The Data Dashboard for Aging: About the Data

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CONTRIBUTORS

This report describes the data processing and editing procedures for the Data Dashboard for Aging indicators performed by the California Department of Aging, the California Department of Public Health: Let's Get Healthy California, and the West Health Institute. This report documents the indicator measure, measure description, data limitations, data source, measure definitions, calculation methods, overarching health program source, and general display considerations.

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DEMOGRAPHICS DASHBOARD

CALIFORNIA POPULATION PROFILE

- Adults Age 60 and Older
  - Description
    - A series of visualizations providing a snapshot of general demographics for the 60 years and older population in California from 2013 to 2020. Measures from the California Health Interview Survey (CHIS) were used.
  - Data Limitations
    - Data for all the measures are not available for all six years. And to protect the privacy of the participants the Sexual Orientation and Gender Identity measures were suppressed and can only be found on the "Age Distribution" tab of the visualization for those years that the measure was available.
  - Data Source
    - CHIS Public Use Data Files https://healthpolicy.ucla.edu/chis/data/Pages/GetCHISData.aspx
  - Calculation Methodology
    - CHIS Data Documentation https://healthpolicy.ucla.edu/chis/analyze/Pages/CHIS-Data-Documentation.aspx
  - Program URL
    - CHIS Homepage http://healthpolicy.ucla.edu/chis/pages/default.aspx

GOAL ONE FOR 2030: HOUSING FOR ALL AGES AND STAGES

STRATEGY A. MORE HOUSING OPTIONS

- New Housing Options
  - TBD
- Affordable Housing
  - Indicator Measure
    - Number of subsidized housing units per 10,000 population
  - Description
    - This indicator tracks the number of subsidized housing units per 10,000 people: measured at the neighborhood scale. Higher values are better for this indicator. Subsidized housing helps residents who are unable to adapt to rapid influxes of economic development afford to live in higher cost communities, and provides a safety net for

people hit with unexpected financial challenges such as job loss and divorce. This data was made available through the American Association of Retired Persons (AARP) in their Livability Index. For this indicator AARP uses 2018 data from the National Housing Preservation Database (NHPD).

- Data Limitations
    - The number of active subsidies reported in the NHPD can change over time as the format of data files change, subsidy programs expand or are phased out, and as the logic applied to determine subsidy status is updated. The procedure for updating new data changes which affect the comparability of data over time are noted in NHPDs Documentation https://preservationdatabase.org/documentation/data-notes/ .
- Data Source
    - Availability of subsidized housing data source compiled by the AARP Public Policy Institute.
    - AARP Livability Index https://livabilityindex.aarp.org/search#California+USA
- Calculation Methodology
    - This indicator uses weighted data. To aggregate the block group-level data to the county level, AARP Public Policy Institute first calculates the percentage of the county population that resides in that block group. They then multiply this percentage by the value for each metric and score, and then sum the result for all block groups located within each county. To aggregate the block group-level scores to the state level, AARP Public Policy Institute performs an analogous procedure, but uses the state-level populations as the denominator in the calculation of the block group weights.
    - AARP Livability Index Scoring
        - https://livabilityindex.aarp.org/scoring

- Program URL
    - AARP Homepage https://www.aarp.org/

STRATEGY B. TRANSPORTATION BEYOND CARS

- Types of Transportation
    - Indicator Measure
        - Percent of low emission person trips, by mode (includes walking)
    - Description
        - This indicator tracks the percentage of low emission (all modes of travel which are not private vehicle) trips per person (“person trips”,

in millions) of adults age 60 or older. This indicator is based on the survey question, "(Regarding the trips you took which were recorded in the diary we sent, I have some questions about all trips you/the subject took on the recorded date.) How did you/subject get to your current trip destination?" (Variable Name: TRPTRANS) from the 2017 National Household Travel Survey (NHTS). NHTS is a population-based, omnibus mail-in/phone/web survey documenting travel behavior. Previous surveys were conducted in 1969, 1977, 1983, 1990, 1995, 2001, and 2009. Note that this indicator uses weighted data.

- Data Limitations
  - Limitations include: 1) reliant on self-reported, best of recollection, information, 2) asked of residential population (adults, teens, and children), administered in English, and Spanish. This does not include homeless persons and institutionalized populations such as individuals living in group quarters.
- Data Source
  - NHTS 2017 Table Designer https://nhts.ornl.gov/
- Calculation Methodology
  - Indicator % = low emission trips / (low emission trips + private vehicle trips)
  - NHTS User Guide https://nhts.ornl.gov/assets/NHTS2017_UsersGuide_04232019_1.pdf
- Collection Methodology
  - NHTS Collection Methodology https://nhts.ornl.gov/documentation
- Program URL
  - NHTS Homepage https://nhts.ornl.gov/

STRATEGY C. OUTDOOR & COMMUNITY SPACES FOR ALL AGES

- Park Access
  - Indicator Measures
    - Percent of adults age 60 or older who live within a half mile of a park
    - Percent of adults age 60 or older who live in communities with less than three acres of parks or open space per 1,000 residents
  - Description
    - This indicator measures the percent of residents over ½ mile from a park from their respective census tract. The percent of residents living in tracts with less than 3 acres of parks or open space per 1000 residents has been provided as a supplemental measure in the

visualization. This indicator's data is from the California Department of Parks and Recreation Community Factfinder, 2020 Edition. This edition of Factfinder primarily uses data from the California Protected Areas Database (CPAD) 2020a, with minor adjustments.

- Data Limitations
    - The underlying CPAD data source does not include Military lands used primarily for military purposes, tribal lands, private golf courses, and public lands not intended for open space, such as municipal waste facilities and administrative buildings. CPAD updates focus heavily on the 50 largest agencies/organizations who own 98% of the acres in CPAD. Parcel alignment in some areas is not complete. Additionally, small slivers and gaps occur in the dataset where polygons are not seamlessly aligned.
- Data Source
    - California Department of Parks and Recreation Community Fact Finder https://www.parksforcalifornia.org/communities/?overlays=parks
- Calculation Methodology
    - CPAD Documentation https://www.calands.org/cpad/
- Collection Methodology
    - CPAD Documentation https://www.calands.org/cpad/
- Program URL
    - California Department of Parks and Recreation https://www.parksforcalifornia.org/

STRATEGY D. EMERGENCY PREPAREDNESS & RESPONSE

- Natural Hazards
    - TBD

STRATEGY E. CLIMATE FRIENDLY AGING

- Low-Emission Transportation
    - Indicator Measure
        - Percent of low emission person trips, by mode (includes walking)
    - Description
        - This indicator tracks the percentage of low emission (all modes of travel which are not private vehicle) trips per person ("person trips", in millions) of adults age 60 or older. This indicator is based on the survey question, "(Regarding the trips you took which were recorded in the diary we sent, I have some questions about all trips you/the

subject took on the recorded date.) How did you/subject get to your current trip destination?" (Variable Name: TRPTRANS) from the 2017 National Household Travel Survey (NHTS). NHTS is a population-based, omnibus mail-in/phone/web survey documenting travel behavior. Previous surveys were conducted in 1969, 1977, 1983, 1990, 1995, 2001, and 2009. Note that this indicator uses weighted data.

- Data Limitations
  - Limitations include: 1) reliant on self-reported, best of recollection, information, 2) asked of residential population (adults, teens, and children), administered in English, and Spanish. This does not include homeless persons and institutionalized populations such as individuals living in group quarters.
- Data Source
  - NHTS 2017 Table Designer https://nhts.ornl.gov/
- Calculation Methodology
  - Indicator % = low emission trips / (low emission trips + private vehicle trips)
  - NHTS User Guide https://nhts.ornl.gov/assets/NHTS2017_UsersGuide_04232019_1.pdf
- Collection Methodology
  - NHTS Collection Methodology https://nhts.ornl.gov/documentation
- Program URL
  - NHTS Homepage https://nhts.ornl.gov/

GOAL TWO FOR 2030: HEALTH REIMAGINED

STRATEGY A. BRIDGING HEALTH CARE WITH HOME

- Gaps in Services & Supports
  - Indicator Measures
    - Number of Important Services in County.
      - Number of older adults (65+) with access to an Aging & Disability Resource Connection Service Provider in that county
      - Number of older adults (65+) with access to a Caregiver Resource Center in that county
      - Number of older adults (65+) with access to a Community Based Adult Services Provider in that county
      - Number of older adults (65+) with access to a Home Health Provider in that county

        - Number of older adults (65+) with access to a Hospice Provider in that county
        - Number of older adults (65+) with access to a PACE Center in that county
        - Number of older adults (65+) with access to a Residential Care Facility for the Elderly (RCFE) in that county
        - Number of older adults (65+) with access to a Skilled Nursing Facility in that county
- Description
    - Older adults, their caregivers and families often rely on Community LTSS, Healthcare Services, and Integrated Programs to provide the critical support they need to maintain or improve their health, safety, and social wellbeing. The availability and accessibility of these programs across the state varies by where older adults live. Ensuring that these programs are available to all Californians is critical for providing an age, disability, and dementia-friendly California for all.
- Definitions
    - **Aging & Disability Resource Connection Services**. Point of entry for older adults and adults with disabilities to provide assistance and enable access to programs and community resources.
    - **Caregiver Resource Centers**. Provide core services to families and caregivers ranging from counseling and care planning to legal/financial consulting and respite, at low or no cost.
    - **Community Based Adult Services Providers**. Offers services to eligible older adults and/or adults with disabilities to restore or maintain their optimal capacity for self-care and delay or prevent inappropriate or personally undesirable institutionalization.
    - **Home Health Providers**. Home health care is a wide range of health care services that can be given in your home for an illness or injury. Home health care is usually less expensive, more convenient, and just-as-effective as care you get in a hospital or skilled nursing facility (SNF).
    - **Hospice Providers**. Hospice care is a special kind of care that focuses on the quality of life for people and their caregivers who are experiencing an advanced, life-limiting illness.
    - **Programs for All-Inclusive Care for the Elderly (PACE)**. PACE provides comprehensive medical and social services to eligible older adults still living in the community. Most of the participants who are in PACE are dually eligible for both Medicare and Medicaid.
    - **Residential Care Facilities for the Elderly (RCFEs)**. Provide room, board, housekeeping, supervision, and personal care assistance with basic activities like personal hygiene, dressing, eating, and walking. Facilities usually centrally store and distribute medications for residents to self-administer.

    - **Skilled Nursing Facilities**. Serve as licensed healthcare residences for individuals who require a higher level of medical care than can be provided in an assisted living facility. Skilled nursing staff consisting of RNs, LPNs, and certified nurse's assistants (CNAs) are available to provide 24-hour medical attention.
- Data Limitations
    - One dataset is not publicly available and was sent directly by CalPACE. Alternative Care Settings (ACS) were removed from the dataset, so it is only showing PACE centers. All population estimates are extrapolated from the 2010 Census. Each year, the Census Bureau's Population Estimates Program uses current data on births, deaths, and migration to calculate population change since the most recent decennial census (2010).
- Data Source:
    - California Department of Social Services (CDSS) Residential Elder Care Facility Locations 2020 https://data.ca.gov/dataset/community-care-licensing-residential-elder-care-facility-locations
    - California Department of Statewide Health Planning & Development (OSHPD) Long-Term Care Facilities Annual Utilization data 2019 https://data.ca.gov/dataset/long-term-care-facilities-annual-utilization-data
    - Family Caregivers Alliance list of California Caregiver Resource Centers 2020 https://www.caregiver.org/californias-caregiver-resource-centers
    - California Department of Aging Community Based Adult Services Data 2020 https://www.aging.ca.gov/Providers_and_Partners/Community-Based_Adult_Services/CBAS_Providers/
    - California Department of Aging, Aging & Disability Resource Connection 2020 https://aging.ca.gov/Providers_and_Partners/Aging_and_Disability_Resource_Connection/
    - List of Programs for All-Inclusive Care for the Elderly (PACE) sent from the California PACE Association (CalPACE) 2020 http://www.calpace.org/
    - U.S. Census Bureau 2019 Population Estimates by Characteristics https://www.census.gov/data/tables/time-series/demo/popest/2010s-counties-detail.html
- Calculation Methodology
    - Population 65+ per 1 Service/Provider was calculated by taking the county specific 2019 census population estimate of adults age 65 and older and dividing that by the number of services/providers available in that county for the selected indicator.

- Availability of Services & Supports
  - Indicator Measures
    - Number of older adults (65+) with access to an Aging & Disability Resource Connection Service Provider in that county
    - Number of older adults (65+) with access to a Caregiver Resource Center in that county
    - Number of older adults (65+) with access to a Community Based Adult Services Provider in that county
    - Number of older adults (65+) with access to a Home Health Only Provider in that county
    - Number of older adults (65+) with access to a Hospice Only Provider in that county
    - Number of older adults (65+) with access to a Hospice/Home Health Provider in that county
    - Number of older adults (65+) with access to a PACE Center in that county
    - Number of older adults (65+) with access to a Residential Care Facility for the Elderly (RCFE) in that county
    - Number of older adults (65+) with access to a Skilled Nursing Facility in that county
  - Description
    - This indicator tracks data on six categories of services and supports that are very important for older adults and people with disabilities, including: Information and Assistance (including Aging & Disability Resource Connection services and Caregiving Resource Centers), Adult Day Health Care, Integrated Health and Long-Term Services & Supports (LTSS) for Dual-Eligibles, Assisted Living/Residential Care, Skilled Nursing Facilities, and Hospice & Home Care. The indicator identifies gaps in services and supports (i.e., counties where two or less of the six categories of services and supports are available) and the number of services and supports available per 100,000 adults age 65 or older.
  - Definitions
    - **Aging & Disability Resource Connection Services**. Point of entry for older adults and adults with disabilities to provide assistance and enable access to programs and community resources.
    - **Caregiver Resource Centers**. Provide core services to families and caregivers ranging from counseling and care planning to legal/financial consulting and respite, at low or no cost.
    - **Community Based Adult Services Providers**. Offers services to eligible older adults and/or adults with disabilities to restore or maintain their optimal capacity for self-care and delay or prevent inappropriate or personally undesirable institutionalization.

- **Home Health Only Providers**. Home health care is a wide range of health care services that can be given in your home for an illness or injury. Home health care is usually less expensive, more convenient, and just as effective as care you get in a hospital or skilled nursing facility (SNF).
- **Hospice Only Providers**. Hospice care is a special kind of care that focuses on the quality of life for people and their caregivers who are experiencing an advanced, life-limiting illness.
- **Hospice/Home Health Providers**. These are providers who offer both Home Health & Hospice care (defined above).
- **Programs for All-Inclusive Care for the Elderly (PACE)**. PACE provides comprehensive medical and social services to eligible older adults still living in the community. Most of the participants who are in PACE are dually eligible for both Medicare and Medicaid.
- **Residential Care Facilities for the Elderly (RCFEs)**. Provide room, board, housekeeping, supervision, and personal care assistance with basic activities like personal hygiene, dressing, eating, and walking. Facilities usually centrally store and distribute medications for residents to self-administer.
- **Skilled Nursing Facilities**. Serve as licensed healthcare residences for individuals who require a higher level of medical care than can be provided in an assisted living facility. Skilled nursing staff consisting of RNs, LPNs, and certified nurse's assistants (CNAs) are available to provide 24-hour medical attention.

- Data Limitations
  - One dataset is not publicly available and was sent directly by CalPACE. Alternative Care Settings (ACS) were removed from the dataset, so it is only showing PACE centers. All population estimates are extrapolated from the 2010 Census. Each year, the Census Bureau's Population Estimates Program uses current data on births, deaths, and migration to calculate population change since the most recent decennial census (2010).
- Data Source:
  - California Department of Social Services (CDSS) Residential Elder Care Facility Locations 2020 https://data.ca.gov/dataset/community-care-licensing-residential-elder-care-facility-locations
  - California Department of Statewide Health Planning & Development (OSHPD) Long-Term Care Facilities Annual Utilization data 2019 https://data.ca.gov/dataset/long-term-care-facilities-annual-utilization-data
  - Family Caregivers Alliance list of California Caregiver Resource Centers 2020 https://www.caregiver.org/californias-caregiver-resource-centers

        - California Department of Aging Community Based Adult Services Data 2020 https://www.aging.ca.gov/Providers_and_Partners/Community-Based_Adult_Services/CBAS_Providers/
        - California Department of Aging, Aging & Disability Resource Connection 2020 https://aging.ca.gov/Providers_and_Partners/Aging_and_Disability_Resource_Connection/
        - List of Programs for All-Inclusive Care for the Elderly (PACE) sent from the California PACE Association (CalPACE) 2020 http://www.calpace.org/
        - U.S. Census Bureau 2019 Population Estimates by Characteristics https://www.census.gov/data/tables/time-series/demo/popest/2010s-counties-detail.html
    - Calculation Methodology
        - Population 65+ per 1 Service/Provider was calculated by taking the county specific 2019 census population estimate of adults age 65 and older and dividing that by the number of services/providers available in that county for the selected indicator.
- Enrollment in Medicare Plans & Programs
    - Indicator Measures
        - Percentage of Medicare Beneficiaries enrolled in Original Medicare (Fee-For-Service)
        - Percentage of Medicare Beneficiaries enrolled in Medicare Advantage
        - Percentage of Dual Eligible Beneficiaries enrolled in Programs of All-Inclusive Care for the Elderly (PACE)
        - Percentage of Dual Eligible Beneficiaries enrolled in Cal MediConnect
    - Description
        - These indicators track data on the enrollment of eligible beneficiaries in integrated delivery systems (PACE, Medicare Advantage, and Cal MediConnect) and in Original Medicare (Fee-for-Service), by county.
    - Definitions
        - **Dual Eligible -** These are beneficiaries who are eligible for both Medicare & Medicaid (which is called Medi-Cal in California).
        - **Programs for All-Inclusive Care for the Elderly (PACE)** - PACE provides comprehensive medical and social services to eligible older adults still living in the community. Most of the participants who are in PACE are dually eligible for both Medicare and Medicaid.
        - **Cal MediConnect** - is a program to serve people that are eligible for both Medicare and Medi-Cal. Cal MediConnect is an all-in-one health plan that covers medical, prescription drugs (medicines) and long-term services and supports.

        - **Medicare Advantage** - a type of Medicare health plan offered by contracting private companies approved by Medicare.
        - **Original Medicare (Fee-For-Service) -** a system of health care payment in which a provider is paid separately for each service rendered.
    - Data Limitations
        - The denominator for Cal MediConnect & PACE is the total number of Dual Eligibles in the county. To be eligible for Cal MediConnect & PACE, one must be a Dual Eligible; however, that is not all the criteria. There are other conditions that must be met which are not modelled here in this visualization. The Medicare enrollment counts are determined using a person-year methodology. For each calendar year, total person-year counts are determined by summing the total number of months that each beneficiary is enrolled during the year and dividing by 12. Using this methodology, a beneficiary's partial-year enrollment may be counted in more than one category (i.e., Original Medicare/MA).
    - Data Source:
        - CMS Medicare Advantage by State/County/Plan from December 2019 https://www.cms.gov/research-statistics-data-and-systemsstatistics-trends-and-reportsmcradvpartdenroldatamonthly-ma/ma-enrollment-scp-2020-09
        - CMS 2019 Medicare Enrollment Dashboard https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/CMSProgramStatistics/Dashboard
    - Calculation Methodology
        - Percentage of Medicare Beneficiaries enrolled in Original Fee-For-Service & Medicare Advantage were calculated by dividing the number of beneficiaries enrolled in each plan by the total Medicare beneficiaries in the county. The Percentage of Dual Eligibles enrolled for Cal MediConnect & PACE were calculated by dividing the number of beneficiaries enrolled in each plan by the total Dual Eligibles in the county.
- Routine & Personal Care Needs
    - Indicator measures
        - Percent of adults age 18 or older with a self-identified difficulty who need help with both routine and personal care needs (ADLs and IADLs).
        - Percent of adults age 18 or older with a self-identified difficulty who need help with handling routine needs (IADLs)
        - Percent of adults age 18 or older with a self-identified difficulty who need help with handling personal care needs (ADLs).

- Description
    - These measures provide data on adults age 18 or older who self-identify as having difficulties with concentrating, remembering, or making decisions; dressing or bathing; and/or doing errands alone.
    - This indicator includes the measures of "Need help in both routine and personal care needs (ADLs and IADLs)", "Only need help in personal care needs (ADLs)", "Only need help in routine care needs (IADLs)", "Need help in handing routine needs (IADLs)", and "Need help handling personal care needs (ADLs)". It is a computed indicator from the UCLA Long-Term Services and Supports (LTSS) survey. The LTSS survey is a follow-on study to the California Health Interview Survey (CHIS), which is the largest state-level health survey in the country. The LTSS dataset is a population-level dataset that examines the use of LTSS by adults in California, while also documenting unmet needs and disparities in access to care, services, and supports. Survey participants were asked:
        - A1 Do you need the help of another person in handling routine needs? – Yes or no.
        - A9 Do you need the help of another person with personal care needs? – Yes or no.
    - Note that this indicator uses weighted data.
    - This indicator includes the first cycle of data (2019-2020) from the LTSS survey.
- Definition
    - **Help with personal care needs/ADLs –** refers to activities of daily living (ADLs), such as eating, bathing, dressing, or getting around inside your home
    - **Help with routine needs/IADLs –** refers to instrumental activities of daily living (IADLs), such as everyday household chores, doing necessary business, shopping, or getting around for other purposes
- Data limitations
    - Limitations: 1) Reliance on self-reported information. 2) Asked of California's non-institutionalized population of adults, thus does not represent individuals living in institutional settings or group quarters. 3) The sample also does not include homeless persons.
- Data Source
    - UCLA Long-Term Services and Supports (LTSS) Study https://healthpolicy.ucla.edu/programs/health-disparities/Pages/Long-Term-Services-and-Supports.aspx
- Collection Methodology
    - LTSS Study Information Sheet

        - https://healthpolicy.ucla.edu/programs/health-disparities/Pages/Long-Term-Services-and-Supports.aspx
    - Calculation Methodology
        - This indicator is computed based on the A1 and A9 variables in the LTSS survey.
            - People who answered "Yes" to both A1 (routine needs) and A9 (personal care needs) corresponds with the measure of "Need help with both routine needs and personal care needs (ADLs and IADLs)";People who answered "Yes" to A9 (personal care needs) and "No" to A1 (routine needs) with respect to the universe of anyone who answered "yes" to at least one of A1 and A9 represent the measure of "Only need help with personal care needs (ADLs)";
            - People who answered "Yes" to A1 (routine needs) and "No" to A9 (personal care needs) with respect to the universe of anyone who answered "yes" to at least one of A1 and A9 represent the measure of "Only need help with routine care needs (IADLs)"; People who answered "Yes" to A1 (routine needs) represent the measure of "Need help handling routine needs (IADLs)";
            - People who answered "Yes" to A9 (personal care needs) represent the measure of "Need help handling personal care needs (ADLs)";
    - Program URL
        - https://healthpolicy.ucla.edu/programs/health-disparities/Pages/Long-Term-Services-and-Supports.aspx
    - Other related resources
        - Long-Term Services and Supports (LTSS) Public Use Data Files https://healthpolicy.ucla.edu/chis/data/public-use-data-file/Pages/LTSS-Public-Use-Files.aspx
        - CHIS Public Use Data Files https://healthpolicy.ucla.edu/chis/data/Pages/GetCHISData.aspx
        - CHIS Collection Methodology http://healthpolicy.ucla.edu/chis/design/pages/methodology.aspx
        - CHIS Documentation Overview http://healthpolicy.ucla.edu/chis/design/pages/overview.aspx

- Paid & Unpaid Help with Care Needs
    - Indicator measures
        - Percent of adults age 18 or older with a self-identified difficulty who receive any paid help/assistance with routine/personal care needs.

    - Percent of adults age 18 or older with a self-identified difficulty who receive any unpaid help/assistance with routine/personal care needs.
- Description
    - This indicator provides data on paid and unpaid help received by adults age 18 or older who self-identify as having difficulties with concentrating, remembering, or making decisions; dressing or bathing; and/or doing errands alone.
    - This measure is based on two survey questions from the UCLA Long-Term Services and Supports (LTSS) survey:
        - "Are you currently getting any paid help/assistance with activities such as bathing, dressing, preparing meals, doing housework, or grocery shopping? – Yes or no" (Variable ID: C1) This question was asked of adults who need help with routine needs or personal care due to serious difficulties.
        - "Are you (also) getting unpaid help/assistance from a family member or friend with activities such as bathing, dressing, preparing meals, doing housework, or grocery shopping? – Yes or no" (Variable ID: C14)
    - The LTSS survey is a follow-on study to the California Health Interview Survey (CHIS), which is the largest state-level health survey in the country. The LTSS dataset is a population-level dataset that examines the use of LTSS by adults in California, while also documenting unmet needs and disparities in access to care, services, and supports.
    - Note that this indicator uses weighted data.
    - This indicator includes the first cycle of data (2019-2020) from the LTSS survey.
- Definition
    - **Help/assistance with routine needs/IADLs –** refers to instrumental activities of daily living (IADLs), such as everyday household chores, doing necessary business, shopping, or getting around for other purposes
    - **Help/assistance with personal care needs/ADLs- –** refers to activities of daily living (ADLs), such as eating, bathing, dressing, or getting around inside your home
- Data limitations
    - Limitations: 1) Reliance on self-reported information. 2) Asked of California's non-institutionalized population of adults, thus does not represent individuals living in institutional settings or group quarters. 3) The sample also does not include homeless persons.
- Data Source
    - UCLA Long-Term Services and Supports (LTSS) Study https://healthpolicy.ucla.edu/programs/health-disparities/Pages/Long-Term-Services-and-Supports.aspx

- Collection Methodology
    - LTSS Study Information Sheet
    - https://healthpolicy.ucla.edu/programs/health-disparities/Pages/Long-Term-Services-and-Supports.aspx
- Program URL
    - https://healthpolicy.ucla.edu/programs/health-disparities/Pages/Long-Term-Services-and-Supports.aspx
- Other related resources
    - Long-Term Services and Supports (LTSS) Public Use Data Files https://healthpolicy.ucla.edu/chis/data/public-use-data-file/Pages/LTSS-Public-Use-Files.aspx
    - CHIS Public Use Data Files https://healthpolicy.ucla.edu/chis/data/Pages/GetCHISData.aspx
    - CHIS Collection Methodology http://healthpolicy.ucla.edu/chis/design/pages/methodology.aspx
    - CHIS Documentation Overview http://healthpolicy.ucla.edu/chis/design/pages/overview.aspx

- Source of Payment
    - Indicator measures
        - Percent of adults age 18 or older with a self-identified difficulty who only paid out-of-pocket for any type of help/assistance with activities.
        - Percent of adults age 18 or older with a self-identified difficulty who only used a public insurance/program to pay for any type of help/assistance with activities.
        - Percent of adults age 18 or older with a self-identified difficulty who only used private insurance to pay for any type of help/assistance with activities.
        - Percent of adults age 18 or older with a self-identified difficulty who used at least two types of payment for any type of help/assistance with activities.
    - Description
        - This indicator provides data on the source of payment for paid help received by adults age 18 or older who self-identify as having difficulties with concentrating, remembering, or making decisions; dressing or bathing; and/or doing errands alone.
        - These measures are based on both individual and aggregated questions related to source of payment for adults age 18 or older who self-identify as having difficulties with concentrating, remembering, or making decisions; dressing or bathing; and/or doing errands alone. This indicator includes the measures of “Only out-of-pocket,” “Only

public insurance/program," "Only private insurance," and "At least two types of payment." It is a computed indicator from the UCLA Long-Term Services and Supports (LTSS) survey. The LTSS survey is a follow-on study to the California Health Interview Survey (CHIS), which is the largest state-level health survey in the country. The LTSS dataset is a population-level dataset that examines the use of LTSS by adults in California, while also documenting unmet needs and disparities in access to care, services, and supports. Survey participants who received any type of paid help/assistance were asked:

    - C2 How are your helper and/or services paid for? (Select all that apply)
        - C2_1 Out-of-pocket
        - C2_2 Public insurance/program
        - C2_3 Private insurance
  - Note that this indicator uses weighted data.
  - This indicator includes the first cycle of data (2019-2020) from the LTSS survey.
- Definition
  - **Out-of-pocket** – Individuals paid directly for help/services in cash or in kind;
  - **Public insurance/program** – Help/services were paid through a public insurance or program such as Medicare, Medi-Cal, IHSS or a Regional Center;
  - **Private insurance** –Help/services were paid through private insurance;
  - **At least two types of payment** – Individuals used at least two sources of the above payments to pay for help/services received.
- Data limitations
  - Limitations: 1) Reliance on self-reported information. 2) Asked of California's non-institutionalized population of adults, thus does not represent individuals living in institutional settings or group quarters. 3) The sample also does not include homeless persons.
- Data Source
  - UCLA Long-Term Services and Supports (LTSS) Study https://healthpolicy.ucla.edu/programs/health-disparities/Pages/Long-Term-Services-and-Supports.aspx
- Collection Methodology
  - LTSS Study Information Sheet
  - https://healthpolicy.ucla.edu/programs/health-disparities/Pages/Long-Term-Services-and-Supports.aspx
- Calculation Methodology

        - This indicator is computed based on the C2_1~C2_3 variables in the LTSS survey.
            - People who only selected "Yes" to C2_1 (out-of-pocket) represent the measure of "Only out-of-pocket,";
            - People who only selected "Yes" to C2_2 (public insurance/program) represent the measure of "Only public insurance/program";
            - People who only selected "Yes" to C2_3 (private Insurance) represent the measure of "Only private insurance";
            - People who answered "Yes" to at least two sources of payment among C2_1~C2_3 represent the measure of "At least two types of payment."
    - Program URL
        - https://healthpolicy.ucla.edu/programs/health-disparities/Pages/Long-Term-Services-and-Supports.aspx
    - Other related resources
        - Long-Term Services and Supports (LTSS) Public Use Data Files https://healthpolicy.ucla.edu/chis/data/public-use-data-file/Pages/LTSS-Public-Use-Files.aspx
        - CHIS Public Use Data Files https://healthpolicy.ucla.edu/chis/data/Pages/GetCHISData.aspx
        - CHIS Collection Methodology http://healthpolicy.ucla.edu/chis/design/pages/methodology.aspx
        - CHIS Documentation Overview http://healthpolicy.ucla.edu/chis/design/pages/overview.aspx
- Extent to Which Care Needs Are Met
    - Indicator measures
        - Percent of adults age 18 or older with a self-identified difficulty who reported that services/assistance received "completely" met all their needs.
    - Supplemental measures
        - Percent of adults age 18 or older with a self-identified difficulty who reported that services/assistance received "mostly" met all their needs.
        - Percent of adults age 18 or older who reported that services/assistance received "somewhat" met all their needs.
        - Percent of adults age 18 or older with a self-identified difficulty who reported that services/assistance received did "not at all" meet all their needs.
    - Description

    - This indicator provides data on the extent to which services received met the routine and personal care needs of adults age 18 or older who self-identify as having difficulties with concentrating, remembering, or making decisions; dressing or bathing; and/or doing errands alone. Four measures are available, based on whether the care recipient identified the services they received as meeting their needs "completely," "mostly," "somewhat," or "not at all."
    - This measure is based on the survey question, "To what extent do the services or assistance you currently receive help meet all your needs? – Not at all; Somewhat; Mostly; Completely" (Variable ID: E12) from the UCLA Long-Term Services and Supports (LTSS) survey. The LTSS survey is a follow-on study to the California Health Interview Survey (CHIS), which is the largest state-level health survey in the country. The LTSS dataset is a population-level dataset that examines the use of LTSS by adults in California, while also documenting unmet needs and disparities in access to care, services, and supports.
    - Note that this indicator uses weighted data.
    - This indicator includes the first cycle of data (2019-2020) from the LTSS survey.
- Data limitations
    - Limitations: 1) Reliance on self-reported information. 2) Asked of California's non-institutionalized population of adults, thus does not represent individuals living in institutional settings or group quarters. 3)

    The sample also does not include homeless persons.
- Data Source
    - UCLA Long-Term Services and Supports (LTSS) Study https://healthpolicy.ucla.edu/programs/health-disparities/Pages/Long-Term-Services-and-Supports.aspx
- Collection Methodology
    - LTSS Study Information Sheet https://healthpolicy.ucla.edu/programs/health-disparities/Pages/Long-Term-Services-and-Supports.aspx
- Program URL
    - https://healthpolicy.ucla.edu/programs/health-disparities/Pages/Long-Term-Services-and-Supports.aspx
- Other related resources
    - Long-Term Services and Supports (LTSS) Public Use Data Files https://healthpolicy.ucla.edu/chis/data/public-use-data-file/Pages/LTSS-Public-Use-Files.aspx
    - CHIS Public Use Data Files https://healthpolicy.ucla.edu/chis/data/Pages/GetCHISData.aspx

        - CHIS Collection Methodology
          http://healthpolicy.ucla.edu/chis/design/pages/methodology.aspx
        - CHIS Documentation Overview
          http://healthpolicy.ucla.edu/chis/design/pages/overview.aspx

- Consequences of Unmet Care Needs
    - Indicator measures
        - Percent of adults age 18 or older with a self-identified difficulty and unmet personal or routine care needs who stayed home due to difficulty going out on one's own in the last month
        - Percent of adults age 18 or older with a self-identified difficulty and unmet personal or routine care needs who went without groceries/personal items due to difficulty shopping in the last month
        - Percent of adults age 18 or older with a self-identified difficulty and unmet personal or routine care needs who made a mistake in taking medications due to difficulty keeping track of them in the last month
    - Supplemental measures
        - Percent of adults age 18 or older with a self-identified difficulty and unmet personal or routine care needs who had one adverse consequence of unmet needs in the last month
        - Percent of adults age 18 or older with a self-identified difficulty and unmet personal or routine care needs who had two adverse consequences of unmet needs in the last month
        - Percent of adults age 18 or older with a self-identified difficulty and unmet personal or routine care needs who had three adverse consequences of unmet needs in the last month
    - Description
        - This indicator provides data on the adverse consequences resulting from unmet needs experienced by adults age 18 or older who self-identify as having difficulties with concentrating, remembering, or making decisions; dressing or bathing; and/or doing errands alone. This indicator includes the measures "Stayed home due to difficulty going out on one's own", "Went without groceries/personal items due to difficulty shopping", "Made a mistake in taking medications due to difficulty keeping track of them", "Had one adverse consequence of unmet needs," "Had two adverse consequences of unmet needs," and "Had three adverse consequences of unmet needs." It is a computed indicator from the UCLA Long-Term Services and Supports (LTSS) survey. The LTSS survey is a follow-on study to the California Health Interview Survey (CHIS), which is the largest state-level health survey in the country. The LTSS dataset is a population-level dataset that examines the use of LTSS by adults in California, while also documenting unmet needs and disparities in

access to care, services, and supports. Survey participants were asked:
    - B1 In the last month, did you ever have to stay in your home or building, because you had difficulty going out by yourself? – Yes and no;
    - B2 In the last month, did you ever go without groceries or personal items because it was too difficult to shop by yourself? – Yes and no;
    - B3 In the last month, did you ever make a mistake in taking your prescribed medicines because it was too difficult to keep track of them? – Yes and no;
  - Note that this indicator uses weighted data.
  - This indicator includes the first cycle of data (2019-2020) from the LTSS survey.
- Data limitations
  - Limitations: 1) Reliance on self-reported information. 2) Asked of California's non-institutionalized population of adults, thus does not represent individuals living in institutional settings or group quarters. 3) The sample also does not include homeless persons.
- Data Source
  - UCLA Long-Term Services and Supports (LTSS) Study https://healthpolicy.ucla.edu/programs/health-disparities/Pages/Long-Term-Services-and-Supports.aspx
- Collection Methodology
  - LTSS Study Information Sheet https://healthpolicy.ucla.edu/programs/health-disparities/Pages/Long-Term-Services-and-Supports.aspx
- Calculation Methodology
  - This indicator is computed based on the B1, B2 and B8 variables in the LTSS survey.
    - People who answered "Yes" to B1 represent the measure of "Stayed home due to difficulty going out on one's own";
    - People who answered "Yes" to B2 represent the measure of "Went without groceries/personal items due to difficulty shopping";
    - People who answered "Yes" to B8 represent the measure of "Made a mistake in taking medications due to difficulty keeping track of them";
    - People who answered "Yes" to only one question among B1, B2 or B8 represent the measure of "Had one adverse consequence of unmet needs";

        - People who answered “Yes” to two questions among B1, B2 or B8 represent the measure of “Had two adverse consequences of unmet needs”;
        - People who answered “Yes” to all three questions among B1, B2 or B8 represent the measure of “Had three adverse consequences of unmet needs”
- Program URL
    - https://healthpolicy.ucla.edu/programs/health-disparities/Pages/Long-Term-Services-and-Supports.aspx
- Other related resources
    - Long-Term Services and Supports (LTSS) Public Use Data Files https://healthpolicy.ucla.edu/chis/data/public-use-data-file/Pages/LTSS-Public-Use-Files.aspx
    - CHIS Public Use Data Files https://healthpolicy.ucla.edu/chis/data/Pages/GetCHISData.aspx
    - CHIS Collection Methodology http://healthpolicy.ucla.edu/chis/design/pages/methodology.aspx
    - CHIS Documentation Overview http://healthpolicy.ucla.edu/chis/design/pages/overview.aspx

STRATEGY B. HEALTH CARE AS WE AGE

- Insurance Coverage
    - [Indicator Measure Under Construction]
- Usual Source of Care
    - Indicator Measure
        - Percent of adults age 60 or older who have a usual place to go to when sick or in need of health advice
    - Description
        - This indicator is based on an aggregate of two survey questions (Variable ID: USUAL5TP), “Is there a place that you usually go to when you are sick or need advice about your health?” (Variable ID: AH1) and “What kind of place do you go to most often- a medical/is your doctor in a private doctors office, a clinic or hospital clinic, an emergency room, or some other place?” (Variable ID: AH3) from the California Health Interview Survey (CHIS). CHIS is an annual population-based, omnibus health survey of California. It is the largest telephone survey in California and the largest state health survey in the country. Note that this indicator uses weighted data. Additionally, strongly agree and agree have been aggregated for this indicator’s estimates.

- Data Limitations
    - Limitations include: 1) reliant on self-reported information, 2) asked of California's residential population (adults, teens, and children), administered in English, Spanish, Chinese, Korean, Tagalog, and Vietnamese. This does not include those living in group quarters or homeless persons.
- Data Source
    - CHIS Public Use Data Files https://healthpolicy.ucla.edu/chis/data/Pages/GetCHISData.aspx
- Calculation Methodology
    - CHIS Documentation Overview http://healthpolicy.ucla.edu/chis/design/pages/overview.aspx
- Collection Methodology
    - CHIS Collection Methodology http://healthpolicy.ucla.edu/chis/design/pages/methodology.aspx
- Program URL
    - CHIS Homepage http://healthpolicy.ucla.edu/chis/pages/default.aspx

- Primary Care Shortage
    - Indicator Measure
        - Percent of communities (as defined by Medical Service Study Areas) that are defined as a shortage area as determined by the Department of Health Care Access and Information (HCAI).
        - Percent of civilians that live in a Primary Care Shortage Medical Service Study Area
    - Description
        - This indicator tracks the percent of civilians who live in a primary care shortage Medical Service Study Area (MSSA). Here a shortage MSSA means having more than 2,000 civilians to 1 full time equivalent (FTE) primary care physician in the respective civilians' MSSA in 2019. In 2020, the definition of primary care provider was expanded to include physicians, nurse practitioners, and physician assistants and the definition of shortage was changed to consider the percentage of residents living below the federal poverty level. The data for this indicator was contributed by HCAI.
    - Definitions
        - **Medical Service Study Area (MSSA)**. Sub-city and sub-county geographical units used to organize and display population, demographic, and physician data.
    - Data Limitations
        - Provider ratios should not be compared across shortage designations. Each designation includes, excludes, and weights providers according to different methodologies. Access to primary care is defined by

physician FTE and does not consider other primary care related disciplines.

- Data Source
  - Office of Statewide Health Planning & Development
- Calculation Methodology
  - HCAI Memorandum: Primary Care Shortage Areas Report
    - https://hcai.ca.gov/wp-content/uploads/2020/10/PCSA-Report-1.pdf
- Collection Methodology
  - % Civilians who live in a primary care shortage area = Number of MSSA shortage area civilians / Number of civilians
  - % MSSAs which have a primary care shortage = Number of Primary Care Shortage MSSAs / Number of MSSAs
  - Providers with no survey data are assumed to be 1 FTE. When providers have multiple practice locations, their FTE is split evenly amongst the locations.
- Program URL
  - HCAI Primary Care Office
    - https://hcai.ca.gov/workforce-capacity/california-primary-care-office/
    - https://data.chhs.ca.gov/dataset/primary-care-shortage-areas-in-california

STRATEGY C. LIFELONG HEALTHY AGING

- Life Expectancy
  - Indicator Measure
    - Number of years below the statewide average life expectancy at birth and at age 50 (Black Californians)
  - Description
    - Life tables for tracts, communities, counties and states are generated from age specific mortality rates, which are the quotient of deaths during a calendar year, approximated by the population of the same age at the midpoint of the year (July 1).
  - Definitions
    - **Life Table**. A table of statistics relating to life expectancy and mortality for a given category of people.
  - Data Limitations
    - CCB "About" Tab Housing Technical Documentation https://skylab.cdph.ca.gov/communityBurden/
  - Data Source
    - CDPHs CCB https://skylab.cdph.ca.gov/communityBurden/

- Calculation Methodology
    - CCB "About" Tab Housing Technical Documentation https://skylab.cdph.ca.gov/communityBurden/
- Program URL
    - CDPHs CCB https://skylab.cdph.ca.gov/communityBurden/

- Unintentional Falls
    - [Indicator Measure Under Construction]
- Fall-Related Mortality
    - Indicator Measure
        - Number of fall-related deaths per 100,000 adults age 65 or older
    - Description
        - Ground-level falls are the leading cause of injury-related death among adults age 65 and older. This indicator tracks data on the number of adults age 65 or older with a ground-level fall listed as a primary cause of death, per 100,000 adults age 65 or older.
    - Definitions
        - **Fall-related death**. Any death noted on the death certificate to contain a ground-level fall as a cause of death.
    - Data Limitations
        - Some cell sizes in the CDC death certificate data set are suppressed due to small numbers.
    - Data Source
        - CDC death certificate data (underlying cause of death) 2008 to 2018. Accessed via the CDC WONDER tool https://wonder.cdc.gov/
    - Calculation Methodology
        - The total number of fall-related deaths divided by the total number of older adults age 65 or older in the county. Reported as per 100,000 population.
- Psychological Distress
    - Indicator Measure
        - Percent of adults age 60 or older who experienced psychological distress in the past year
    - Description
        - This indicator is based on an aggregate of questions related to psychological distress (Variable ID: DSTRS12) from the California Health Interview Survey (CHIS). CHIS is an annual population-based, omnibus health survey of California. It is the largest telephone survey in California and the largest state health survey in the country. Specifically, this aggregate measure is a score of >=13 for if a person experienced serious psychological distress on a month, or their worst

month emotionally in the past year. For this indicator, individuals were asked to evaluate the prior 30 days (AJ__) and to evaluate the worst consecutive 30 days in the past 12 months (AF__) to reply to the following statements.
    - AJ29, AF63: How often did you feel nervous?
    - AJ30, AF64: How often did you feel hopeless?
    - AJ31, AF65: How often did you feel restless or fidgety?
    - AJ32, AF66: How often did you feel depressed that nothing could cheer you up?
    - AJ33, AF67: How often did you feel everything was an effort?
    - AJ34, AF68: How often did you feel you're worthless?
- Definitions
    - **Psychological Distress**. Include feelings of nervousness, hopelessness, restlessness or fidgety, depression, like everything required effort, and worthlessness) in the past year.
- Data Limitations
    - Limitations include: 1) reliant on self-reported information, 2) asked of California's residential population (adults, teens, and children), administered in English, Spanish, Chinese, Korean, Tagalog, and Vietnamese. This does not include those living in group quarters or homeless persons.
- Data Source
    - CHIS Public Use Data Files https://healthpolicy.ucla.edu/chis/data/Pages/GetCHISData.aspx
- Calculation Methodology
    - CHIS Documentation Overview http://healthpolicy.ucla.edu/chis/design/pages/overview.aspx
- Collection Methodology
    - CHIS Collection Methodology http://healthpolicy.ucla.edu/chis/design/pages/methodology.aspx
- Program URL
    - CHIS Homepage http://healthpolicy.ucla.edu/chis/pages/default.aspx

- Suicide
    - Indicator Measure
        - Number of adults age 60 or older who died by suicide per 100,000 people
    - Description
        - This indicator tracks the rate of adults, age 60 or older, who have committed suicide per 100,000 individuals per the Cause of Death listed on Death Certificate after determination by a coroner. Here the rate equals suicides in adults 60 or older with the selected

characteristic divided by the adults 60 or older with the same characteristic multiplied by 100,000.

- Data Limitations
    - No explicit criteria exist to assist in determining whether a death is a suicide. Therefore, several factors, e.g., uncertainty about what evidence is necessary and pressures from families or communities, may influence a coroner or medical examiner not to certify a specific death as a suicide. Because the extent to which suicides are underreported or misclassified is unknown, it has not been possible to precisely estimate the number of suicides, identify risk factors, or plan and evaluate preventive interventions.
- Data Source
    - Department of Health Care Access and Information (HCAI) CA Life Tables; Analysis by California Community Burden of Disease and Cost Engine (CCB) Data Scientists
- Program URL
    - HCAI
      https://hcai.ca.gov/
    - CCB
      https://skylab.cdph.ca.gov/communityBurden/

STRATEGY D. GERIATRIC CARE EXPANSION

- Emergency Department Utilization
    - Indicator Measure
        - Proportion of emergency department (ED) visits by adults age 60 or older
    - Description
        - This indicator tracks the percentage of all emergency department (ED) visits that were made by adults age 60 or older.
    - Definitions
        - **ED Utilization -**on a quarterly basis (every three months), emergency departments submit abstracted information from individual patient records which include data on the patient's ZIP code, birthdate, preferred language, service date, diagnoses, external cause of injury/morbidity, treatments/procedures, and expected source of payment.
    - Data Limitations
        - All population estimates are extrapolated from the 2010 Census. Each year, the Census Bureau's Population Estimates Program uses current data on births, deaths, and migration to calculate population change since the most recent decennial census (2010).
    - Data Source

        - OSHPD Emergency Department Utilization 2019 https://oshpd.ca.gov/data-and-reports/healthcare-utilization/emergency-department/
        - Census 2019 https://www.census.gov/newsroom/press-kits/2019/national-state-estimates.html

    - Calculation Methodology
        - Number of ED visits by seniors are calculated by summing the total number of encounters of patients aged 60 or older and dividing by the total number of ED encounters at each facility.

- Geriatric Emergency Departments
    - Indicator Measures
        - Number of accredited Geriatric Emergency Departments (GED)
    - Description
        - This indicator tracks the number of accredited and emerging Geriatric Emergency Departments (GEDs) in California. The older adult population in the United States is growing, and emergency departments (EDs) are seeing more geriatric patients than ever before. The ED is uniquely positioned to play a critical role in the care continuum for older patients, not only in the management of acute conditions, but also in transitions of care and identification of patients at high risk for future morbidity. Hospitals across the country are rapidly adopting Geriatric Emergency Departments (GEDs to address the needs of older adults in the ED. Senior-specific protocols and enhanced transitions of care planning in the ED may reduce or delay skilled nursing facility (SNF) admission and hospital readmissions.
    - Definitions
        - **ACEP Accredited GED** - emergency departments with specialized services designed to ensure older adults receive geriatric-focused interdisciplinary care that includes long-term services and supports, care transitions, and Promoting geriatric-focused quality improvement and enhancements of the physical environment and supplies
        - Accreditation Levels - see this link for detailed information on levels (https://www.acep.org/geda/comparison-overview).
            - Level 1: An ED with policies, guidelines, procedures, and staff providing a coherent system of care targeting and measuring specific outcomes from an overall elevation in ED operations and transitions of care both to and from the ED, all coordinated for the improved care of older adults.

        - Level 2: An ED that has integrated and sustained elder care initiatives into daily operations and demonstrates interdisciplinary cooperation for delivery of elder services.
        - Level 3: Represented by an ED with one or more specific initiatives that are reasonably expected to elevate the level of elder care. Personnel to implement these efforts are identified and trained.
    - Data Limitations
        - All population estimates are extrapolated from the 2010 Census. Each year, the Census Bureau's Population Estimates Program uses current data on births, deaths, and migration to calculate population change since the most recent decennial census (2010).
    - Data Source
        - ACEP GED Accreditation https://www.acep.org/geda/
        - Census 2019 https://www.census.gov/newsroom/press-kits/2019/national-state-estimates.html
- Medicare Readmissions
    - Indicator Measure
        - 30-day all-cause Medicare readmission rate per facility
    - Description
        - This indicator tracks data on 30-day Medicare readmission rates and the percent of the population that is age 60 or older for each county. The 30-day Medicare readmission rate is defined as the share of Medicare patients who are readmitted to the same hospital, or another applicable acute care hospital, for any reason within 30 days of discharge from the initial admission.
    - Definitions
        - **30 Day Readmissions** - patients who are readmitted to the same hospital, or another applicable acute care hospital for any reason within 30 days of discharge from the index (i.e., initial) admission.
    - Data Limitations
        - All population estimates are extrapolated from the 2010 Census. Each year, the Census Bureau's Population Estimates Program uses current data on births, deaths, and migration to calculate population change since the most recent decennial census (2010).
    - Data Source
        - CMS Hospital Compare https://data.medicare.gov/Hospital-Compare/Hospital-Readmission-Rates/92ps-fthr
        - Census 2019

https://www.census.gov/newsroom/press-kits/2019/national-state-estimates.html

- Calculation Methodology
    - Number of repeat visits for all conditions over the total number of hospital admissions calculates the 30-day all-cause readmission rates.

STRATEGY E. DEMENTIA IN FOCUS

- Cognitive Decline
    - Indicator Measures
        - Percent of adults age 65 or older who experienced subjective cognitive decline or memory loss
        - Percent of adults age 65 or older who talked with a health care professional about subjective cognitive decline or memory loss
        - Percent of adults age 65 or older who experienced functional difficulties associated with subjective cognitive decline or memory loss
        - Percent of adults 65 or older who needed assistance with day-to-day activities because of subjective cognitive decline or memory loss
    - Description

      These measures are from the Behavioral Risk Factor Surveillance System (BRFSS), a nationally coordinated, state-based, telephone-administered survey of adults. The cross-sectional health survey provides annual state-level population health estimates for health-related risk behaviors, preventive health practices, and chronic disease and injury. Note that this indicator uses weighted data.
    - Definitions
        - **Cognitive decline** - confusion or memory loss that is happening more often or getting worse, such as forgetting how to do things one has always done or forgetting things one would normally know.
        - **Cognitive disability** - those who self-reported having a physical, mental, or emotional condition which makes concentrating, remembering, or making decisions difficult.
    - Data Limitations
        - Limitations include: 1) reliant on self-reported information, 2) provides prevalence, not incidence data, 3) bias or measurement error associated with telephone-administered survey of a sample of the population (e.g., response bias, sampling variation), 4) designed to provide state-level population health estimates. CDC BRFSS Data Documentation
    - Data Source
        - BRFSS Data Portal- Alzheimer's Disease and Healthy Aging Indicators: Cognitive Decline

https://chronicdata.cdc.gov/Healthy-Aging/Alzheimer-s-Disease-and-Healthy-Aging-Indicators-C/jhd5-u27

- Calculation Methodology
  - BRFSS User Guide http://cdc.gov/brfss/data_documentation/pdf/UserguideJune2013.pdf
- Collection Methodology
  - BRFSS Data Documentation http://www.cdc.gov/brfss/data_documentation/index.htm
- Program URL
  - BRFSS Data Documentation http://www.cdc.gov/brfss/data_documentation/index.htm

- Dementia-Related Mortality
  - Indicator Measure
    - Number of dementia-related deaths per 100,000 adults (age 65 or older).
  - Description
    - This indicator tracks data on the number of dementia-related deaths per 100,000 adults age 65 or older. Dementia-related deaths include deaths attributed to unspecified dementia, Alzheimer's, vascular dementia, and other degenerative diseases of the nervous system not classified elsewhere.
  - Definitions
    - **Dementia-Related Death**. Using multiple cause-of-death data files, dementia is considered to include deaths attributed to unspecified dementia; Alzheimer disease; vascular dementia; and other degenerative diseases of nervous system, not elsewhere classified.
  - Data Limitations
    - Some cell sizes in the CDC death certificate data set are suppressed due to small numbers. All population estimates are extrapolated from the 2010 Census. Each year, the Census Bureau's Population Estimates Program uses current data on births, deaths, and migration to calculate population change since the most recent decennial census (2010). Mortality data are derived from the Multiple Cause of Death data.
  - Data Source
    - CDC death certificate data (underlying cause of death) 2008 to 2018. Accessed via the CDC WONDER tool https://wonder.cdc.gov/
    - Census Estimate https://www.census.gov/newsroom/press-kits/2019/national-state-estimates.html
  - Calculation Methodology

- Total number of dementia related deaths and divided by the total number of older adults 65+ in the county. Reported as per 100,000 population.

STRATEGY F. NURSING HOME INNOVATION

- Long Term Care Living
  - Indicator Measures
    - Percent of adults age 65 or older living in a Long-Term Care facility by payment source, race, & age
  - Description
    - This indicator tracks data on adults age 65 or older living in Long-Term Care facilities, including facilities for skilled nursing, intermediate care, congregate living health, and hospice.
  - Definitions
    - **Long-Term Care facility** – License categories include Skilled Nursing, Intermediate Care, and Intermediate Care/Developmentally Disabled, Congregate Living Health Facility and Hospice Facility
  - Data Source
    - OSHPD 2019 LTC Utilization Data https://oshpd.ca.gov/data-and-reports/healthcare-utilization/long-term-care-utilization/
    - Census 2019 https://www.census.gov/newsroom/press-kits/2019/national-state-estimates.html
  - Collection Methodology:
    - Number of licensed beds per 100,000 older adults is calculated by taking the total number of licensed beds over the total number of seniors and multiplying by 100,000.
- Skilled Nursing Facility (SNF) Availability
  - Indicator Measures
    - # of Skilled Nursing Facilities (SNFs)
    - # of SNF licensed beds per 100,000 adults age 65 or older
  - Description
    - Community-based long-term care settings, including SNFs, offer an important option for individuals who require assistance with managing their health and accessing long-term services and supports (LTSS).
  - Definitions
    - **Skilled Nursing Care** - refers to a patient's need for care or treatment that can only be performed by licensed nurses. This type of care is usually offered in hospitals, assisted living communities, Life Plan Communities, nursing homes and other certified locations. Skilled

nursing is mostly regulated by the U.S. Department of Health and Centers for Medicare & Medicaid Services (CMS). To be certified by CMS, skilled nursing communities must meet strict criteria and are subject to periodic inspections to ensure quality standards are being met.

- Data Source
  - OSHPD 2019 LTC Utilization Data https://oshpd.ca.gov/data-and-reports/healthcare-utilization/long-term-care-utilization/
  - Census 2019 https://www.census.gov/newsroom/press-kits/2019/national-state-estimates.html

- Skilled Nursing Facility (SNF) Occupancy Rate
  - Indicator Measures
    - # of SNF Residents/ # of SNF Licensed Beds
  - Description
    - Community-based long-term care settings, including SNFs, offer an important option for individuals who require assistance with managing their health and accessing long-term services and supports (LTSS). Occupancy rates are calculated by taking the number of SNF Residents divided by the SNF Licensed Beds
  - Definitions
    - **Skilled Nursing Care** - refers to a patient's need for care or treatment that can only be performed by licensed nurses. This type of care is usually offered in hospitals, assisted living communities, Life Plan Communities, nursing homes and other certified locations. Skilled nursing is mostly regulated by the U.S. Department of Health and Centers for Medicare & Medicaid Services (CMS). To be certified by CMS, skilled nursing communities must meet strict criteria and are subject to periodic inspections to ensure quality standards are being met.
  - Data Source
    - OSHPD 2019 LTC Utilization Data https://oshpd.ca.gov/data-and-reports/healthcare-utilization/long-term-care-utilization/
    - Census 2019 https://www.census.gov/newsroom/press-kits/2019/national-state-estimates.html

- Long Term Care Quality
  - Indicator Measures
    - Number of safety deficiencies per bed in skilled nursing facilities

    - Number of licensed bed counts
- Description
    - This indicator tracks data on recorded safety deficiencies per licensed SNF beds.
- Definitions
    - **Safety deficiency** is a health deficiency recorded on Nursing Home Compare and defined as a nursing home's failure to meet a federal participation requirement. Examples of deficiencies include a nursing home's failure to adhere to proper infection control measures and to provide necessary care and services.
- Data Limitations
    - Our data analysis did not account for possible variations in how State agencies conducted surveys and identified noncompliance with Federal participation requirements.
- Data Source
    - CMS Nursing Home Compare 2019 https://data.medicare.gov/Nursing-Home-Compare/Health-Deficiencies/r5ix-sfxw
    - OSHPD 2019 LTC Utilization Data https://oshpd.ca.gov/data-and-reports/healthcare-utilization/long-term-care-utilization/
    - Census 2019 https://www.census.gov/newsroom/press-kits/2019/national-state-estimates.html
- Collection Methodology:
    - # of safety deficiencies per bed was calculated by taking the sum of all safety deficiencies over the total number of licensed beds

GOAL THREE FOR 2030: EQUITY & INCLUSION, NOT ISOLATION

STRATEGY A. INCLUSION & EQUITY IN AGING

- Life Satisfaction
    - Indicator Measure
        - Percent of adults age 60 or older reporting life satisfaction of 8 or above, on a scale of 0-10
    - Description
        - This indicator is based on the survey statement, "Imagine a ladder with steps numbered from zero at the bottom to ten at the top. The top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you. On which step of the ladder would you say you personally feel you stand at this time?" (Variable ID: AC146) from the California Health

Interview Survey (CHIS). CHIS is an annual population-based, omnibus health survey of California. It is the largest telephone survey in California and the largest state health survey in the country. Note that this indicator uses weighted data.

- Data Limitations
    - Limitations include: 1) reliant on self-reported information, 2) asked of California's residential population (adults, teens, and children), administered in English, Spanish, Chinese, Korean, Tagalog, and Vietnamese. This does not include those living in group quarters or homeless persons.
- Data Source
    - CHIS Public Use Data Files https://healthpolicy.ucla.edu/chis/data/Pages/GetCHISData.aspx
- Calculation Methodology
    - CHIS Documentation Overview http://healthpolicy.ucla.edu/chis/design/pages/overview.aspx
- Collection Methodology
    - CHIS Collection Methodology http://healthpolicy.ucla.edu/chis/design/pages/methodology.aspx
- Program URL
    - CHIS Homepage http://healthpolicy.ucla.edu/chis/pages/default.aspx

- Community Support
    - Indicator Measure
        - Percent of adults age 60 or older who said people in their neighborhood are willing to help each other
    - Description
        - This indicator is based on the survey statement, "Tell me if you strongly agree, agree, disagree, or strongly disagree with the following statement: People in my neighborhood are willing to help each other" (Variable ID: AM19) from the California Health Interview Survey (CHIS). CHIS is an annual population-based, omnibus health survey of California. It is the largest telephone survey in California and the largest state health survey in the country. Note that this indicator uses weighted data. Additionally, strongly agree and agree have been aggregated for this indicator's estimates.
    - Data Limitations
        - Limitations include: 1) reliant on self-reported information, 2) asked of California's residential population (adults, teens, and children), administered in English, Spanish, Chinese, Korean, Tagalog, and Vietnamese. This does not include those living in group quarters or homeless persons.
    - Data Source

        - CHIS Public Use Data Files
          https://healthpolicy.ucla.edu/chis/data/Pages/GetCHISData.aspx
    - Calculation Methodology
        - CHIS Documentation Overview
          http://healthpolicy.ucla.edu/chis/design/pages/overview.aspx
    - Collection Methodology
        - CHIS Collection Methodology
          http://healthpolicy.ucla.edu/chis/design/pages/methodology.aspx
    - Program URL
        - CHIS Homepage
          http://healthpolicy.ucla.edu/chis/pages/default.aspx
- Employment & Housing Discrimination
    - [Indicator Measure Under Construction]

STRATEGY B. CLOSING THE DIGITAL DIVIDE

- Internet Access
    - Indicator Measure
        - Percentage of households with 1 or more persons age 65 or older with high speed (>=25mbps download) broadband availability.
    - Description
        - This indicator is based upon the number of households with persons age 65 or older and the average speed of broadband service available in that area.
    - Data Limitations
        - The broadband speed availability measure serves only as an estimate to define the average broadband speed experienced by many households within the census block and does not provide an exact number of households which do or do not exceed 25MBps per census block. The broadband data at the block level has been aggregated to the block group level and merged with the census data, creating overestimates of the number of households with individuals age 65 or older with an associated internet speed. This is because households with individuals age 65 or older which may not be included in the broadband dataset would be counted as having the corresponding service speed associated with their census block based on the broadband dataset. And because the number of households with persons 65 or older could not be determined at the block level, the broadband speed has been computed as the median broadband speed per block group.
    - Data Source
        - CPUC Broadband Maps Data
          https://www.cpuc.ca.gov/Broadband_Availability/

- Program URL
    - CPUC California Interactive Broadband Map https://www.broadbandmap.ca.gov/

- CA LifeLine Program
    - Indicator Measure
        - Number of adults age 65 or older per 100,000 households with 1 or more persons age 65 or older who participate in the California Lifeline Program
    - Description
        - This indicator is based on participation in the California Lifeline Program. The California LifeLine Program (California LifeLine) is a state program that provides discounted home phone and cell phone (including smart phone) services to eligible households. The California LifeLine discounts help consumers lower the cost of their phone bills. Each household must choose to get the discount either on a home phone or on a cell phone, but not on both.
    - Data Limitations
        - Only one discount per household is allowed (except for teletypewriter users and for Deaf and Disabled Telecommunications Program participants)
    - Data Source
        - CA LifeLine Statistics Dashboard https://public.tableau.com/views/CALifeLineStatistics/Dashboard?:language=en&:embed=y&:display_count=y&:origin=viz_share_link
    - Program URL
        - CA LifeLine Homepage https://www.californialifeline.com/en

STRATEGY C. OPPORTUNITIES TO WORK

- Employment
    - [Indicator Measure Under Construction]

STRATEGY D. OPPORTUNITIES TO VOLUNTEER AND ENGAGE ACROSS GENERATIONS

- Volunteering
    - Indicator Measure
        - Percent of adults age 60 or older who reported having volunteered to organize or lead efforts to solve problems in their community in the past year.
    - Description
        - For 2019 and later, this indicator is based on the survey question, “In the past 12 months, have you volunteered to organize or lead efforts

to help solve problems in your community?" (Variable ID: AM39) from the California Health Interview Survey (CHIS). Data are also available for years 2018 and earlier based on the survey question, "In the past 12 months, have you done any volunteer work or community service that you have not been paid for?" (Variable ID: AM36) from the California Health Interview Survey (CHIS). CHIS is an annual population-based, omnibus health survey of California. It is the largest telephone survey in California and the largest state health survey in the country. Note that this indicator uses weighted data.

- Data Limitations
  - Limitations include: 1) reliant on self-reported information, 2) asked of California's residential population (adults, teens, and children), administered in English, Spanish, Chinese, Korean, Tagalog, and Vietnamese. This does not include those living in group quarters or homeless persons.
- Data Source
  - CHIS Public Use Data Files https://healthpolicy.ucla.edu/chis/data/Pages/GetCHISData.aspx
- Calculation Methodology
  - CHIS Documentation Overview http://healthpolicy.ucla.edu/chis/design/pages/overview.aspx
- Collection Methodology
  - CHIS Collection Methodology http://healthpolicy.ucla.edu/chis/design/pages/methodology.aspx
- Program URL
  - CHIS Homepage http://healthpolicy.ucla.edu/chis/pages/default.aspx

STRATEGY E. PROTECTION FROM ABUSE, NEGLECT, & EXPLOITATION

- Self-Neglect
  - Indicator Measure
    - Number of allegations of self-neglect, APS clients age 65 or older
  - Description
    - This indicator counts the number of Adult Protective Service (APS) allegations pertaining to individual self-neglect per month as reported by the California Department of Social Services (CDSS) annually. County APS agencies investigate reports of abuse of elders and dependent adults who live in private homes, apartments, hotels, or hospitals. Cross reporting APS agencies, law enforcement agencies and the Office of the State Long-Term Care Ombudsman (OSLTCO) have the responsibility to cross-report allegations of abuse to the appropriate law enforcement agencies, public agencies, and licensing

entities having jurisdiction over these cases. These agencies include: The California Department of Health Services (DHCS) Licensing & Certification, Long-Term Care Ombudsman Programs as administrated by the California Department of Aging (CDA), The California Department of State Hospitals for reports of alleged abuse at California State Mental Hospitals, and The California Department of Developmental Services (CDDS) for reports of alleged abuse at State Developmental Centers.

- Definitions
  - **Self-Neglect**. Vulnerable adults who neglect themselves are unwilling or unable to do needed self-care. This can include such things as: not eating enough food to the point of malnourishment, wearing clothes that are filthy, torn, or not suited for the weather, living in filthy, unsanitary, or hazardous conditions, and/or not getting needed medical care.
- Data Source
  - CDSS APS Program Information https://cdss.ca.gov/inforesources/adult-protective-services
- Program URL (if applicable)
  - CDSS APS Program Benefits https://www.cdss.ca.gov/adult-protective-services

- Abuse
  - Indicator Measure
    - Number of confirmed allegations of abuse by others, APS clients age 65 or older
  - Description
    - This indicator counts the number of Adult Protective Service (APS) allegations based on abuse by others per month as reported by the California Department of Social Services (CDSS) annually. County APS agencies investigate reports of abuse of elders and dependent adults who live in private homes, apartments, hotels, or hospitals. Cross reporting APS agencies, law enforcement agencies and the Office of the State Long-Term Care Ombudsman (OSLTCO) have the responsibility to cross-report allegations of abuse to the appropriate law enforcement agencies, public agencies, and licensing entities having jurisdiction over these cases. These agencies include: The California Department of Health Services (DHCS) Licensing & Certification, Long-Term Care Ombudsman Programs as administrated by the California Department of Aging (CDA), The California Department of State Hospitals for reports of alleged abuse at California State Mental Hospitals, and The California Department of Developmental Services (CDDS) for reports of alleged abuse at State Developmental Centers.

- Definitions
    - **Abuse**. Includes allegations of abandonment, abduction, financial abuse, isolation, neglect, physical abuse, psychological/mental suffering, and sexual abuse by others.
- Data Source
    - CDSS APS Program Information https://cdss.ca.gov/inforesources/adult-protective-services
- Program URL (if applicable)
    - CDSS APS Program Benefits https://www.cdss.ca.gov/adult-protective-services

- Repeated Maltreatment
    - Indicator Measure
        - Percent of APS clients age 65 or older for whom a prior report was filed within the past 12 months
    - Description
        - This indicator counts the number of Adult Protective Service (APS) clients who had a previous report that was received in the previous 12 months as reported by the California Department of Social Services (CDSS) annually. County APS agencies investigate reports of abuse of elders and dependent adults who live in private homes, apartments, hotels, or hospitals. Cross reporting APS agencies, law enforcement agencies and the Office of the State Long-Term Care Ombudsman (OSLTCO) have the responsibility to cross-report allegations of abuse to the appropriate law enforcement agencies, public agencies, and licensing entities having jurisdiction over these cases. These agencies include: The California Department of Health Services (DHCS) Licensing & Certification, Long-Term Care Ombudsman Programs as administrated by the California Department of Aging (CDA), The California Department of State Hospitals for reports of alleged abuse at California State Mental Hospitals, and The California Department of Developmental Services (CDDS) for reports of alleged abuse at State Developmental Centers.
    - Data Source
        - CDSS APS Program Information https://cdss.ca.gov/inforesources/adult-protective-services
    - Program URL (if applicable)
        - CDSS APS Program Benefits https://www.cdss.ca.gov/adult-protective-services

- Caseload
    - Indicator Measure
        - Number of clients age 65 or older per 100,000 residents age 65 or older
    - Description

        - This indicator counts the number of Adult Protective Service (APS) caseloads per month as reported by the California Department of Social Services (CDSS) annually.
    - Data Limitations
        - Smaller counties as defined by the County Welfare Directors Association of California have been grouped for the timeline's display for de-identification purposes.
    - Data Source
        - CDSS APS Program Information https://cdss.ca.gov/inforesources/adult-protective-services
    - Program URL
        - CDSS APS Program Benefits https://www.cdss.ca.gov/adult-protective-services
- Facility Complaints (LTCOP)
    - Indicator Measure
        - Number of complaints, Residential Care Facilities for the Elderly (RCFE)
        - Number of complaints, Skilled Nursing Facilities (SNF) / Intermediate Care Facilities (ICF)
    - Description
        - This indicator tracks the number of residential care facilities for the elderly (RCFE) and skilled nursing facility (SNF)/ Intermediate Care Facility (ICF) complaints in California's Long-Term Care Ombudsman Program (LTCOP). RCFEs, or assisted living facilities, are non-medical facilities that provide a level of care that includes assistance with daily living, whereas SNFs/ICFs, or nursing homes, place emphasis on in-patient rehabilitation and medical care. All complaints reflect the number of complaints the LTCOP received per fiscal year.
    - Definitions
        - **Ombudsman**. An official appointed to investigate individual's complaints against maladministration, especially that of public authorities.
    - Data Limitations
        - Complaints that are still open at the end of the FFY are included in the following FFY data report.
    - Data Source
        - Long-Term Care Ombudsman Program https://www.aging.ca.gov/Providers_and_Partners/Long-Term_Care_Ombudsman/
    - Collection Methodology
        - The LTC Ombudsman Program identifies, investigates, and resolves complaints made by or on behalf of residents in LTC facilities and receives and investigates reports of suspected abuse of elder and

dependent adults occurring in LTC and some community care facilities. This data corresponds to federally required complaint categories.

STRATEGY F. CALIFORNIA LEADERSHIP IN AGING

- Leadership in Aging
  - Indicator Measure Under Construction

GOAL FOUR FOR 2030: CAREGIVING THAT WORKS

STRATEGY A. FAMILY & FRIENDS CAREGIVING SUPPORT

- Family & Friend Caregivers
  - Indicator measure
    - Percent of adults age 18 or older who self-identified as having provided care within the prior 12 months to a family member or friend with a serious or chronic illness or disability
  - Description
    - This measure is based on the survey statement, "During the past 12 months, did you provide any such help to a family member or friend? (Variable ID: AJ87) from the California Health Interview Survey (CHIS). CHIS is an annual population-based, omnibus health survey of California. It is the largest state population health survey in the country.
    - Note that this indicator uses weighted data.
    - This indicator includes data from the 2019 and 2020 CHIS survey.
  - Data Limitations
    - Limitations: 1) Reliance on self-reported information. 2) Asked of California's non-institutionalized population of adults, thus does not represent individuals living in institutional settings or group quarters. 3) The sample also does not include homeless persons.
  - Data Source
    - CHIS Public Use Data Files https://healthpolicy.ucla.edu/chis/data/Pages/GetCHISData.aspx
  - Calculation Methodology
    - CHIS Documentation Overview http://healthpolicy.ucla.edu/chis/design/pages/overview.aspx
  - Collection Methodology
    - CHIS Collection Methodology http://healthpolicy.ucla.edu/chis/design/pages/methodology.aspx

- Program URL
    - CHIS Homepage
      http://healthpolicy.ucla.edu/chis/pages/default.aspx

- Unpaid Caregiving
    - Indicator measure
        - Percent of adults age 18 or older who received no payment for the care they provided within the prior 12 months to a family member or friend with a serious or chronic illness or disability
    - Description
        - These measures provide data on adults age 18 or older who provided care within the past 12 months to a family member of friend with a serious or chronic illness or disability.
        - These measures are based on the survey statement, "{Are/Were} you paid for any of the hours you {help/helped} your {family member or friend} – Yes or No?" (Variable ID: AJ191) from the California Health Interview Survey (CHIS). CHIS is an annual population-based, omnibus health survey of California. It is the largest state population health survey in the country.
        - Note that this indicator uses weighted data.
        - This indicator includes data from the 2019 and 2020 CHIS survey.
    - Data Limitations
        - Limitations: 1) Reliance on self-reported information. 2) Asked of California's non-institutionalized population of adults, thus does not represent individuals living in institutional settings or group quarters. 3) The sample also does not include homeless persons.
    - Definition
        - **Paid caregiving -** This could be payment from a public program, a family member, or directly from the care recipient.
    - Data Source
        - CHIS Public Use Data Files
          https://healthpolicy.ucla.edu/chis/data/Pages/GetCHISData.aspx

    - Calculation Methodology
        - CHIS Documentation Overview
          http://healthpolicy.ucla.edu/chis/design/pages/overview.aspx
    - Collection Methodology
        - CHIS Collection Methodology
          http://healthpolicy.ucla.edu/chis/design/pages/methodology.aspx

    - Program URL
        - CHIS Homepage
          http://healthpolicy.ucla.edu/chis/pages/default.aspx

- Consequences of Caregiving
  - Indicator measures
    - Percent of adults age 18 or older who provided care within the past 12 months to a family member or friend with a serious or chronic illness or disability and experienced financial stress due to caregiving.
    - Percent of adults age 18 or older who provided care within the past 12 months to a family member or friend with a serious or chronic illness or disability and suffered a physical/mental health problem due to caregiving.
    - Percent of adults age 18 or older who provided care within the past 12 months to a family member or friend with a serious or chronic illness or disability and experienced a change in job status due to caregiving.
    - Percent of adults age 18 or older who provided care within the past 12 months to a family member or friend with a serious or chronic illness or disability and received paid family leave due to caregiving.
  - Supplemental measures
    - Percent of adults age 18 or older who provided care within the past 12 months to a family member or friend with a serious or chronic illness or disability and experienced one consequence of caregiving
    - Percent of adults age 18 or older who provided care within the past 12 months to a family member or friend with a serious or chronic illness or disability and experienced two consequences of caregiving
    - Percent of adults age 18 or older who provided care within the past 12 months to a family member or friend with a serious or chronic illness or disability and experienced three consequences of caregiving
  - Description
    - These measures are based on both individual and aggregated questions related to the consequences of caregiving among adults age 18 or older who provided care within the past 12 months to a family member or friend with a serious or chronic illness or disability.
    - This indicator includes the following measures: “Suffered financial stress”, “Suffered any physical/mental health problems”, “Had a change in job status”, “Received paid family leave”, “Experienced one consequence of caregiving”, “Experienced two consequences of caregiving”, and “Experienced three consequences of caregiving”. These measures are constructed indicators from the California Health Interview Survey (CHIS). CHIS is an annual population-based, omnibus health survey of California. It is the largest state population health survey in the country. Survey participants were asked:
      - AJ193 How much of a financial stress would you say that caring for your {family member or friend} {is/was} for you? -

Extremely stressful, somewhat stressful, a little stressful, not at all stressful
        - AJ199 During the past 12 months, have you suffered any physical or mental health problems yourself as a result of providing care to your {family member or friend}? – Yes or no
        - AJ200 Has your work situation changed because of helping your {family member or friend}, such as a change in job position, reduced number of work hours, quitting or retiring? (Check all that apply)
            - No change in job status
            - Changed job
            - Took a second job/Increased hours with current job
            - Reduced number of work hours
            - Temporary leave of absence
            - Quit job
            - Retired/retired early
            - Received paid family leave
            - I don't know
            - Other
    - Note that this indicator uses weighted data.
    - This indicator includes data from the 2019 and 2020 CHIS survey.
- Data Limitations
    - Limitations: 1) Reliance on self-reported information. 2) Asked of California's non-institutionalized population of adults, thus does not represent individuals living in institutional settings or group quarters. 3) The sample also does not include homeless persons.
- Data Source
    - CHIS Public Use Data Files https://healthpolicy.ucla.edu/chis/data/Pages/GetCHISData.aspx
- Calculation Methodology
    - CHIS Documentation Overview http://healthpolicy.ucla.edu/chis/design/pages/overview.aspx
- Collection Methodology
    - CHIS Collection Methodology http://healthpolicy.ucla.edu/chis/design/pages/methodology.aspx
- Calculation Methodology
    - This indicator is computed based on AJ193, AJ199 and AJ200 variables in the 2019 and 2020 CHIS survey.
        - People who answered "Extremely stressful", "Somewhat stressful" and "A little stressful" to AJ193 (financial stress) corresponds with the answer "Yes" to the measure of "Suffer financial stress"; People who answered "Not at all stressful" to

AJ193 (financial stress) corresponds with the answer "No" to the measure of "Suffer financial stress";
        - People who selected any of the following: "Changed job", "Took a second job/Increased hours with current job", "Reduced number of work hours", "Temporary leave of absence", "Quit job", "Retired/retired early", "Received paid family leave", "I don't know" and "Other" to AJ200 (change in work situation) corresponds with the answer "Yes" to the measure of "Have any change in job status."
        - People who answered "Yes" to one of the measures of "Suffered financial stress", "Suffered physical/mental health problems", or "Had a change in job status" are represented in the measure of "Experienced one consequence of caregiving"
        - People who answered "Yes" to two of the measures of "Suffered financial stress", "Suffered physical/mental health problems", or "Had a change in job status" are represented in the measure of "Experienced two consequences of caregiving"
        - People who answered "Yes" to all three of the measures of "Suffered financial stress", "Suffered physical/mental health problems", and "Had a change in job status" are represented in the measure of "Experienced three consequences of caregiving"
- Program URL
    - CHIS Homepage
      http://healthpolicy.ucla.edu/chis/pages/default.aspx

STRATEGY B. GOOD CAREGIVING JOB CREATION

- Caregiver Availability
    - Indicator Measure(s)
        - Number of paid caregivers per 1,000 adults age 65 or older
    - Description
        - This indicator is an overview of the number of caregivers that serve the populations of California. Merging information from the Employment Development Department's Occupational Employment Statistics with the census's population data gives a picture of the status of California's workforce. Primarily focusing on at home caregivers and the elder population that each one could serve allows for the reader to be able to visualize what areas of California are understaffed and/or underpaid as well as giving the reader population information on how to improve current programs without outpacing the workforce or population.
    - Definitions

    - **31-1011; 2010 BLS code: Home Health Aides**. Provide routine individualized healthcare such as changing bandages and dressing wounds, and applying topical medications to the elderly, convalescents, or persons with disabilities at the patient's home or in a care facility. Monitor or report changes in health status. May also provide personal care such as bathing, dressing, and grooming of patient. Illustrative examples: Home Health Attendant, Home Hospice Aide
    - **39-9021; 2010 BLS code: Personal Care Aides**. Assist the elderly, convalescents, or persons with disabilities with daily living activities at the person's home or in a care facility. Duties performed at a place of residence may include keeping house (making beds, doing laundry, washing dishes) and preparing meals. May provide assistance at non-residential care facilities. May advise families, the elderly, convalescents, and persons with disabilities regarding such things as nutrition, cleanliness, and household activities. Illustrative examples: Blind Escort, Elderly Companion, Geriatric Personal Care Aide
- Data Limitations
    - Data between both sets is using the Census Metropolitan and Micropolitan Statistical Area divisions. This data cannot be linked correctly for smaller population areas that are considered rural and thus accounts for the missing areas.
- Data Source
    - Code Information
      https://www.bls.gov/soc/soc_2010_definitions.pdf
      https://www.bls.gov/soc/2018/home.htm
    - Employment information by Code
      https://data.edd.ca.gov/Wages/Occupational-Employment-Statistics-OES-/pwxn-y2g5
    - Census
      https://www.census.gov/topics/population/age-and-sex/data/tables.2019.html
- Calculation Methodology
    - Caregivers per 1000 Seniors: SUM([Number of Employed])*1000/MAX([Estimate!!SEX AND AGE!!65 years and over]) Due the how the data is merged the elder population is attached to each record of employment. It cannot be summed but is the same for every population per year. This calculated field shows for every 1000 elders in a population there are (X) employed caregivers that could service them from Home Health Aides or Personal Care Aids.

STRATEGY C. VIRTUAL CARE EXPANSION

- Virtual Care
  - [Indicator Measure Under Construction]

GOAL FIVE FOR 2030: AFFORDING AGING

STRATEGY A. END HOMELESSNESS FOR OLDER ADULTS

- Homelessness
  - [Indicator Measure Under Construction]
- Housing Cost Burden
  - Indicator Measure
    - Percent of adult homeowners age 65 or older who spent 30% or more of their income on housing in the past year
    - Percent of adult renters, age 65 or older, who spent 30% or more of their income on housing in the past year
  - Description
    - This indicator is based on an aggregate of survey questions pertaining to monthly gross housing cost (mortgage or rent + household utility cost to include electricity, gas, water and sewer, combustible fuels), and annual gross income. Housing Cost Burden Data were made available through the Census' American Community Survey (ACS) Public Use Microdata Sample (PUMS) API. ACS is a national, annual, population-based, internet/mail/telephone/ personal-visit survey documenting characteristic information on individuals, and households. Note that this indicator uses weighted data.
    - Visualization values derived from variables including:
      - GRPIP: gross rent as a percentage of household income past 12 months
      - OCPIP: selected monthly owner costs as a percentage of household income during the past 12 months
      - TEN: tenure
      - HINCP and ADJINC: household income in the past 12 months and adjustment factor for income and earnings
      - NP: Number of persons associated with housing record
      - HISP, RAC1P, and RELP/RELSHIPP – Hispanic origin and race of homeowner
  - Data Limitations
    - Limitations include: 1) reliant on self-reported information, 2) asked of residential population (adults, teens, and children), administered in English, and Spanish. This dataset does not include homeless persons and institutionalized populations such as individuals living in group

quarters. 3) This data should not be compared to Census 2000 gross rent as a percentage of household income data since tables were not released for total renter-occupied units.

- Data Source
  - ACS PUMS (retrieved via R tidycensus using the Census API) https://www.census.gov/programs-surveys/acs/microdata.html
- Calculation Methodology
  - Indicator % = Sum of individuals whose gross housing cost exceeded 30% of their household income (where 30% = monthly gross housing cost / monthly household income) / Sum of all individuals with a gross housing cost and income
  - Census design https://www.census.gov/programs-surveys/acs/methodology/design-and-methodology.html
  - Census PUMS technical documentation https://www.census.gov/programs-surveys/acs/microdata/documentation.html
- Collection Methodology
  - ACS collection methodology https://www.census.gov/programs-surveys/acs/methodology/design-and-methodology.html
- Program URL
  - https://www.census.gov/programs-surveys/acs/microdata/documentation.html

STRATEGY B. INCOME SECURITY AS WE AGE

- Income Security & Poverty
  - Indicator Measure
    - Percent of adults age 65 or older with household income below the California Elder Index
  - Description
    - This indicator is based on data made available by the University of California, Los Angeles (UCLA) on household income relative to the California Elder Index (CEI) and the Federal Poverty Level (FPL) for the population of California adults age 65 or older. The CEI measures the basic cost of living in each California county, including costs for housing, food, healthcare, and transportation. The FPL is a federal guideline used to determine financial eligibility for certain public programs.
    - Visualization values derived from variables including:
      - **California Elder Index (CEI):** A dollar amount reflecting the basic cost of living faced by adults age 65 or older in each California county, including costs for housing, food,

healthcare, and transportation. See https://healthpolicy.ucla.edu/elderindex.
        - **Federal Poverty Level (FPL)**: A dollar amount based on poverty thresholds updated each year by the Census Bureau and adjusted by the U.S. Department of Health and Human Services for use for administrative purposes. See https://aspe.hhs.gov/poverty-guidelines.
        - **Below CEI & 0-99% FPL**: Share of older adult population with household income that falls below the CEI and between 0-99% of the FPL. This population is generally considered to be below poverty.
        - **Below CEI & 100-199% FPL**: Share of older adult population with household income that falls below the CEI and between 100-199% of the FPL. This population is commonly referred to as the "near poor."
        - **Below CEI & 200% FPL+**: Share of older adult population with household income that falls below the CEI and above 200% of the FPL. This population is commonly referred to as the "hidden poor."
    - Data Limitations
        - The Income Security by Characteristic visualization shows data for the population by homeowner status and by race/ethnicity. This information is not available at the county level from the original data source and is provided only for California as a whole.
    - Data Source
        - 2019 California Elder Index data received directly from UCLA
    - Collection Methodology
        - CEI data and methods https://www.healthpolicy.ucla.edu/elderindex
- Retirement Preparedness
    - [Indicator Measure Under Construction]

STRATEGY C. PROTECTION FROM POVERTY AND HUNGER

- Affording the Cost of Living
    - Indicator Measure
        - Percent of basic cost of living covered by SSI/SSP for adults age 65 or older living alone
        - Percent of basic cost of living covered by SSI/SSP for adults age 65 or older living together as a couple
    - Description
        - This indicator tracks the proportion of older adults' expenses that are covered by SSI/SSP based on household status for each county.

- Definitions
    - **SSI Program**. A federally funded program which provides income support to eligible individuals who are aged 65 or older, blind or disabled. The program is not funded by general tax revenues not social security taxes.
    - **SSP Program**. The SSP Program is the state program which augments SSI.
    - Both SSI and SSP benefits are administered by the Social Security Administration (SSA). Eligibility for both programs is determined by SSA using federal criteria. If an eligible individual qualifies for SSI, they qualify for SSP. The benefits are in the form of cash assistance.
- Data Source
    - The UCLA California Elder Index https://www.healthpolicy.ucla.edu/elderindex
- Calculation Methodology
    - When more than one value for Annual Budget or SSI/SSP percentage, the maximum value of both is taken. Los Angeles County and Los Angeles City are two separate points but combined on the graph.

- Food Insecurity
    - Indicator Measure
        - % of low income (<200% FPL) adults age 60 or older who are food insecure
    - Description
        - This indicator is based on an aggregate of questions related to food accessibility asked to individuals whose household income was less than or equal to 200% of the federal poverty level. This food insecurity indicator (Variable ID: FSLEVCB) has the values “food security” and “food insecurity with/without hunger” and is a measure from the California Health Interview Survey (CHIS). CHIS is an annual population-based, omnibus health survey of California. It is the largest telephone survey in California and the largest state health survey in the country. Individuals were asked to evaluate the prior 12 months to reply to the following statements.
            - AM1: The food that I/we bought didn’t last, and I/we didn’t have money to get more – Often true, sometimes true, or never true.
            - AM2: I/we couldn’t afford to eat balanced meals – Often true, sometimes true, or never true.
            - AM3: Did you or other adults in your household ever cut the size of your meals or skip meals because there wasn’t enough money for food – yes or no?
            - AM3A: How often did this happen – almost every month, some months but not every month, or only 1 or 2 months?

        - AM4: Did you ever eat less than you felt you should because there wasn't enough money to buy food – yes or no?
        - AM5: Were you ever hungry but didn't eat because you couldn't afford enough food – yes or no?

      Note that the visualization for this indicator has a supplemental food insecurity measure (FSLEV) which is derived from the same food insecurity questions, but has the values "food security", "food insecurity without hunger", and "food insecurity with hunger". Also note, this indicator uses weighted data.
  - Data Limitations
    - Limitations include: 1) reliant on self-reported information, 2) asked of California's residential population (adults, teens, and children), administered in English, Spanish, Chinese, Korean, Tagalog, and Vietnamese. This does not include those living in group quarters or homeless persons.
  - Data Source
    - CHIS Public Use Data Files https://healthpolicy.ucla.edu/chis/data/Pages/GetCHISData.aspx
  - Calculation Methodology
    - CHIS Documentation Overview http://healthpolicy.ucla.edu/chis/design/pages/overview.aspx
  - Collection Methodology
    - CHIS Collection Methodology http://healthpolicy.ucla.edu/chis/design/pages/methodology.aspx
  - Program URL
    - CHIS Homepage http://healthpolicy.ucla.edu/chis/pages/default.aspx
- CalFresh Participation
  - Indicator Measure
    - Percent of adults age 60 or older who enrolled in the CalFresh Program
  - Description
    - This indicator tracks the proportion of number of CalFresh participants age 60 or older, to the population of adults age 60 or older in California. CalFresh is known federally as the Supplemental Nutrition Assistance Program (SNAP) and serves as a supplemental budget program for purchasing healthy/nutritious food for CalFresh eligible people.
  - Definitions
    - **CalFresh Eligible** – individuals meeting the CalFresh eligibility requirements https://www.cdss.ca.gov/inforesources/cdss-programs/CalFresh/eligibility-and-issuance-requirements

- Data Limitations
    - CalFresh participants exclude individuals living in a homeless household shelter, and individuals who have not lived in the country for at least five years (unless other CalFresh immigration status eligibility is met).
- Data Source
    - California Department of Social Services CalFresh Data Dashboard https://www.cdss.ca.gov/inforesources/data-portal/research-and-data/CalFresh-data-dashboard
- Calculation Methodology
    - Percent = CalFresh Participants age 60 or older / Location Population age 60 or older from California Department of Finance State and County Population Projections (2010-2060). Extracted from Report P-2: State and County Population Projections by Race/Ethnicity and Age (5-year groups): 2010-2060 (by year).
- Program URL
    - California Department of Social Services CalFresh Program Data https://www.cdss.ca.gov/inforesources/research-and-data