommended; moderate certainty of benefit)</li> </ul>
<p><b>World Health Organization, Global Database of Age-Friendly Practices:</b> Collection of age-friendly practices and programs from around the world.</p>	<ul style="list-style-type: none"> <li>Practices from the U.S. which have been evaluated</li> </ul>

### ATTACHMENT F Detailed Objective Tables | Overall Health and Well-being

#### Reduce Premature Death

Indicator (source)	Baseline (2018)	Progress (2019)	Short-term target (2023)	Intermediate target (2026)	Long-term target (2029)
<p><b>Premature death</b> Years of potential life lost before age 75, per 100,000 population (age adjusted) (Ohio Department of Health)</p>	8,227	8,851	8,200	8,100	8,000
<b>Older adult priority populations based on data</b>					
<b>Black, non-Hispanic</b>	12,159		10,269	9,134	8,000
<b>Residents of Appalachian counties*</b>	9,382		8,754	8,377	8,000
<b>Male</b>	10,312		9,261	8,630	8,000

\*County typology from the Ohio Medicaid Assessment Survey

#### Improve Health Status

Indicator (source)	Baseline (2018)	Progress (2020)	Short-term target (2023)	Intermediate target (2026)	Long-term target (2029)
<p><b>Overall health status</b> Percent of adults age 65 and older with fair or poor health (Behavioral Risk Factor Surveillance System)</p>	26.1%	23.1%	25.2%	24.5%	23.7%
<b>Older adult priority populations based on data</b>					
<b>Black, non-Hispanic</b>	33.9%	27.5%	30.5%	27.1%	23.7%
<b>Other race</b>	34.7%	34.3%	31%	27.4%	23.7%
<b>Hispanic (2016-2018 baseline)</b>	37.6%	24.8%*	33%	28.3%	23.7%
<b>People with annual household incomes below \$35,000</b>	29.9%**	23.7%**	27.8%	25.8%	23.7%
<b>People with a high school education or less</b>	28.3%***	24.2%***	26.8%	25.2%	23.7%

\* Combined years 2018, 2019, and 2020

\*\*The source provides estimates for several income groups that are priority populations, including annual household incomes below \$15,000 - 43.5% (2018) and 43.5% (2020); between \$15,000 and \$24,999 - 39.1% (2018) and 33.8% (2020); and between \$25,000 and \$34,999 - 29.9% (2018) and 23.7% (2020).

\*\*\*The source provides estimates for two educational attainment groups that are priority populations, including people who did not graduate high school - 47.4% (2018) and 43.7% (2020); and high school graduates - 28.3% (2018) and 24.2% (2020).

# Strategies

## Supporting Equity and Caregiving in State Aging Plans

**Community Conditions**

**Improve financial stability**

How does financial stability impact the health and well-being of older Ohioans?  
Financial stability ensures older Ohioans can meet their basic needs and provides greater access to safe housing, nutritious food, and other essential services.

**Community conditions**

**Improve housing quality and affordability**

How does housing quality and affordability impact the health and well-being of older Ohioans?  
Housing quality and affordability are critical for older Ohioans' health and well-being. Poor housing conditions can lead to health problems, and high housing costs can limit access to other essential services.

**Community conditions**

**Improve transportation access**

How does transportation access impact the health and well-being of older Ohioans?  
Transportation access connects older adults to friends and family, health care, employment, and other essential services.

**Healthy living**

**Improve nutrition**

How does nutrition impact the health and well-being of older Ohioans?  
Maintaining a healthy diet and eating nutritious food promotes healthy aging and disease management. Older Ohioans who lack proper nutrition due to factors such as socioeconomic status, food insecurity, and limited access to healthy food options are at higher risk for health problems.

**Healthy living**

**Improve physical activity**

How does physical activity impact the health and well-being of older Ohioans?  
Regular physical activity maintains older Ohioans' ability to live independently and provides significant health benefits, including chronic disease management and prevention, improved mental health, and support for active living.

**Access to care**

**Improve healthcare coverage and affordability**

How does healthcare coverage and affordability impact the health and well-being of older Ohioans?  
Health insurance coverage improves access to care, limits out-of-pocket spending and makes healthcare costs more predictable. Health insurance coverage is critical for older Ohioans' health and well-being.

**Access to care**

**Improve home- and community-based supports**

How do home- and community-based supports impact the health and well-being of older Ohioans?  
Many older adults rely on long-term care services in home- and community-based settings to support their everyday personal care needs. However, for those who do not have long-term care services, home- and community-based supports are critical for their health and well-being.

**Access to care**

**Improve home care workforce capacity and caregiver supports**

How do home care workers and family caregivers impact the health and well-being of older Ohioans?  
Home care workers (home health and personal care aides) and family caregivers provide vital services to older Ohioans, including health care and assistance with daily living activities. However, home care workers and family caregivers often face challenges such as limited training, low wages, and lack of support.

**Social connectedness**

**Improve social inclusion**

How does social inclusion impact the health and well-being of older Ohioans?  
Research suggests civic and social engagement are positively associated with improved levels of overall well-being, including better mental and physical health. In contrast, older adults who experience social isolation are at higher risk of hypertension, cognitive difficulty and poor physical activity and nutrition habits. Strategies that improve social inclusion are critical for eliminating health disparities and improving the overall health and well-being of older Ohioans.

**Social connectedness**

**Increase volunteerism**

How does volunteerism impact the health and well-being of older Ohioans?  
Volunteering can improve the physical and mental health of older adults who serve their communities. Older adults who volunteer are less likely to experience depression, social isolation and barriers to mobility. Strategies that increase volunteerism are critical for eliminating health disparities and improving the overall health and well-being of older Ohioans.

**Population health**

**Cognitive health: Reduce cognitive difficulty**

How does cognitive difficulty impact the health and well-being of older Ohioans?  
Preventing and managing cognitive difficulty or decline can improve a person's ability to live independently, decrease caregiver burden and enhance quality of life. Cognitive decline may result in dementia and can impact a person's ability to manage healthcare needs, engage in social activities and perform activities of daily living, including meal preparation, household chores and managing finances. Strategies that promote cognitive health and prevent, improve and effectively manage cognitive difficulty are critical for eliminating health disparities and improving the health and well-being of all older Ohioans.

**Population health**

**Cardiovascular health: Reduce hypertension**

How does hypertension impact the health and well-being of older Ohioans?  
Maintaining good heart health is an important part of healthy aging for older adults. Hypertension, or high blood pressure, is a chronic disease that can present with few noticeable symptoms. However, it is an important risk factor for cardiovascular morbidity and mortality, cognitive decline and stroke. Strategies that reduce hypertension are critical for eliminating health disparities and improving the overall health and well-being of older Ohioans.

**Population health**

**Mental health: Reduce depression**

How does depression impact the health and well-being of older Ohioans?  
Reducing depression among older adults can improve management of chronic pain, lower the risk of other chronic diseases and prevent premature death. Unfortunately, older adults are more likely to live alone and have barriers to mobility, which increases the likelihood of developing depression. Depression in older adults negatively impacts the ability to perform daily functions and make social connections and may worsen the symptoms associated with and the ability to manage chronic conditions. Strategies that prevent and manage depression are critical for eliminating health disparities and improving the overall health and well-being of older Ohioans.

**Preserving independence**

**Improve chronic pain management**

How does chronic pain management impact the health and well-being of older Ohioans?  
Effective chronic pain management can provide relief for many conditions faced by older adults such as arthritis, back pain or cancer. Chronic pain, which is ongoing and typically lasts longer than six months, can limit a person's ability to participate in social functions and activities of daily living. Strategies that improve chronic pain management are critical for eliminating health disparities and improving the overall health and well-being of older Ohioans.

**Preserving independence**

**Improve falls prevention**

How does falls prevention impact the health and well-being of older Ohioans?  
Maintaining functional mobility is an important part of independent living and healthy aging. However, falls can impede functional mobility, leading to serious injury, chronic pain and death. Strategies that prevent falls are critical for eliminating health disparities and improving the overall health and well-being of older Ohioans.

**Considerations for advancing elder justice and equity**

**Priority populations**  
The following groups of older Ohioans were identified as being most at risk for cognitive difficulty:

- Female
- Black or African American
- With low income/limited resources
- With limited health literacy
- With limited digital literacy
- With limited English proficiency
- Female

**Strategy implementation considerations**  
Consider the following when implementing strategies to meet the needs of priority populations:

- Priority populations are more likely to have experienced adversity early in life, including chronic stress resulting from poverty, exposure to violence, trauma, racism and other forms of discrimination, resulting in an increased risk for severe cognitive decline.
- Policies and programs implemented to improve cognitive health should be community sensitive and culturally and linguistically adapted.
- Increasing access to and tailoring education on cognitive health to priority populations is necessary to ensure awareness and engagement in disease prevention and management programs and to combat stigma in accessing services.

To advance elder justice and equity, ageism and other forms of systemic discrimination must be dismantled. Strategies and resources allocated to reduce cognitive difficulty must be targeted, tailored and culturally and linguistically adapted to meet the needs of priority populations.

**Considerations for advancing elder justice and equity**

**Priority populations**  
The following groups of older Ohioans were identified as being most at risk for hypertension:

- Female
- Black or African American
- With low income/limited resources
- With limited health literacy
- With limited digital literacy
- With limited English proficiency

**Strategy implementation considerations**  
Consider the following when implementing strategies to meet the needs of priority populations:

- Priority populations may have constraints that impact their ability to prevent or manage high blood pressure, such as living in a food desert or having poor access to transportation, health care and safe places to exercise.
- Older Ohioans most at risk for hypertension are less likely to have had the supports or the knowledge and skills needed to develop healthy behaviors earlier in life that could prevent the development of hypertension.
- Educational programming, services and supports to improve health behaviors that prevent and manage hypertension among priority populations should be community sensitive and culturally and linguistically adapted.

To advance elder justice and equity, ageism and other forms of systemic discrimination must be dismantled. Strategies and resources allocated to reduce hypertension must be targeted, tailored and culturally and linguistically adapted to meet the needs of priority populations.

**Considerations for advancing elder justice and equity**

**Priority populations**  
The following groups of older Ohioans were identified as being most at risk for depression:

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- With low income/limited resources
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**Strategy implementation considerations**  
Consider the following when implementing strategies to meet the needs of priority populations:

- Preventative and early detection behavioral health screenings and services should be prioritized for priority populations. For example, healthcare providers can universally administer depression screenings to priority populations.
- Social, cultural and language barriers, including stigma for seeking treatment, may prevent priority populations from accessing behavioral health services.

To advance elder justice and equity, ageism and other forms of systemic discrimination must be dismantled. Strategies and resources allocated to reduce depression must be targeted, tailored and culturally and linguistically adapted to meet the needs of priority populations.

**Considerations for advancing elder justice and equity**

**Priority populations**  
The following groups of older Ohioans were identified as being most at risk for chronic pain:

- Black or African American
- With low income/limited resources
- With limited health literacy
- With limited digital literacy
- With limited English proficiency

**Strategy implementation considerations**  
Consider the following when implementing strategies to meet the needs of priority populations:

- Telehealth programs can increase accessibility for chronic pain management, but internet connectivity and technology may be a barrier for some priority populations.
- Consideration should be given to offering chronic pain management programs in locations that are close, convenient and considered safe by the community, such as local parks, libraries, senior centers, places of worship and schools. This can remove transportation barriers faced by many priority populations and increase engagement by reducing fear of stigma or discrimination.
- Pain management programs can be offered free of charge or on a sliding fee scale to minimize cost as a barrier to participation for priority populations.
- Accommodations or modifications may need to be made to ensure that older adults with disabilities or with symptoms that limit their activities can participate in and access programs or services.

To advance elder justice and equity, ageism and other forms of systemic discrimination must be dismantled. Strategies and resources allocated to improve chronic pain management must be targeted, tailored and culturally and linguistically adapted to meet the needs of priority populations.

**Considerations for advancing elder justice and equity**

**Priority populations**  
The following groups of older Ohioans were identified as being most at risk for falls:

- Black or African American
- With low income/limited resources
- With limited health literacy
- With limited digital literacy
- With limited English proficiency

**Strategy implementation considerations**  
Consider the following when implementing strategies to meet the needs of priority populations:

- Positive environmental factors such as neighborhood safety, walkability and transit accessibility are important for increased mobility and falls prevention among priority populations.
- Programs can be offered free-of-charge or on a sliding fee scale to minimize cost as a barrier to participation for priority populations.
- Accommodations or modifications may need to be made to ensure that older adults with disabilities or with symptoms that limit their activities can participate in and access programs or services.

To advance elder justice and equity, ageism and other forms of systemic discrimination must be dismantled. Strategies and resources allocated to improve falls prevention must be targeted, tailored and culturally and linguistically adapted to meet the needs of priority populations.

# Strategy Tables

## Supporting Equity and Caregiving in State Aging Plans

- ✓ Evidence registry
- ✓ Systematic review
- ✓ Database of evidence-informed strategies

ATTACHMENT E  
Detailed Strategy Tables

### Sources of Evidence-informed Strategies

The following table lists the sources of evidence-informed strategies for the State Plan and the recommendation level(s) of evidence included. Sources were updated as of April 2022.

Evidence registry, systematic review, or database of evidence-informed strategies	Recommendation level(s) included in this inventory (if applicable)
<u>What Works for Health (WWFH):</u> Evidence registry from County Health Rankings and Roadmaps, a project of the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation.	<ul style="list-style-type: none"><li>• Scientifically supported</li><li>• Some evidence</li><li>• Expert opinion</li></ul>
<u>The Guide to Community Preventive Services (Community Guide):</u> Systematic reviews from the U.S. Centers for Disease Control and Prevention (CDC).	<ul style="list-style-type: none"><li>• Recommended</li></ul>
<u>Administration for Community Living (ACL), Aging and Disability Evidence-Based Programs and Practices:</u> Collection of evidence-based programs and practices that address older adult health and wellness, long-term services and supports, and caregiver and family support.	<ul style="list-style-type: none"><li>• N/A</li></ul>
<u>National Council on Aging (NCOA), Evidence-Based Health Promotion/Disease Prevention Programs:</u> List of evidence-based health promotion/disease prevention programs approved for Older American's Act Title III-D funding.	<ul style="list-style-type: none"><li>• N/A</li></ul>
<u>U.S. Preventive Services Task Force (USPSTF) Recommendations:</u> Systematic reviews from the Agency for Healthcare Research and Quality.	<ul style="list-style-type: none"><li>• Grade A (recommended; high certainty of benefit)</li><li>• Grade B (recommended; moderate certainty of benefit)</li></ul>
<u>World Health Organization, Global Database of Age-Friendly Practices:</u> Collection of age-friendly practices and programs from around the world.	<ul style="list-style-type: none"><li>• Practices from the U.S. which have been evaluated</li></ul>



# Objective Tables

## Supporting Equity and Caregiving in State Aging Plans

- ✓ Clear objectives
- ✓ SMART goals
- ✓ Short, intermediate, and long-term targets
- ✓ Priority populations

ATTACHMENT F  
Detailed Objective Tables | Overall Health and Well-being

### Reduce Premature Death

Indicator (source)	Baseline (2018)	Progress (2019)	Short-term target (2023)	Intermediate target (2026)	Long-term target (2029)
<b>Premature death</b> Years of potential life lost before age 75, per 100,000 population (age adjusted) (Ohio Department of Health)	8,227	8,851	8,200	8,100	8,000
<b>Older adult priority populations based on data</b>					
<b>Black, non-Hispanic</b>	12,159		10,269	9,134	8,000
<b>Residents of Appalachian counties*</b>	9,382		8,754	8,377	8,000
<b>Male</b>	10,312		9,261	8,630	8,000

\*County typology from the Ohio Medicaid Assessment Survey

### Improve Health Status

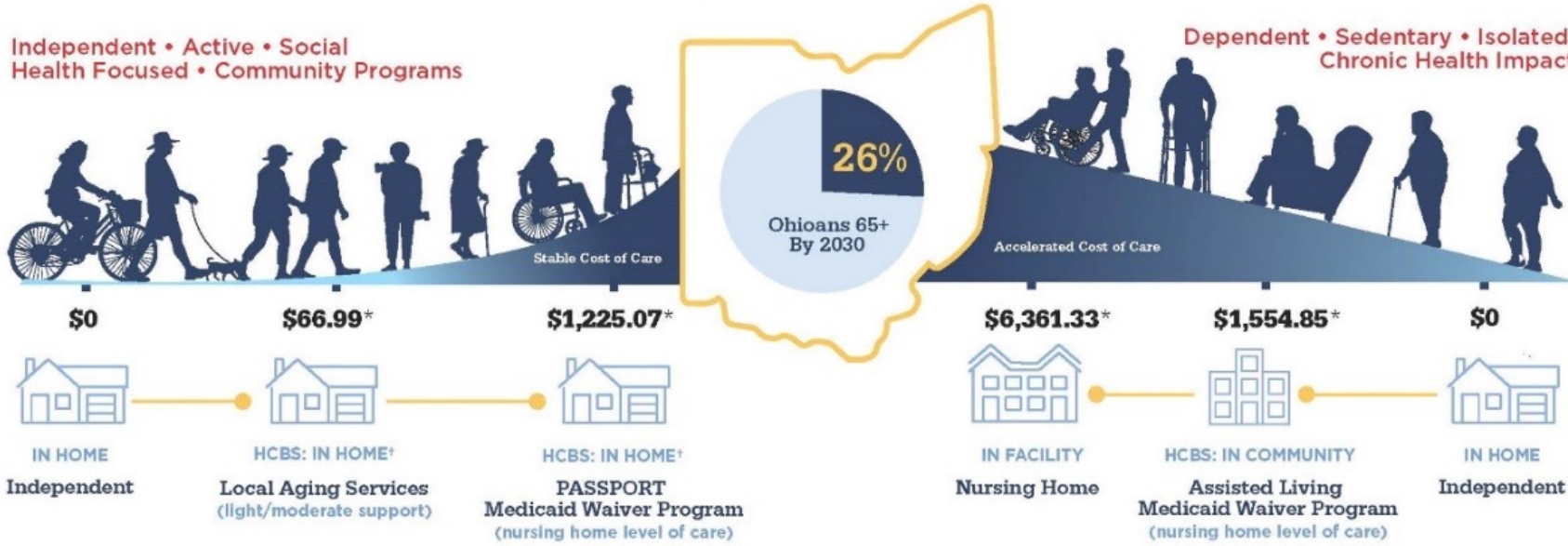
Indicator (source)	Baseline (2018)	Progress (2020)	Short-term target (2023)	Intermediate target (2026)	Long-term target (2029)
<b>Overall health status</b> Percent of adults age 65 and older with fair or poor health (Behavioral Risk Factor Surveillance System)	26.1%	23.1%	25.2%	24.5%	23.7%
<b>Older adult priority populations based on data</b>					
<b>Black, non-Hispanic</b>	33.9%	27.5%	30.5%	27.1%	23.7%
<b>Other race</b>	34.7%	34.3%	31%	27.4%	23.7%
<b>Hispanic (2016-2018 baseline)</b>	37.6%	24.8%*	33%	28.3%	23.7%
<b>People with annual household incomes below \$35,000</b>	29.9%**	23.7%**	27.8%	25.8%	23.7%
<b>People with a high school education or less</b>	28.3%***	24.2%***	26.8%	25.2%	23.7%

\* Combined years 2018, 2019, and 2020  
 \*\*The source provides estimates for several income groups that are priority populations, including annual household incomes below \$15,000 - 43.5% (2018) and 43.5% (2020); between \$15,000 and \$24,999 - 39.1% (2018) and 33.8% (2020); and between \$25,000 and \$34,999 - 29.9% (2018) and 23.7% (2020).  
 \*\*\*The source provides estimates for two educational attainment groups that are priority populations, including people who did not graduate high school - 47.4% (2018) and 43.7% (2020); and high school graduates - 28.3% (2018) and 24.2% (2020).

**All Ohioans live longer, healthier lives with dignity and autonomy, when disparities are eliminated.**

Independent • Active • Social  
Health Focused • Community Programs

Dependent • Sedentary • Isolated  
Chronic Health Impact



**Factors that Impact Health**



**Community Conditions**

Financial Stability  
Quality and Affordable Housing  
Transportation Access



**Healthy Living**

Quality Nutrition  
Physical Activity



**Access to Care**

Health-care Coverage/Affordability  
Home and Community-based Supports  
Workforce and Caregiver Capacity

\*Home and Community-Based Services (HCBS) cost calculations are based on monthly averages for Medicaid waiver services/case management and Older Americans Act program services. Monthly averages for HCBS programs do not include housing costs. Nursing Home monthly estimate based on 2020 nursing facility Medicaid rate.







\*The HCBS programs are regionally managed by Ohio's Area Agencies on Aging/PASSPORT Administrative Agencies and delivered by local aging service providers.

# Call to Action

## Reaching Our North Star

Supporting Equity and Caregiving in State Aging Plans



	<b>ALIGN</b>	Align with and focus on one or more of the goals, outcomes, and/or priority populations identified in the State Plan.
	<b>ADVOCATE</b>	Advocate for funding and policy change to address the State Plan priorities.
	<b>FUND</b>	Fund evidence-informed strategies identified in Attachment E of the State Plan.
	<b>IMPLEMENT</b>	Implement one or more of the evidence-informed strategies identified.
	<b>PARTNER</b>	Partner and collaborate within and across sectors to improve the State Plan outcomes.
	<b>EVALUATE</b>	Evaluate progress on the State Plan objectives and the impact of the evidence-informed strategies.

# Questions

[Aging.Ohio.gov](http://Aging.Ohio.gov)





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OF IT ALL™**

**Ohio.org**



# California's Master Plan for Aging: Caregiving, Equity, and the Path Forward

Sarah Steenhausen, Deputy Director, Division of Policy, Research, and Equity  
Dr. Nakia Thierry, OAPB Branch Chief, Division of Home and Community Living

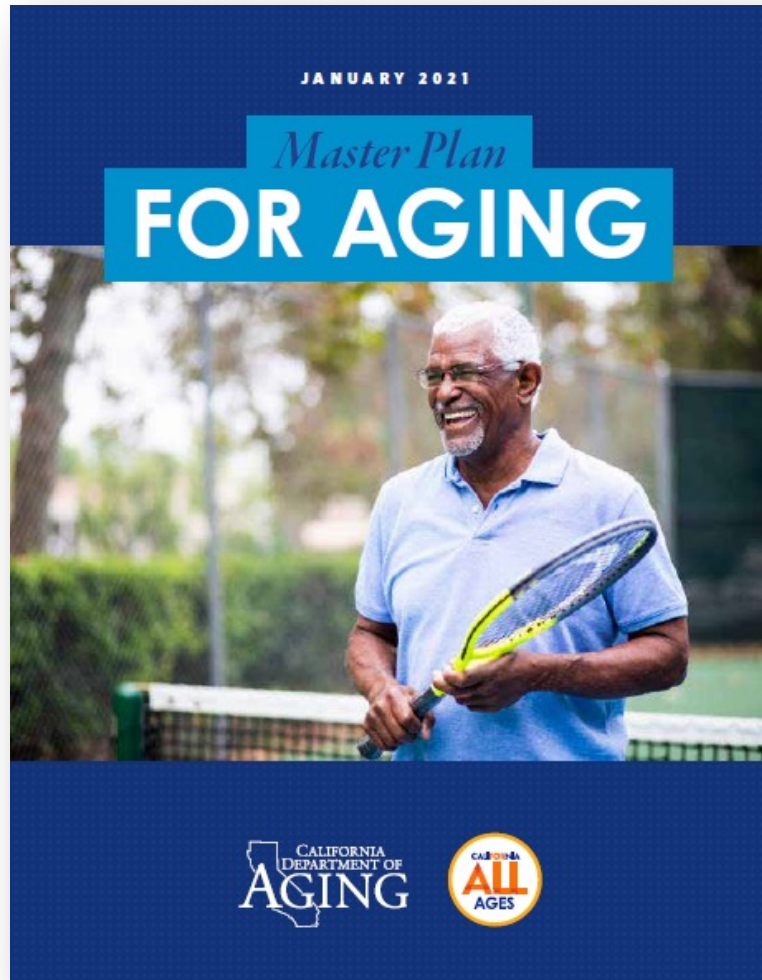


# *Master Plan for Aging*

**BUILDING A CA FOR ALL AGES & ABILITIES BY 2030**



# January 2021: 5 Bold Goals Launched



**Goal 1:**  
Housing for All Ages  
and Stages



**Goal 2:**  
Health Reimagined



**Goal 3:**  
Inclusion and Equity,  
Not Isolation

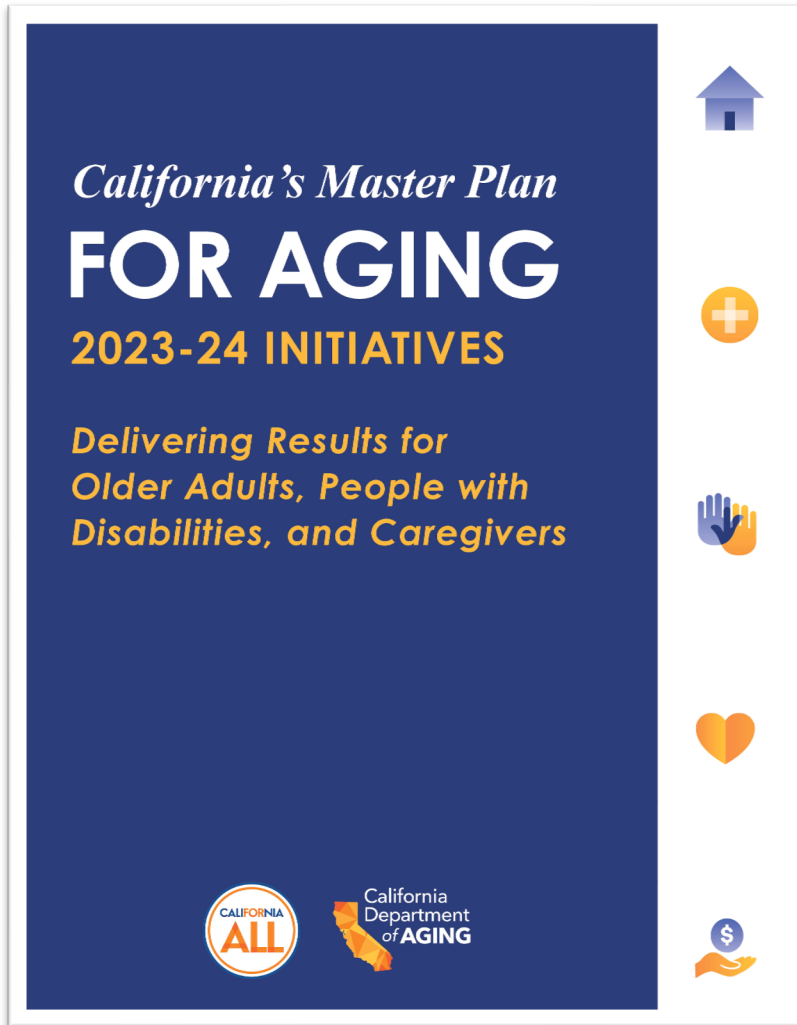


**Goal 4:**  
Caregiving that Works



**Goal 5:**  
Affording Aging





In 2023-2024, California will advance 95 new MPA initiatives intended to:

- **Deliver:** Deliver results with an emphasis on increasing the number of people reached and/or improving the quality of services provided - or both.
- **Analyze:** Analyze data, policies, funding, and programs to drive system change.
- **Communicate:** Communicate information and resources to the public with a renewed commitment to equity, language access, and disability access.

# Caregiving: National Leadership

## 2022 National Strategy to Support Family Caregivers

[acl.gov/CaregiverStrategy](https://acl.gov/CaregiverStrategy)



APRIL 18, 2023

## Remarks by President Biden on Actions to Help Families Access Care and Support Care Workers and Family Caregivers



▶ BRIEFING ROOM

▶ SPEECHES AND REMARKS

Rose Garden

# Advancing the MPA: Supporting Family and Friend Caregivers

## Initiative 79:

- Caregiver assessment & equity metrics

## Initiative 80:

- Training compendium of resources

## Initiative 81:

- Identify unmet needs

## Initiative 82:

- Caregiver equity roadmap & strategy

Initiatives	Lead Agency
<p><b>Initiative 79:</b> Partner with the Caregiver Resource Centers, Area Agencies on Aging, and providers of services under Title III E of the Older Americans Act to ensure family caregiver assessments track equity metrics, focusing on reaching Black, Latino, Indigenous, Asian/Pacific Islander, and LGBTQ+ caregivers, as well as people with disabilities and Californians with the greatest economic and social needs. ●</p>	<p>CalHHS: CDA</p>
<p><b>Initiative 80:</b> Convene subject matter experts and people with lived experience as family caregivers to review training resources, and partner with stakeholders (government, community-based organizations, academia, labor, philanthropy) to develop a compendium of resources to meet the education and training needs of California's diverse caregivers. ●</p>	<p>CalHHS: CDA</p>
<p><b>Initiative 81:</b> Utilize data from the LTSS Dashboard, the DHCS Medi-Cal and CDA Non-Medi-Cal Home and Community-Based Services Gap Analyses and Multiyear Roadmaps, and the California Health Interview Survey to understand the unmet needs of family caregivers with a focus on addressing the emotional burden of care and the need for respite support. ●</p>	<p>CalHHS: CDA, DHCS</p>
<p><b>Initiative 82:</b> Develop a Statewide Caregiver Equity Roadmap and Strategy to position California as a lead state partner in the federal Administration for Community Living's National Strategy to Support Family Caregivers, including strategies to address the financial burdens of caregiving and the risk to caregivers' financial security. ●</p>	<p>CalHHS: CDA</p>

# Ensuring Accountability: Data Dashboard for Aging



THE STORY

GOALS ▾

PROGRESS ▾

TOGETHER ▾

e.g. Readmission Rates or Walk2Work

Search

## California Population Profile, Adults Age 60 and Older

Snapshot Detailed Age Distribution



These visualizations provide a snapshot of the population of California adults age 60 or older. Use the "Detailed" and "Age Distribution" tabs above for additional data and to tailor the display.



2020 California: 28.9% (8,576,000 Persons 60 years or Older / 29,685,000 California Annual Adult Population Average)

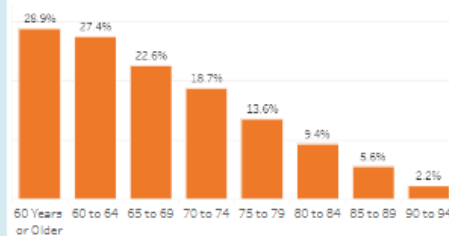
Year

2020

Location

California

### Age Group, Household Size, Race/Ethnicity, Urban/Rural and Disability



Household Size	Lives with Others	78.5%
	Lives Alone	21.5%
Race/Ethnicity	White	60.1%
	Hispanic	24.1%
	Asian	11.4%
	Black	6.5%
	Two or More Races	2.0%
Urban/Rural	AIAN	0.6%
	NHPI	0.6%
	Large City	44.0%
	Suburban	16.8%
	Mixed	8.7%
Rural	8.0%	
Small Town	8.7%	
Small City	4.0%	

Disability Status - Difficulty concentrating, remembering...	Yes	6.9%
	No	93.1%
Disability Status - Difficulty doing errands alone	Yes	9.1%
	No	90.9%
Disability Status - Difficulty dressing or bathing	Yes	4.7%
	No	95.3%
Disability Status - Index of difficulties	One difficulty	64.3%
	Combination of two difficu...	24.4%
	All three difficulties (conc...	11.3%

### Education, Income, and Insurance Type

Education	< High School Education	18.5%
	High School Education	24.0%
	Some College	24.1%
	Univ/Col Degree or Above	35.5%
FPL (100% Interval)	FPL 0 - 100%	11.8%
	FPL 101 - 200%	17.2%
	FPL 201 - 300%	13.2%
	FPL 301 - 400%	11.4%
	FPL 401 - 700%	23.0%
Insurance Type	FPL 701% and above	22.0%
	Employment Based/Private	23.0%
	Healthy Families/CHIP / Other Public	0.3%
	Medicaid	5.1%
Medicare alone/with Other	59.0%	
Uninsured	1.6%	

### Sexual Orientation and Gender Identity

LGBTQ	Cis-Gender and Straight/Heterosexu...	7.0%
	LGBTQ	2.0%
Sexual Orientation	Bisexual	0.6%
	Cellibate/Other	3.0%
	Gay, Lesbian, or Homosexual	1.0%
	Straight or Heterosexual	92.2%
	Sexual Orientation by Gender	0.4%
Sexual Orientation - Female	Bisexual - Male	0.5%
	Gay, Lesbian, or Homosexual - Female	0.5%
	Gay, Lesbian, or Homosexual - Male	1.4%
	Straight/Heterosexual - Female	51.8%
	Straight/Heterosexual - Male	45.5%
Gender Identity	Cis-Gender	99.7%
	Transgender or Gender Non-Confor...	0.2%







### Birthplace, Immigration Status, and Language

Birthplace	US	69.6%
	Mexico	11.9%
	Asia & Pacific Islands	11.7%
	Europe	2.5%
	Central America	1.7%
	Other	1.6%
	Other Latin America	1.2%
Immigration Status	US-Born Citizen	69.6%
	Naturalized Citizen	4.6%
	Non-Citizen	17.4%
Language at Home	English	66.4%
	English and One Other Language	17.4%
	Spanish	7.2%
	Other One Language Only	2.5%
	Chinese	1.9%
Vietnamese	1.4%	
Other Two or More Languages	1.4%	

\* = Statistically unstable estimates are based on the relative standard error (RSE) and indicate a small sample. \*\*=N/A with a population less than 500 have been suppressed, 0% and 100% estimates have been suppressed since RSE cannot be calculated. CI= Confidence Interval, AIAN= American Indian or Alaskan Native, NHPI= Native Hawaiian or Pacific Islander. Sexual Orientation and Gender Identity (SOGI) estimates are available for the following years (2016-2020, 2018-2020, 2020, 2018, 2018 and 2017)

Healthcare Quality estimates are available for the following years (2020, 2019, 2018, 2018, 2018, 2018, 2018 and 2017)

# MPA Implementation Tracker

	GOAL ↕	STRATEGY ↕	INITIATIVE ↕		YEAR ↕	
	goal 5	strategy C	initiative 95	Engage with the U.S. Department of Agriculture and Congress to ensure, at a minimum, the same...	2023 - 2024	▼
	goal 5	strategy C	initiative 94	Explore sustainable financing mechanisms to build community infrastructure and ensure access to...	2023 - 2024	▼
	goal 5	strategy C	initiative 93	Evaluate meal program service design and sustainable financing mechanisms to enhance...	2023 - 2024	▼
	goal 5	strategy C	initiative 92	Expand the number of home-delivered and congregate meals provided to older adults using...	2023 - 2024	▼
	goal 5	strategy C	initiative 91	Increase the State Supplemental Payment (SSP) grant by 10.3 percent beginning January 1, 2023.	2023 - 2024	▼
	goal 5	strategy B	initiative 90	Conduct displaced worker analysis to understand the impact of job loss on older workers'...	2023 - 2024	▼

**Publicly accessible resource to monitor progress**

Search MPA Initiatives & Updates by Goal, Strategy, Topic, Agency/Dept. and more

Developed in partnership with West Health Institute



**2021- 2023:  
\$9.5B in investments  
across 5 Bold Goals**



# California's Caregiver Support Network

Dr. Nakia Thierry, Division of Home and Community Living

# Title III E- Family Caregiver Support Program (FCSP)

- The family caregiver support programs are administered by California's 33 Area Agencies on Aging and supported by the Federal Older Americans Act.
- The available FCSP services include, but are not limited to:
  - **Support Services** - case management, assessment, counseling, support groups, training
  - **Respite Care** - in and out of home
  - **Access Assistance** - outreach, I&A, translation, legal resources
  - **Supplemental Services** - assistive devices, home adaptations, material aid, registry
  - **Information Services** - Public Information and Community Education





# FCSP cont.

## Eligibility:

- ❖ The FCSP serves informal/ unpaid family caregivers of older adults and individuals of any age affected by Alzheimer's Disease or a related disorder with neurological and organic brain dysfunction.
- ❖ Older relative caregivers (age 55+) who are primarily caring for a child or individual with a disability are also eligible for services (OAA 302(3)).
- Per OAA regulations, eligible FCSP caregivers will not be denied services for inability to contribute to the cost of services.

## Get Connected!

- [https://www.aging.ca.gov/Find\\_Services\\_in\\_My\\_County/](https://www.aging.ca.gov/Find_Services_in_My_County/)
- **1 (800) 510-2020** the California Aging and Adult Info Line

# California Caregiver Resource Centers (CRC)

- The CRCs are a network of 11 centers throughout California who serve family caregivers.
- The CRCs serve family caregivers who are providing support for someone affected by chronic and debilitating health conditions, including dementia, degenerative diseases, traumatic brain injury, among many others.
- Core programs include:
  - Specialized Information
  - Uniform Caregiver Assessment
  - Family Consultation & Care Navigation
  - Respite Care
  - Short-Term Counseling – Individual sessions with licensed counselors
  - Support Groups
  - Education and Caregiver Training
  - Legal & Financial Consultation



- Eligibility: Caregivers who are caring for an adult with a cognitive impairing condition that occurred after the age of 18, or an individual age 60+ in need of assistance with daily living activities.
- The CCRC's offer free support throughout the state, serving thousands of families and caregivers across income categories.

## **Get Connected!**

- Find Local CRC: <https://www.caregivercalifornia.org/find-your-local-center/>
- Virtual Educational Events: <https://www.caregivercalifornia.org/event/>

# Improving Caregiver Services and Supports in California

## --Equity Plan



- July 1, 2023-CDA launched a Technical Assistance project aimed at supporting Goal Four of the CA Master Plan for Aging: Caregiving that Works, focusing on improving equity and quality of services and supports for family caregivers.
- The University of California, Davis (UC Davis) Family Caregiving Institute will lead the accomplishment of the four goals, in collaboration with the State of California Department of Aging (CDA), the California Caregiver Resource Centers (CCRCs), and other providers of caregiver resources in the state of California.
- The project aims to:
  - Developing an Equity Plan for caregiving services and supports.
  - Extending the existing Caregiver Resource Center (CRC) evaluation to examine opportunities more closely for service improvement and outreach with an equity lens.
  - Identifying and deploying evidence-informed interventions to address key caregiver concerns.
  - Mapping state of California efforts to the 2022 National Strategy to Support Caregivers.

# Improving Caregiver Services and Supports in California

## --Equity Plan (cont'd)



- There are four (4) aims for improving caregiver services and supports in California through Equity Planning:
  - **Aim 1:** Collaborate with CDA and CCRCs to develop an Equity Roadmap for caregiver services and supports.
  - **Aim 2:** Leverage existing data in the CareNav system (a simple, user-friendly online system designed to help families navigate the complexities of the caregiving journey) to extend evaluation to include new and more in-depth analysis designed to support service improvement and outreach. Specific aims of the analyses are in collaboration with the CCRCs and focus on in-depth analysis of CRC caregivers served and service use.
  - **Aim 3:** Identify, staff and facilitate time-limited, ad hoc work groups of CCRC representatives and other relevant parties with specific goals for service improvement and outreach. The number and topics of the ad hoc work groups determined in collaboration with the CCRCs.
  - **Aim 4:** Map CA MPA initiatives around caregiving to the 2022 National Strategy to Support Caregivers. Synthesis of CA-based efforts to support family caregivers across all MPA Initiatives. Mapping these initiatives to the National Strategy aids in identifying where CA is already addressing priorities and where there are opportunities to focus more intentionally on national priorities.



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# Q&A



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