

The Data Dashboard for Aging: About the Data

TABLE OF CONTENTS

Table of Contents.....	1
Contributors.....	4
DEMOGRAPHICS DASHBOARD.....	5
California Population Profile.....	5
• Adults Age 60 and Older.....	5
GOAL ONE FOR 2030: HOUSING FOR ALL AGES AND STAGES.....	5
Strategy A. More Housing Options.....	5
• New Housing Options.....	5
• Affordable Housing.....	5
Strategy B. Transportation Beyond Cars.....	6
• Types of Transportation.....	6
Strategy C. Outdoor & Community Spaces for All Ages.....	7
• Park Access.....	7
Strategy D. Emergency Preparedness & Response.....	8
• Natural Hazards.....	8
Strategy E. Climate Friendly Aging.....	8
• Low-Emission Transportation.....	8
GOAL TWO FOR 2030: HEALTH REIMAGINED.....	9
Strategy A. Bridging Health Care with Home.....	9
• Gaps in Services & Supports.....	9
• Availability of Services & Supports.....	11
• Enrollment in Medicare Plans & Programs.....	14
• Activities of Daily Living.....	15
Strategy b. Health Care as We Age.....	16
• Insurance Coverage.....	16
• Usual Source of Care.....	16
• Primary Care Shortage.....	17

Strategy C. Lifelong Healthy Aging.....	18
• Life Expectancy.....	18
• Unintentional Falls.....	19
• Fall-Related Mortality.....	19
• Depression.....	19
• Suicide.....	21
Strategy D. Geriatric Care Expansion.....	21
• Emergency Department Utilization.....	21
• Geriatric Emergency Departments.....	22
• Medicare Readmissions.....	23
Strategy E. Dementia in Focus.....	24
• Cognitive Decline.....	24
• Dementia-Related Mortality.....	25
Strategy F. Nursing Home Innovation.....	26
• Long Term Care Living.....	26
• Skilled Nursing Facility (SNF) Availability.....	26
• Skilled Nursing Facility (SNF) Occupancy Rate.....	27
• Long Term Care Quality.....	28
GOAL THREE FOR 2030: equity & INCLUSION, NOT ISOLATION.....	28
Strategy A. Inclusion & Equity in Aging.....	28
• Life Satisfaction.....	28
• Community Support.....	29
• Employment & Housing Discrimination.....	30
Strategy B. Closing the Digital Divide.....	30
• Internet Access.....	30
• CA LifeLine Program.....	31
Strategy C. Opportunities to Work.....	31
• Employment.....	31
Strategy D. Opportunities to Volunteer and Engage across Generations.....	32
• Volunteering.....	32
Strategy E. Protection from Abuse, Neglect, & Exploitation.....	32
• Self-Neglect.....	32
• Abuse.....	33
• Repeated Maltreatment.....	34
• Caseload.....	35
• Facility Complaints (LTCOP).....	35

Strategy F. California Leadership in Aging	36
• Leadership in Aging.....	36
GOAL FOUR FOR 2030: CAREGIVING THAT WORKS.....	36
Strategy A. Family & Friends Caregiving Support	36
• Informal Caregiving.....	36
Strategy B. Good Caregiving Job Creation	37
• Caregiver Availability	37
Strategy C. Virtual Care Expansion.....	38
• Virtual Care	38
GOAL FIVE FOR 2030: AFFORDING AGING	38
Strategy A. END HOMELESSNESS FOR Older ADULTS.....	38
• Homelessness.....	38
• Housing Cost Burden.....	39
Strategy B. Income Security as We Age	40
• Income Security & Poverty	40
• Retirement Preparedness	40
Strategy C. Protection From Poverty and Hunger	40
• Affording the Cost of Living.....	40
• Food Insecurity.....	40
• CalFresh Participation	42

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.

Suggested citation:

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<https://letsgethealthy.ca.gov/mpa-data-dashboard/>. CA, 2021.



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 2018. 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
 - AARP Livability Index
<https://livabilityindex.aarp.org/search#California+USA>
- Calculation Methodology
 - AARP Metrics
<https://livabilityindex.aarp.org/livability-sources#housing>
- 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-systems/statistics-trends-and-reports/mcradvpartdenrolldata/monthly-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.
- Activities of Daily Living
 - Indicator Measures
 - Percent of respondents answering "Yes" to the question: "Do you have difficulty dressing or bathing?"
 - Percent of respondents answering "Yes" to the question: "Do you have serious difficulty walking or climbing stairs?"
 - Percent of respondents answering "Yes" to the question: "Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?"
 - Description
 - These indicators track data on difficulties with three types of Activities of Daily Living (ADLs) among adults age 65 or older in California and other states. Difficulties with ADLs are an indicator of need for Long-Term Services & Supports.
 - Definitions
 - **ADL.** Activities of Daily Living
 - **IADL.** Instrumental Activities of Daily Living.
 - These terms represent key life tasks that people need to manage, to live at home, and be fully independent. Difficulties with ADLs and

IADLs often correspond to how much help, supervision, and hands-on care someone needs.

- Data Limitations
 - These data represent the prevalence of ADL/IADLs, an indicator of need for LTSS. Subsequent versions of this dashboard will incorporate data from the California Health Interview Survey (CHIS) on the extent to which these needs are being met.
- Data Source
 - Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS) 2013 to 2018 annual survey data https://www.cdc.gov/brfss/annual_data/annual_data.htm
- Calculation Methodology
 - Indicators were calculated by taking the total number of survey respondents age 65 or older answering yes to the selected question and dividing that by the total number of survey respondents age 65 or older.

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 (>2,000 people per one full time provider)
 - 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. The supplemental measure, percentage of communities (defined by MSSA) that are a shortage area is provided as well. The data for this indicator was contributed by the Office of Statewide Health Planning and Development (OSHPD).
 - 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

- Primary care physician counts from the 2018 National Provider Identifier file matched with FTE estimates from survey responses collected at the time of license renewal. Population estimates from the 2016 U.S. Census Bureau 5-Year estimate.
- 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
 - OSHPD Primary Care Office
<https://oshpd.ca.gov/workforce-capacity/california-primary-care-office/>

STRATEGY C. LIFELONG HEALTHY AGING

- Life Expectancy
 - Indicator Measure
 - Number of years below the statewide average life expectancy 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 to the and exposure, 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.
- Depression
 - 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) relies on self-reported information, 2) provides prevalence, not incidence data (thus the target at best can match baseline; it cannot be lower than baseline), 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 2016, 5) respondents were not asked what age they were at the time of diagnosis; therefore data could not be stratified by age.
 - The use of “health professional” in the question limits the estimated prevalence to diagnoses by physical health practitioners and does not clearly include mental health professionals. As a result, an unknown percentage of respondents who were diagnosed by a mental health professional may have answered “No,” when the answer should have been “Yes”.
 - By counting only those respondents who have been professionally diagnosed with depression, the indicator cannot account for those individuals who, although suffering from any of the depressive spectrum disorders, may not have reported or sought help from a health professional. This could significantly underestimate the lifetime prevalence rate. This underestimation will be relatively higher in subpopulations who have a greater lack of access to healthcare.
- 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
 - California Office of Statewide Health Planning and Development (OSHPD) CA Life Tables; Analysis by California Community Burden of Disease and Cost Engine (CCB) Data Scientists
 - Program URL
 - OSHPD
<https://oshpd.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 community 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 (≥ 25 mbps 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 done volunteer work or community service in the past year that they had not been paid for
 - Description
 - This indicator is based on the survey questions, “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. 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>

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 administered 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, where-as 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

- The California Department of Aging submitted on the California Open Data Portal- Long-Term Care Ombudsman: Complaints in Skilled Nursing and Intermediate Care Facility Settings
<https://data.ca.gov/dataset/long-term-care-ombudsman-complaints-in-skilled-nursing-intermediate-care-facility-settings1>
- The California Department of Aging submitted on the California Open Data Portal- Long-Term Care Ombudsman: Complaints in Residential Care Facility for the Elderly Settings
<https://data.ca.gov/dataset/long-term-care-ombudsman-complaints-in-residential-care-facility-for-the-elderly-settings>
- 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

- Informal Caregiving
 - Indicator Measures
 - % of caregivers who responded that it was “Very Important” or “Extremely Important” to be able to provide care for their loved one so that they could keep living independently on their own.
 - Description
 - This indicator tracks data on informal caregivers, including family, friends, and others who provide caregiving support in the home to older adults and people with disabilities. Future indicators will provide data from the California Health Interview Survey on adults who provided help in the past year to a family member or friend who has a serious or chronic illness or disability.
 - Definitions
 - **Family (Informal) Caregiver** - any relative, partner, friend or neighbor who has a significant personal relationship with, and provides a broad range of assistance for, an older person or an adult with a chronic or

disabling condition. These individuals may be primary or secondary caregivers and live with, or separately from, the person receiving care.

- Data Limitations
 - This data source was conducted using aged 40+ registered voters and many reported survey results are from large metropolitan cities (e.g., San Francisco & Los Angeles County). The data was collected using a registered voter list. A total of 1,141 completed telephone interviews resulted in a margin of error of $\pm 2.9\%$
- Data Source
 - 2018 California Caregiving Survey conducted by American Directions Research and American Association of Retired Persons (AARP)
- Calculation Methodology
 - % of total responses: responses/total number of responses for each question

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 household utility cost (electricity, gas, water and sewer, combustible fuels), and annual gross income (Table number B25093 for homeowners, Table number B25072 for renters) from the American Community Survey (ACS). 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.
 - 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 Preconfigured Data Tables (retrieved via R tidycensus using the Census API)
<https://data.census.gov/cedsci/advanced>
 - Calculation Methodology
 - Indicator % = Sum of individuals whose gross housing cost exceeded 30% of their household income (where 30% = monthly gross rent / monthly household income) / Sum of all individuals with a gross housing cost and income
 - Census design and methodology
<https://www.census.gov/programs-surveys/acs/methodology/design-and-methodology.html>
 - Census ACS technical documentation
<https://www.census.gov/programs-surveys/acs/technical-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>

STRATEGY B. INCOME SECURITY AS WE AGE

- Income Security & Poverty
 - [Indicator Measure Under Construction]
- 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 Elder Care Index
<https://healthpolicy.ucla.edu/programs/health-disparities/elder-health/elder-index-data/Pages/elder-index-data.aspx>
 - 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 for census year 2010
 - Program URL
 - California Department of Social Services CalFresh Program Data
<https://www.cdss.ca.gov/inforesources/research-and-data>