

## California Department of Aging | CA 2030 | Stakeholder Engagement Interview Synthesis | June 2023

As part of the CA 2030 project, Collaborative Consulting conducted interviews to gather ideas and perspectives from various stakeholders, including partners of the aging network, aging experts, advocacy groups, state agencies, and more. Stakeholder perspectives will inform recommendations for designing a future-ready California Aging Network that can best serve future older Californians. For the CA 2030 project, **the CA Aging Network** represents the **33 Area Agencies on Aging (AAAs) and the California Department of Aging (CDA)**. The discussions with stakeholders focused on trends, challenges, and opportunities; visioning what a future-ready CA Aging Network would look like and how to achieve this vision; and sharing lessons and resources to inform and validate recommendations.

This synthesis summarizes themes from individual and group interviews encompassing **80 stakeholder voices** helping to design a future-ready CA Aging Network (See Appendix A). Stakeholder perspectives and insights are organized into the following sections, with multiple themes within each section. Appendix B highlights the insights that were shared by consumer advocacy groups.

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- Care needs are increasing in complexity.
- The intersectionality of aging and disability is growing.
- Consumer desires and preferences are evolving.
- There are greater social and health vulnerabilities.
- The eldercare and caregiving crises are growing.
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## TRENDS: CURRENT & FUTURE

Stakeholders shared perspectives on the trends the CA Aging Network should respond to that will impact older adults, people with disabilities, and caregivers within the next decade. Stakeholders also shared potential implications for the CA Aging Network for each trend (Appendix C). The trends and implications are not an exhaustive list, only what was referenced by stakeholders.

### ***California is becoming older and more diverse.***

#### **The proportion of older adults in California will increase.**

Californians are living longer, and the proportion of people entering older age ranges will grow, such as those in the over 80 age cohort. Many stakeholders highlighted the significant shift that will occur as the proportion of older adults increases relative to younger adults and children.

#### **Older adults and people with disabilities will be more diverse.**

California is a diverse state that will become even more diverse. Older adults and people with disabilities will be diverse in race and ethnicity, languages, cultures, sexual orientation, gender identity, lived experiences, urban-to-rural experiences, care needs, desires, and expectations.

### ***Care needs are increasing in complexity.***

**The number of people with dementia will increase.** Dementia will be a top health crisis experienced by older adults; “it is projected to double by 2040”. The rise in dementia will strain care systems and the workforce and increase Medicare and Medicaid spending.

*“California has one of the highest longevity rates of any state. We have an increasing proportion of our population that are older adults, and older adults include a growing group of the oldest old. That group of 80 and older could have very different interests, goals, technical abilities than the 65 to 75 or 55 to 65 group.”*

*“Services and programs must be tailored to the immense diversity of this state.”*

**Mental and behavioral health needs will grow.** Many factors contribute to increased substance use disorders, mental health disorders, and suicide among older adults. The factors contributing to this increase include isolation, lack of family or social support, the pandemic, and reduced stigma around behavioral health. There has also been a lack of focus on prevention and early intervention for older adults. Mental health needs may go undiagnosed and untreated as providers in the aging space may be less comfortable or prepared to address these needs.

*"I think we're going to have a sicker population. If you look at trends that are happening to people under 65, there's no reason to believe that we're not going to have increasing comorbidities. And mental health and behavioral health are going to be major issues."*

**Older adults will face comorbidities and increasing complexity.** As people age and live longer, they will have increasing comorbidities leading to more complex needs. Individuals will need integrated and coordinated services for an extended amount of time. The sectors will need to prepare to care for individuals with numerous comorbidities.

***The intersectionality of aging and disability is growing.***

**The life expectancy of people with disabilities is increasing.** Various advances in medical care, supportive services, and technology lead to a greater life expectancy for people with cognitive and physical disabilities. These individuals will increasingly age into the older adult community and experience the challenges of aging.

*"Because of technology and medical improvements, people are living longer, so people with disabilities are aging in a way that they hadn't in the past."*

**Older adults are aging into cognitive and physical disabilities.**

As individuals live longer, they will experience new and different cognitive and physical disabilities as they age. This will increase the proportion of older adults with a disability and will change and expand the services and supports needed.

***Consumer desires and preferences are evolving.***

**Maintaining independence and aging in the home or community settings will be desired.** Older adults are interested in keeping their quality of life, independence, and involvement in the community as they age. They want to remain at home and in a community setting, regardless of their required level of care.

**Older adults will remain in the workforce longer.** As people live longer, they may desire to work longer or need to work longer to have enough resources to support themselves. As a result, there is a need for more age-friendly and flexible work environments.

**There will be an expectation for high-quality, accessible services.** Incoming and future generations of older adults are more empowered and engaged in healthcare and will speak up for what they want. They will have higher expectations for the services and will not tolerate complicated, uncoordinated, and difficult-to-navigate experiences.

**Technological savviness will be required.** The coming generations will be used to having most everything digitized and using apps and technologies to access services. They will have an easier time navigating technology and expect it in their care experiences. There is an opportunity to leverage technology to improve care access. However, promising equity in access to and knowledge of using new technologies will be important.

*“Younger generations are not going to tolerate the way care is delivered. They're going to want more convenience, transparency, and navigation. They're going to expect the integration of technology into their whole experience.”*

***There are greater social and health vulnerabilities.***

**More older adults will experience economic instability and poverty.** The number of older adults that are low and lower-middle-income will increase, and many will be on fixed incomes with little to no savings. As the cost-of-living increases in California, older adults will struggle to pay for the necessities such as food, rent, housing maintenance, insurance premiums, and care services.

*“There will be additional pressures on resources for older adults. As the population ages, it will exacerbate further issues around caregiver support, community living, housing, and transportation. That's the default future: it'll be harder and harder for older adults to maintain.”*

**There will be increasing disparities amongst older adults.** California will see the gap between the poor and the rich widen. There will be a bifurcated care system - those who can afford to pay out of pocket for care and services and others who don't qualify for benefits and can't afford them. These disparities will result in variations in life expectancy, with some older adults, particularly BIPOC populations, dying younger, often before they reach the eligible age for government support.

**There will be a lack of affordable housing and increasing homelessness.** Housing is expensive, and there is very limited available and affordable housing. The housing crisis will lead many older adults to housing insecurity, with individuals over fifty being the fastest-growing homeless population. Older Californians' housing situations are often precarious; they are more likely to spend a large proportion of their income on housing; they face challenges affording rent increases; they may age out of their homes and be unable to find or afford a replacement home; or they may lose their homes because they can't afford taxes or maintenance requirements. Additionally, for those who become housing insecure, homeless services are not oriented toward older adults needing personal care support, dementia support, or other aging-related services.

*“We have a tremendous shortage of housing, especially affordable housing. Every eight years, the state sets a target for the number of homes needed for each income level, to meet the housing needs. California must plan for two and a half million new homes, between now and 2030.”*

**Social isolation will increase.** Societal social isolation is increasing and will impact older adults. Many noted that culture is moving away from human connection, and the pandemic exacerbated social isolation. Furthermore, older adults may live far away from families or in more rural and suburban areas, making social connections more difficult.

**Transportation challenges will isolate older adults.** Transportation access is a considerable challenge. There are transportation shortages and insufficient support to meet the needs of the aging demographic, particularly in rural areas. Transportation access is vital to independence and engagement for older adults and people with disabilities, yet the availability of public transportation varies across the state. Transportation services are “patchwork” and “dependent on the local level.”

**Climate change will pose additional risks to older adults.** Extreme weather events like flooding, fires, and heat will worsen. Older adults and people with disabilities face increased risk and negative impacts in extreme weather events. They may need help receiving emergency information, accessing evacuation transportation, and finding shelters to serve their needs.

*“We’ve got huge challenges with global warming, who knows where we’re going to be in 2030, but it certainly feels like the end times, and it’s going to disproportionately affect vulnerable populations, including older folks and folks with disabilities.”*

### ***The eldercare and caregiving crises are intensifying.***

The caregiving, health, and social care workforce is a critical service under stress. The number of people needing care exceeds the available workforce and caregivers. California needs to expand the caregiving workforce to meet the growing demographic of older adults and people with disabilities and the increased demand for services.

**There are shortages of healthcare and specialty care workers.** There is a lack of healthcare providers to deliver services to older adults. Stakeholders noted a scarcity of nurses, healthcare professionals, and mental health professionals. The shortage of mental and behavioral health providers, the retirement of many psychiatrists and mental health providers, and poor reimbursement from Medicare for mental health and substance use disorder services contribute to shortages.

*“With the aging of the population and the dearth of caregivers, there’s going to be likely a lot more people in need of services even than we see today. We foresee workforce challenges as many retirements are imminent in the next seven years as we’re looking at the aging of the caregiving population.”*

**There needs to be more direct care workers to meet the demand.** Stakeholders noted challenges in recruiting and turnover related to immigration blockages, poor living wages, and little-to-no training, support, and career advancement opportunities.

**The availability of friend and family caregivers is decreasing.** With a scarcity of paid caregivers, the care of older adults will fall to untrained friend and family caregivers, forcing some to leave the workforce. However, many older adults lack access to friend and family caregivers, don’t have children, or live far away from their children.

### ***Challenges in accessing services persist.***

**More services in rural areas are needed.** For example, 38 of the 58 counties in California are considered rural. For older adults living in rural areas, there needs to be more resources and services to support them. Instead, stakeholders described a scene where rural regions are experiencing closures of community

hospitals, lacking providers that are willing to serve in rural communities, and facing a “*nonexistent community-based care footprint.*”

**Services should be cohesive and easier to navigate.**

Understanding and navigating care services is complex. Services are fragmented across systems, but care needs to be coordinated.

*“The systems are so complex. There's the message to go to the AAA for services, but then the reality is that often, you're met with a waiting list, or you're met with eligibility guidelines that are confusing and different resources and confusion.”*

**Complicated eligibility requirements and waitlists limit**

**access.** Access challenges exist due to a lack of knowledge about available services and eligibility requirements, from being ineligible for benefits to being placed on a long waiting list.

**Older adults will face financial hardship paying for long-term services and supports.** Long-term services and supports (LTSS) are not accessible to everyone. They are expensive, and many older adults have not planned to afford them. There are yet to be solutions (government or private) that create pathways for people to afford the types and levels of care they need.

***The integration of health and social services is growing.***

**There is a greater emphasis on integrating health and social services.** There is a focus on Medi-Cal managed care through CalAIM, but stakeholders also foresee integrated care opportunities within Medicare. They noted the benefits of this shift as a holistic view of care, a focus on social conditions that impact health, and a chance to create a more “robust and intertwined network” of care for older adults. Stakeholders thought the shift towards more integrated care was positive, but many worry about the medicalization of social care.

*“We should be paying attention to the integration of healthcare and social services because that's going to happen regardless of what any of us do [and] that's where the funding is going to be. CalAIM is on the right track in terms of focusing on healthcare and supportive services, looking at social determinants of health and how they impact the whole person.”*

***Preparation for the aging demographic has political and public will.***

**Political momentum is building.** California leaders are committing resources to and preparing for its aging demographic. Stakeholders highlighted critical investments, including the Master Plan for Aging (MPA) and associated investments, the Governor's Task Force on Alzheimer's Prevention and Preparedness, CalGrows, and efforts to implement an aging lens across government agencies.

*“We have the ability in California to envision a different future, partly because of the leadership within the state; but also, the aging population will demand this of us.”*

**Public sentiment on aging is shifting.** There is a shift in public narratives around aging, increasing awareness of aging and ageism issues, and more public intolerance for ageism and inequity.

**Innovative models of care delivery are emerging.** Many promising service delivery and system reform models related to older adult care can be tested, scaled, and spread across California. Progress is being

made to develop health and social care innovations, housing models, support systems, insurance models, and community living models for older adults. Appendix F highlights the promising practices and innovative models shared by stakeholders.

**Technological innovations are advancing.** In the next ten years, technological innovations will transform aging care and support, including monitoring, virtual engagements and maintenance, artificial intelligence, and robot pets.

The implications of these trends for the CA Aging Network can be viewed in Appendix C.

### **VISION: AN AGE-FRIENDLY CALIFORNIA**

When stakeholders were asked to describe their future versions of California and the Aging Network, they often shared broad aspirations and ideas on what successful aging in California would look like. Stakeholders expressed their ideal future for older adults, including what successful aging means to them, ideal communities to live in, and inspiring care ecosystems. The following is a summary of stakeholder aspirations for older Californians.

#### ***The vision of successful aging is living an independent and self-defined life.***

**Older adults are living on their terms.** Older adults live where and how they want, their choices are honored and supported, and they are cared for in a way they would care for themselves.

*“I think a real success measurement is people living and residing where they want to, regardless of where they’re in their lifespan and what their needs are. Their choices being honored in what they want their life to look like.”*

**Older adults’ lives are filled with meaning.** Older adults’ lives are filled with opportunities to cultivate meaning and purpose, they pursue their interests, passions, and desires and have opportunities for social connection, volunteerism, and more.

**Older adults are living healthy and independently.** Older adults don’t lose their rights and independence, and care ecosystems and communities are created to promote health while support is provided across the lifespan, helping people to remain active and healthy.

#### ***Intentional communities are created for optimal aging.***

**Affordable senior housing options are available.** Policies and programs allow older adults to remain in the community; affordable housing options are provided at all income levels while supportive housing options provide wrap-around, attainable services; new living models, including intergenerational housing and home sharing, are available.

*“We should be looking at building communities, where services can go in and help a lot of people, all in one location, but also preserving people’s dignity. Giving them a nice place to live that is a community... keeping people in their homes as long as we can.”*

**Communities are intergenerational and socially connected.** Narratives around aging have shifted, and ageism is diminished in society; communities foster opportunities for intergenerational interaction and engagement while employers and volunteer organizations are accessible and inviting to older adults; older

adults are included in planning and decision-making for relatable issues; upskilling, reskilling and support are offered to those that remain in the workforce.

**Communities are accessible.** Communities are built with density, food, services, goods, and social connections. Public transportation is easily accessible from people's homes. Communities are made to allow people with differing abilities to be mobile. Businesses are accessible to people with disabilities.

**Communities are climate-resilient and emergency ready.** There is planned building and infrastructure that is more resilient to extreme weather. Emergency planning processes take into consideration the needs of older adults. Older adults are included in the emergency response network.

"We need to change our expectations about where we're building and how we're building to have more resilience in terms of flood risk and fire risk. We need to think about how we respond to climate change and how we build communities that are safe for seniors."

*Ideal care ecosystems are designed for older adults.*

**Care systems are whole-person focused and holistic.** Care systems are integrated and easy to access. Consumers can go to one place to be connected to the services they need. Information about services and eligibility is easy to understand and find. There are sufficient services to meet the demand.

"If you can change the behaviors of people in their 30s and 40s, you will save many more problems down the line... And that requires government foresight to take a long-term view."

**Care systems focus on longevity, wellness, and prevention.** Care systems ensure people "live their best life to the end." Care systems don't wait until someone reaches old age to intervene. There is an investment in prevention, wellness, and education. Care systems focus on improving the trajectory of health at an early age.

**Eligibility is based on functional need not age.** Functional needs are used as a mechanism for determining eligibility. Services are available based on need, regardless of age. Services are bundled and provided to a household to address collective needs.

"The vision is that an older adult or person with a disability, whatever their need, can go to one place and be connected to everything that they need and not have to retell their story, fill out form after form, or be put into a long queue."

**Long-term care is affordable and available to everyone.** Everyone has access to long-term services and support, regardless of income. Government and private funding mechanisms are in place for LTSS. Education about long-term care planning begins early.

**Caregiving is seen as essential for a functioning society and is paid accordingly.** The caregiving profession is respected and valued by society as an essential function. There is adequate funding and reimbursement for caregiving. There are enough trained caregivers to meet the demand and needs.

Caregivers are paid competitive wages and benefits that facilitate retention. Family caregivers are provided flexibility in their employment to care for family.

## **IDEALS: TRAITS OF A FUTURE-READY CALIFORNIA AGING NETWORK**

Stakeholders shared perspectives on how the **33 Area Agencies on Aging (AAAs) and the California Department of Aging (CDA)** can evolve to meet the trends and contribute to achieving an Age-Friendly California. Seven traits emerged that describe a Future-Ready CA Aging Network:

- 1. Be consumer-driven and relevant.** A future-ready CA Aging Network targets its programs and services to ensure they reach and serve the populations in most need. Programs and services are responsive to the changing needs of their consumers.

“Go to the people who aren’t using the system, go into the community in a different way than what has always been done to figure out what it is that is missing. Then, create a system that works for the population intended to be served.”
- 2. Be equitable and inclusive.** A future-ready CA Aging Network addresses inequities as a priority focus of its work. It identifies how intersecting inequities impact the populations they serve and tailors services to the unique diversity of each community.
- 3. Be visible and accessible.** A future-ready CA Aging Network is well-branded and visible. Older adults, caregivers, and community partners are aware of the network and its services and know how to access services. The network has the capacity to meet demand.
- 4. Demonstrate consistency across the state.** A future-ready CA Aging Network provides consumers equal access to a standard set of core services, regardless of where they live, and which local AAA serves them. Additionally, AAAs customize their offerings beyond the core services to meet the needs of their community.

“People move and the AAAs are all different, no cohesion whatsoever. There must be some level of consistency within the AAAs. I don’t think a consumer should have to figure out how the state and Older Americans Act work.”
- 5. Serve as the backbone for aging services.** A future-ready CA Aging network is the backbone for aging services and a focal point for aging in the community. The AAA is where older adults and their families connect to all the services and information they need.
- 6. Cultivate partnerships.** A future-ready CA Aging Network has strategic partnerships and alliances at the local and state level to expand its capacity to meet the needs of older adults. The CA Aging Network cultivates alignment and partnerships with CBOs, healthcare organizations, health plans, behavioral health, and other regional and statewide organizations with intersecting interests to better serve its population.

“There must be aging in everything, our healthcare institutions, our housing systems, our food systems...Aging needs to take up more space as it were because there are more of us aging.”

7. **Be performance-based.** A future-ready CA Aging Network is clear on what problems it is addressing and how it measures success. Outcomes-based measures are collected and assessed to evaluate the effectiveness of the network and its value.

The list below showcases ideas from stakeholders for how the CA Aging Network can act on the ideal traits of a future-ready network:

Ideal Trait	Ideas from Stakeholders
Be consumer-driven and relevant.	<ul style="list-style-type: none"> <li>• Develop systems and processes to identify populations most in need. Target programming and outreach to these populations.</li> <li>• Align services with consumer needs and preferences.</li> <li>• Receive input from consumers to inform the design of programs and services.</li> <li>• Use evidence-based interventions and programs.</li> </ul>
Be equitable and inclusive.	<ul style="list-style-type: none"> <li>• Address racial and ethnic, socioeconomic, and rural and urban disparities.</li> <li>• Learn from and understand the needs and desires of the diverse communities served; design policies, outreach, and services from what is learned.</li> <li>• Ensure the workforce represents the communities they are serving.</li> <li>• Develop a culturally competent workforce; deliver culturally competent programs and services.</li> <li>• Ensure the local AAAs have a geographic footprint to care for every Californian in need; have a physical presence in every county to ensure equitable access to services in outlying areas.</li> <li>• Enhance access to core services in every area of CA.</li> </ul>
Be visible and accessible.	<ul style="list-style-type: none"> <li>• Develop a memorable statewide branding and communication strategy.</li> <li>• Advertise in places where older adults, people with disabilities, and caregivers are visiting and in materials they are reading.</li> <li>• Identify celebrity spokespeople to promote and raise awareness.</li> <li>• Create materials that are culturally and linguistically competent.</li> <li>• Design appealing and user-friendly websites.</li> <li>• Agree to shared standards for all local websites, ensuring consistency and quality.</li> <li>• Develop a state-level website for people to access information for services.</li> <li>• Normalize the receipt of services and community support.</li> <li>• Educate civic and religious organizations about the CA Aging Network and its services. Partner with community organizations to help spread the word.</li> <li>• Educate healthcare partners, employers, and stakeholders to raise awareness of services.</li> <li>• Make eligibility requirements and assessments less complicated.</li> <li>• Develop a common application for benefits assistance.</li> </ul>
Demonstrate consistency across the state.	<ul style="list-style-type: none"> <li>• Determine a core set of services to deliver statewide.</li> <li>• Modify the Older Californians Act to require core services across all AAAs.</li> <li>• Allow flexibility in services designed and delivered beyond the core services.</li> </ul>

	<ul style="list-style-type: none"> <li>Establish quality metrics and benchmarks for the core services; monitor to ensure consistency and minimum standards are met.</li> </ul>
Serve as the core of aging services.	<ul style="list-style-type: none"> <li>Become the place for information on aging services and resources.</li> <li>Serve as “system service coordinators” or navigators.</li> <li>Be a part of a “No Wrong Door System” for each community.</li> <li>Develop referral networks with aging service providers within each community.</li> <li>Develop and enhance referral partnerships with healthcare and service providers.</li> <li>Develop personalized bundles of interventions, services, and referrals for older adults and people with disabilities to support the life they want.</li> </ul>
Cultivate partnerships	<ul style="list-style-type: none"> <li>Become an integrated service network for older adults and people with disabilities.</li> <li>Continually grow referral networks to expand capacity.</li> <li>Develop partnerships with county departments and service providers, including healthcare, housing, transportation, veteran, education and employment services, PACE programs, independent living centers, and behavioral health providers.</li> <li>Share information bi-directionally with service providers with shared consumers.</li> <li>Pursue contracts with healthcare providers.</li> <li>Cultivate relationships with sectors working on issues that impact older adults.</li> <li>Pursue program collaboration, resource sharing, and joint funding opportunities.</li> </ul>
Be performance-based.	<ul style="list-style-type: none"> <li>Gain the resources and capacity to develop performance monitoring systems.</li> <li>Provide AAAs with technical assistance to establish and implement performance monitoring systems with meaningful measures.</li> <li>Assess the impact of programs.</li> <li>Partner with universities to develop evaluations to assess the impact of programs.</li> <li>Monitor measures that exceed regulatory requirements and measure outcomes.</li> <li>Develop a robust set of data that allows for the demonstration of need and impact.</li> </ul>

## **ACTION: ACHIEVING A FUTURE-READY AGING NETWORK**

Stakeholders shared their perspectives on what actions the CA Aging Network needs to take to become future-ready and commit to the traits identified in the section above.

### ***Address the need for change.***

A desire to change is crucial. Stakeholders noted that the CA Aging Network infrastructure is not ready for current and growing challenges and evolving needs and preferences of future generations. The older adult

care and service delivery market is “changing around them.” Stakeholders offered some change management ideas and discussed the risks of not changing.

**Anticipate and prepare for change.** Leaders must dedicate time and funding for forward-thinking, strategy, and planning practices. They must proactively identify and assess opportunities and risks and determine how to position themselves best.

**Clarify organizational goals and the desired role in a changing market.** The market is moving toward integration. The CA Aging Network must develop its future vision and programmatic goals. *Does the CA Aging Network want to be an integral part of an integrated care system for older adults or continue with their current state?*

**Risk of not changing.** Stakeholders worried that without changes, the CA Aging Network wouldn’t need to be future-ready as it won’t be that relevant. For example, the CA Aging Network will experience more competition from private entities, non-profits, and healthcare entities that can monetize and deliver similar services efficiently and effectively. Without change, the CA Aging Network will not meet the growing demand, will exist outside the integrated delivery system being created, and will fail to be relevant for future generations.

*“You have a network where some partners lack the capacity to be anything other than what they are now. I think money, structure, guidance, and training are needed.”*

*“The HCBS system that [AAAs] consider themselves the heart of is going to be funded heavily through health plans. [AAAs] need to be positioning themselves to be either a community care hub, or hub partner. They can continue to be very nice small non-profits that deliver meals. But they won't be the center of aging.”*

### **Improve workforce capacities and capabilities.**

The AAAs are “severely understaffed” and don’t have the capabilities to meet the changing market and growing needs of future generations. To create a future-ready CA Aging Network, the AAAs will need to increase staff and expand their capabilities to serve their community better. The following are workforce changes recommended by stakeholders:

**Make careers within the CA Aging Network attractive.** There are workforce shortages, and the CA Aging Network competes with many sectors for staffing. Strategies to make employment more attractive include increased funding for higher wages, career advancement pathways and training, education, and outreach efforts on the benefits of working in the field.

*“We are going to need more workers because of the increasing older adult population. It's an opportunity to think about developing new programs to recruit more workers, to train more workers like CalGROWS... Can we do something to entice more people into this field?”*

**Ensure the workforce is aligned with the population being served.** The CA Aging Network needs to prepare to meet the needs of a diverse population. They need culturally and linguistically relevant care providers. They must focus on recruiting and hiring care providers and staff “from the communities being served and benefiting the most from these programs.”

**Expand the competencies of the workforce for specific care needs.** The CA Aging Network can expand its knowledge of services and resources in the community and referral networks. In addition, it should consider building in-house expertise for various services and care needs. Stakeholders mentioned several areas where staff with specific knowledge would prove beneficial, including dementia screening and care, behavioral and mental health, suicide prevention, serving individuals with physical and cognitive disabilities, and addressing housing instability.

**Expand administrative and business development capabilities.** If there is a desire to diversify by contracting with healthcare entities, the CA Aging Network must improve its expertise in business development, contract negotiations, claims processing, evaluation, technology, and financial acumen.

***Foster greater CDA-AAA collaboration.***

Stakeholders highlighted that CDA could assume a more influential role within the network, including spearheading changes to actualize the traits identified in the previous section. The following themes illustrate the areas where stakeholders felt CDA could affect change the most.

**Shape the narrative on how people view aging and the aging network services.** Develop statewide branding, communications, and websites where people can access information on the CA Aging Network, its philosophy, and its services. Design campaigns to address stigma and negative framing of aging. Design campaigns socializing concepts on aging and longevity to help people plan and prepare for aging.

*"I believe CDA's role is in setting the tone about how we talk about aging and how we view people that use aging network services. I think they have a crucial role in flipping the narrative [away] from paternalistic."*

**Advocate for increased funding for AAA services and workforce.** Advocate at the federal and state level for funding. Motivate the state to "right size" the funding to meet population increases and demand.

**Bring more people into the caregiving workforce.** Serve as a spokesperson for the caregiving workforce and elevate the role. Launch campaigns around the value, importance, and benefit of careers in aging. Invest in programs and advocacy that strengthen the workforce through livable wages, increased training, and growing the workforce pipeline. Invest in programs to help recruit and train more workers, especially those culturally and linguistically aligned with the demographics.

**Influence change through funding and mandates.** Use the levers of CDA to influence change in the network. Facilitate dialogue with AAAs to agree on network changes, core services, metrics, etc. Modify the Older Californians Act to mandate changes such as establishing core services, requiring MOUs with service delivery partners, and developing protocols for data sharing. Identify federal funding and grants to pilot models. Identify federal funding and grants to encourage partnerships between the AAAs and other entities.

**Use data to improve quality across the network.** Focus on accountability and performance. Develop and monitor standards related to the quality of services and outcomes to encourage consistency across AAAs. Streamline reporting to reduce reporting burden. Develop a performance dashboard at the state level, promoting transparency and addressing variability across the AAAs. The dashboard should not be punitive but used to identify strengths, manage gaps, and share lessons. Identify and share best practices on what is working across the network.

*“There must be some consistency in the AAAs and how they take the Older Americans Act. I think that’s the job of CDA. I think they must mandate what it is that you get to do or what your AAA does in every municipality.”*

**Promote an aging lens across state departments.** Help bring an aging lens across every government department and sector. Educate departments on aging and how it intersects with and impacts their sector.

**Coordinate aging services at the state level.** Identify the points of redundancy, duplication, and inefficiency within and across aging services. Then, identify and pursue opportunities for improvement through collaboration and partnership. This should occur across departments and at the state and local levels. The changes that need to occur include coordinating programs, implementing cross-departmental strategies, advocating collectively across departments, and integrating funding. Some stakeholders suggested that aging services could be integrated into one department for more effectiveness. Various structures were offered:

- California Department of Rehabilitation and CDA could be combined into a Department of Community Living.
- CDA could be embedded in a larger structure, such as within the California Department of Social Services
- Adult Protective Services and In-Home Supportive Services could be integrated with CDA.

*“Who’s leading? Who’s in charge? If [AAAs] are all just in charge in their lanes, they’re going to only be able to do so much, as opposed to really looking holistically at all the resources that are being brought together, including funding.”*

### **Assess local AAA governance structures.**

Stakeholders highlighted that the varying governance structures and sizes of the AAAs add to their unpreparedness to meet the scale and complexity of the needs of future older Californians. They explained that those differences contribute to inequities in service access, service quality across the state, and variation in capacities and capabilities. They underscored that the CA Aging Network needed to adapt organizational structures that could respond to the growing demand and changing needs of older adults, provide holistic and integrated aging services, partner with managed care, and ensure equitable and consistent service delivery. Stakeholders highlighted the benefits of being part of a county structure and not being a part of a county structure.

*“For the AAAs to become more effective we must identify capacities and capabilities and organizational structures that will help them be more effective. Look at what San Diego Age Well is doing, look at what LA County is doing. And look at New York State - their AAAs are lodged in the County as the home base. And that provides the freedom for all these wonderful community groups to do the actual work of serving people, but in a way that’s accountable and delivers outcomes with equity.”*

### **Perceived Benefits of a County Structure:**

- Ability to build relationships and coordinate efficiently across departments providing services to the same population.
- Greater potential to integrate services and incorporate the aging perspective into departments working on issues that impact older adults.
- Access to County infrastructure and resources, including buildings, IT, training and support systems, payroll systems, HR and contracting, and legal services.
- More visibility and recognition in the community due to County branding.
- Accountability to and input from locals if tied to the Board of Supervisors.

### **Perceived Benefits of a Non-County Structure:**

- Less bureaucracy and restrictions.
- Easier to fundraise and secure grants.
- More flexibility for innovation in how programs and services are delivered.
- Less political influence on operational and service delivery decisions.

### ***Diversify and increase funding resources.***

The CA Aging Network is “dreadfully” underfunded. Most of the funding has come from the Older Americans Act, with the rest “cobbled together” from government grants and philanthropy. The CA Aging Network will need increased resources to maintain and grow its workforce, grow programs and services, and position within the modern market. Stakeholders made suggestions to increase and diversify funding.

**Advocate for more funding.** The CA Aging Network and other partners must demand that aging systems and services are better funded and that the budget keeps pace with the changing needs and demographics. Advocacy efforts must happen at the local, state, and national levels for public funding increases to meet growing demands.

**Pursue alternative revenue-generating opportunities.** AAAs must diversify their funding sources to scale services. Stakeholders suggested alternative revenue sources, including:

- **Health plans and health systems:** AAAs can develop contractual relationships with health plans for enhanced care management and provision of community-based services. This can include developing partnerships through CalAIM, Medicare Advantage, private health plans, and healthcare providers.
- **Private pay:** AAAs can explore private pay and sliding scale models.
- **Fundraising and grants:** AAAs can pursue grants to test new services and care and service delivery models.

*“The big issue is the diversification of funding sources. I think it’s going to be very hard to thrive with just Older Americans Act funding. That means partnerships and probably some risk-taking and engagement in conversations and partnerships they never were involved in before.”*

**Enhance advocacy activities.**

The CA Aging Network should engage in collective advocacy efforts to support policies that strengthen its funding and enhance care and services. Stakeholders shared ideas on how the CA Aging Network could expand and approach advocacy efforts.

**Continue advocating for the CA Aging Network's existence and funding.** Advocacy efforts should focus on favorable state policies, programs, and funding to strengthen the network. The CDA and the AAAs should advocate together to enhance their influence. They should support advocacy efforts with stories and data to demonstrate impact and the gaps between need and available services.

*“Everybody needs to be aligned on the ultimate North Star aim. What are we trying to accomplish? Making sure that AAAs and the Aging Network are all clear about direction... about change and making sure that they’re prepared for that.”*

**Partner with organizations to advocate around aligned interests.** Participate in advocacy beyond the implementation and funding interests of the CA Aging Network. Identify sectors, organizations, and advocacy groups to partner with where there is alignment in advocacy issues. Develop shared platforms and advocate for favorable policies to enhance care, services, and well-being for older adults.

*“We need to see more advocacy, and it can’t be done in silos of advocacy... We must pull in housing; we must pull in transportation, we must figure out first, what is our platform and then second, how to pull in partners that are powerful to be part of it.”*

**Mobilize older adults.** Educate and organize older adults to engage in the political process and advocacy around issues that impact them. Build communities of consumer advocate volunteers through the CA Aging Network at the local and state level.

Stakeholders offered the following policy areas to consider for future advocacy efforts:

Policy Area	Advocacy Issues and Topics Suggested by Stakeholders
Caregivers and Workforce	<ul style="list-style-type: none"> <li>• Sustainable living wages for caregivers and direct care workers</li> <li>• Investment in recruitment and training of the care workforce</li> <li>• Investment in colleges to expand workforce training and credentialing programs</li> <li>• Immigration reform to increase the pool of available workers</li> </ul>
Emergency Preparedness	<ul style="list-style-type: none"> <li>• Investment in support for older adults during disaster preparedness and response</li> <li>• Investment in creating climate-resilient homes and communities</li> <li>• Climate change mitigation and adaptation</li> </ul>
Healthcare and Service Financing	<ul style="list-style-type: none"> <li>• Investment in the AAA systems and services</li> <li>• Funding to expand care and services for older adults and people with disabilities</li> <li>• Increased reimbursement rates within Medicare and Medi-Cal and specialized services like mental health and behavioral health</li> </ul>

	<ul style="list-style-type: none"> <li>Supporting rural hospitals and health providers to stay financially stable</li> </ul>
Housing	<ul style="list-style-type: none"> <li>More affordable housing for older adults</li> <li>Tax incentives for developers of affordable housing</li> <li>Regulations of the housing market</li> <li>Investments in subsidies to help older adults remain in their homes</li> <li>Investment in permanent supportive housing, housing choice vouchers, rental subsidies, and home modifications for older adults</li> <li>Allowance of multi-family housing and cooperative housing models where older adults can live together and share benefits</li> </ul>
Income	<ul style="list-style-type: none"> <li>Ensurance of a basic income level for all older adults, regardless of immigration status</li> <li>Increased SSI and SSP base incomes</li> </ul>
Long-Term Services and Supports	<ul style="list-style-type: none"> <li>Federal long-term care benefit through Medicare</li> <li>Universal long-term care benefit</li> <li>Publicly funded LTSS benefits</li> <li>Expanded access to Medi-Cal LTSS benefits</li> <li>Buy-in options into Medi-Cal LTSS benefits</li> </ul>
Older American's Act	<ul style="list-style-type: none"> <li>Modernize to meet the modern care environment</li> <li>Mandate for a shared set of core services for all funded programs</li> <li>Key principles for all funded programs to meet</li> <li>Investment in resources and funding to develop a No Wrong Door system infrastructure</li> </ul>
Transportation	<ul style="list-style-type: none"> <li>Increased accessibility for older adults, including additional bike lanes, pedestrian paths</li> <li>Additional public transportation options</li> <li>Subsidies for alternative mobility options, such as e-trikes and scooters</li> </ul>

## CONCLUSION

The stakeholders represented a variety of sectors, organizations, and perspectives. The multitude of ideas and considerations shared by stakeholders will be vital in informing the recommendations of the CA 2030 initiative. There is widespread consensus that the future ecosystem for older adults, people with disabilities, and caregivers needs to be better than it is today, and the CA Aging Network has an integral role in achieving this future. Although to take on that integral role, stakeholders agree that the future-ready CA Aging Network must look and act very differently from today.

## APPENDIX A: INTERVIEWEE ORGANIZATIONS

<b>Associations</b>
California Assisted Living Association
California Association of Area Agencies on Aging
California Association of Health Facilities
California Association of Health Plans
California Foundation for Independent Living Centers
California State Association of Public Administrators, Public Guardians and Public Conservators
California State Independent Living Council
County Behavioral Health Directors Association of California
County Welfare Directors Association of California
LeadingAge California
<b>Community-Based Organizations</b>
Health Projects Center
Helping Hands Senior Foundation
Institute on Aging
Jewish Family Service of Los Angeles
Los Angeles LGBT Center
OpenHouse
Partners in Care Foundation
<b>Consumer Advocacy Groups</b>
AARP California
AARP Public Policy Institute
Alzheimer's Association, Northern California & Northern Nevada
Alzheimer's Los Angeles
Alzheimer's San Diego
Bet Tzedek Legal Services

California Alliance of Caregivers, Inc.
California Budget & Policy Center
California Disability Services Association
Disability Rights California
Family Caregiver's Alliance
Justice in Aging
SAGE
San Francisco Gray Panthers
United Ways of California
<b>Funders</b>
Archstone Foundation
Grantmakers In Aging
Metta Fund
The SCAN Foundation
<b>Historians</b>
American Geriatrics Society
California Commission on Aging
Office of California Governor Gavin Newsom
<b>State Government</b>
California Behavioral Health Planning Council
California Commission on Disability Access with California Department of General Services
California Department of Aging
California Department of Developmental Services
California Department of Health Care Services
California Department of Health Care Access and Information
California Department of Housing & Community Development

California Department of Social Services
California Department of Rehabilitation
California Department of Veterans Affairs
California Governor's Office of Emergency Services
California Labor & Workforce Development Agency
California State Assembly Committee on Aging and Long-Term Care
California Senior Legislature
Office of California Governor Gavin Newsom
Triple-A Council of California
<b>Thought Leaders</b>
American Society on Aging
Fordcastle
Milken Institute Center for the Future of Aging
West Health
<b>Researchers</b>
Scripps Gerontology Center
Mathematica
University of California San Francisco, Zuckerberg San Francisco General Hospital

## APPENDIX B: CONSUMER ADVOCACY PERSPECTIVES

As part of the CA 2030 stakeholder engagement, we conducted interviews with consumer advocacy groups. Interviewees had varying levels of familiarity and interaction with the CA Aging Network. This addendum highlights the perspectives of consumer advocates, whose voices have been summarized below to ensure prominent representation.

Section	Theme	Consumer Perspective
<b>Aging Trends and Implications for the CA Aging Network</b>	<b>California is undergoing a significant population change. It is becoming older and more diverse.</b>	<p><b>California will be older and more diverse in the coming decade.</b> The state will be home to more older adults, that represent a greater share of the state’s population. This demographic shift will be accompanied by greater diversity in terms of language, sexual orientation, gender identity, care needs, race, and ethnicity. Older adults from different cultural backgrounds will have different expectations and preferences to meet their specific care needs.</p> <p><i>“There will be greater ethnic diversity in our state, and I think the AAAs must be prepared for that because they fund a lot of multipurpose senior centers, and a lot of those senior centers do a great job of bringing in ethnically diverse foods, ethnically diverse programming and so forth, but some do not. They need to pay attention to demographic changes in their communities. Their communities may have started off working-class white, maybe now they’re all Latino, so they must look at the community and respond to it.”</i></p>
	<b>The complexity of care needs for older adults will increase. As a result, the need for caregivers, coordination, and integration will increase.</b>	<p><b>The number of people with dementia will increase.</b> There is a growing population of people living alone with dementia who need extra help to get the services that they need. There should be dementia care navigators at every AAA to help people with dementia and more proactive education to help people understand the diseases and what services are available to help their families.</p> <p><i>“I think it’s going to become far more problematic for seniors, people with disabilities, and especially people living with dementia, and their families, to be able to access services like the AAAs, and even be able to get physically to them or get to other locations that provide these kinds of services.”</i></p>
	<b>There is an eldercare and caregiving crisis.</b>	<p><b>Changing family structures and dynamics translates to fewer people serving as family caregivers.</b> Stakeholders believe that fewer older adults in the Baby Boomer generation chose to have families and children. Additionally, within families, many adult children move away from their parents or cannot afford to remain in California. Demand for paid caregivers will increase as kin-less older adults need care, and long-distance caregiving from adult children is more common.</p> <p><i>“We’re seeing more and more families where the child lives in San Diego, but the parents moved. I think along with the income disparities that we’re seeing, we’re</i></p>

		<p><i>seeing so many people who can afford to, leaving California, because they can make their retirement dollars stretch. You're going to see more of that long distance caregiving."</i></p> <p><b>There will be a significant shortage of workers and caregivers to support the older adult population.</b> There will be fewer younger Californians in the workforce to provide care for the large older adult population. The demand for home health aides, paid and unpaid caregivers, and other professionals who provide care to older adults will increase.</p> <p><i>"The shortage of caregivers is immense, and there are concerns over the state's ability to develop and support an adequate, sufficient, and quality workforce to support Californians."</i></p>
	<p><b>Consumer preferences will evolve.</b></p>	<p><b>Older adults will have a greater expectation of autonomy and want to receive care at home and in the community.</b> Greater interest in aging in place, negative perceptions toward residential care facilities, and a shortage of facility beds mean that older adults will be looking for alternative ways to receive the care they need. The demand for long-term services and supports (LTSS), especially home and community-based supports (HCBS), will increase for older adults to remain in their homes and avoid institutional settings.</p> <p><i>"I think people are going to increasingly want to receive care at home in the community."</i></p> <p><b>Older adults will be more technologically savvy.</b> Among the new generation of older adults, some are very comfortable with using technology and capable of operating devices to promote autonomy and social connection. The CA Aging Network needs to be aware of the opportunities and risks of older adults accessing the internet, and the need to promote equitable access.</p> <p><i>"The fact of the matter is that with the Baby Boomers shifting in, most are technology literate or have a strong desire to become computer-literate."</i></p>
	<p><b>Older adults in California will face greater vulnerability.</b></p>	<p><b>The wealth divide will widen, pushing more seniors into poverty.</b> The lower middle class, referred to as "near poor", is a concern for interviewees. Older adults are living longer and beyond their financial means and retirement savings. Many of these older adults will access public benefits for the first time in their lives. Children often assume the financial burden for needed care, perpetuating generational poverty, and reducing the amount that adult children can save for their own LTSS needs.</p>

		<p><b>Disparities will continue to increase and rollover to working adults.</b> Stakeholders observe a phenomenon where care for individuals who are ineligible for public services, and cannot afford to privately pay for the needs, is being paid for by their children. In turn, these adult children are not able to save and plan for their own aging needs.</p> <p><i>“What we’re going to see is, for lack of a better term, generational poverty. For people that don’t qualify for services, their children are going to pick up the slack, and then what’s going to happen when they get to retirement age, and they don’t have the reserve that they thought they had?”</i></p>
		<p><b>The current housing crisis will be exacerbated over the next decade.</b> The high cost of living, limited availability of affordable housing, and shortage of accessible homes will pose multiple challenges for older adults. Many older adults may find it increasingly difficult to afford housing, and those who own homes may face challenges in maintaining their properties and staying in their communities. As a result, more older adults will be forced into homelessness.</p> <p><i>“California’s aging population is facing a crisis with the affordability of housing. It’s one of the worst in the country, and it’s only expected to get worse by 2030, leading to a growing homeless population of people over 50. Many seniors are forced to live with family members or build granny flats behind their homes as they cannot afford senior care.”</i></p>
		<p><b>Social isolation and loneliness among older adults will become more prevalent, generating additional physical and mental health challenges.</b> Social isolation is becoming more common as more older adults live alone, have limited mobility or access to transportation, and have fewer opportunities for socialization. Social isolation and loneliness can cause adverse health outcomes, lower quality of life, and even higher mortality.</p>
		<p><b>Transportation challenges will increase, especially for those with cognitive and mobility impairments.</b> The CA Aging Network needs to find solutions for the older adults with certain conditions that ensures access to reliable transportation and safety once they reach their destination.</p> <p><i>“Ride share must be specialized. It doesn’t mean that the driver is at all qualified to make sure that the person with dementia, or the older person, or the person with a physical disability, or the person who is blind or hard of hearing, is able to effectively get to where they need.”</i></p>

		<p><b>California will continue to face climate-related natural disasters.</b> California will experience extreme weather events and natural disasters like forest fires and earthquakes. These disasters will pose a significant threat to the well-being of older adults, especially those who live in more remote areas of the state.</p> <p><i>“California will be burnt to a crisp from the forest fires and covered in mud and fall into the water because of earthquakes.”</i></p>
<p><b>Ideal Aging Network: Traits of a Future-Ready CA Aging Network</b></p>	<p><b>Be consumer-driven &amp; relevant.</b></p>	<p><b>The system focuses on the consumer and meeting their unique needs.</b> The network is organized to meet expectations of consumer satisfaction and an intuitive interface. Services are provided to meet the holistic needs and personal goals of everyone. Consumers are not burdened by an unnavigable and inconsistent system of programs and services. Information and services are accessible through a statewide three-digit phone number with operators standing by would help elderly and disabled people with any questions or concerns.</p> <p><i>“More person-centered care as well. Person-centered more on individual needs instead of a one size fits all approach. More individualized. Adjust your care and all the services to meet the individual’s own personal goals and needs.”</i></p>
	<p><b>Be age positive.</b></p>	<p><b>The network promotes a positive change in attitudes and beliefs toward aging.</b> The network works to create a more inclusive and receptive society towards the aging population by embracing aging as a celebrated experience and bridging the disconnect between older and younger generations. The network collects and shares personal stories that highlight the value of older adults as sources of experience and wisdom.</p> <p><i>“The culture shift is creating a society that is more inclusive, receptive, open to the process of aging and also the value of aging populations.”</i></p>
	<p><b>Be equitable and inclusive.</b></p>	<p><b>The CA Aging Network effectively engages with and responds to the unique needs of culturally and linguistically diverse communities.</b> AAAs build relationships with local providers and advocacy groups to develop cultural awareness to serve communities of diverse backgrounds better. The CA Aging Network actively engages with its consumers and offers opportunities to bring diverse perspectives to local and state planning and advocacy activities. The network provides specialized, culturally responsive care and services tailored to diverse populations' needs and preferences. The network recruits and retains a diverse and well-trained workforce that reflects the communities served.</p> <p><i>“It’s not the space for people to come in and decide they have an idea of how to save Indian country. It’s really understanding from tribes and what their unique</i></p>

		<p><i>needs and circumstances are, and then seeing how we can create or reconfigure programs to fit tribal communities and tribal needs.”</i></p> <p><i>“There’s a lot of bullying of LGBT+ older adults that goes on in long-term care settings”</i></p>
	<p><b>Cultivate partnerships.</b></p>	<p><b>The future-ready CA Aging Network is integrated and coordinated.</b> The CA Aging Network’s policies, procedures, and regulations are modernized to reflect modern challenges. The network collaborates with cross-sector stakeholders, locally and statewide, through a No Wrong Door (NWD) approach. AAAs are connected to local resource networks and other organizations such as 211s, Caregiver Resource Centers, tribal programs, LGBTQ+ organizations, etc.</p> <p><i>“The future-ready CA Aging Network needs to be more integrated in funding and service provision, working closely with caregiver resource centers to build more integrated systems. There needs to be a “No Wrong Door” approach that eliminates silos, identifies programs, and provides a single assessment.”</i></p>
	<p><b>Be performance-based.</b></p>	<p><b>Outcomes drive measures of the CA Aging Network’s quality and success.</b> Measures of success may include greater awareness and utilization of services, consumer ability to remain in or transition back into the home, protective factors, or more streamlined access to programs and services.</p> <p><i>“How do we have a little bit more of a systems approach to performance objectives that we can all benefit from too? We still need to be able to hold ourselves accountable and benefit from high-quality care, but it’s sometimes a little bit siloed in the way we think about our outcomes and objectives.”</i></p>
	<p><b>Be visible and accessible.</b></p>	<p><b>The CA Aging Network is visible and a trusted source of information.</b> Many interviewees were unfamiliar with the CA Aging Network and the work of AAAs. The future-ready CA Aging Network is commonly understood and recognized by the public. Consistent branding and marketing efforts, coordinated as a network, increase awareness, and build trust with consumers, communities, and providers.</p>

## APPENDIX C: TRENDS & THE IMPLICATIONS FOR THE CA AGING NETWORK

Theme	Trend	Implications for the CA Aging Network
California is becoming older and more diverse.	The proportion of older adults in California will increase.	<ul style="list-style-type: none"> <li>• The CA Aging Network will see an increasing demand for services, supports, and caregivers.</li> <li>• The workforce will need to scale to meet the growing demand.</li> <li>• Older adults and people with disabilities may need services for a longer period as the life expectancy increases.</li> <li>• Service needs, interests, and goals will vary more by age group.</li> </ul>
	Older adults and people with disabilities will be more diverse.	<ul style="list-style-type: none"> <li>• Services will need to be culturally competent, relevant, and accessible in multiple languages.</li> <li>• The workforce needs to be culturally competent and aligned.</li> </ul>
Care needs are increasing in complexity.	The number of people with dementia will increase.	<ul style="list-style-type: none"> <li>• There will be greater demand for dementia-related services and caregiver supports.</li> <li>• Providers will need to be trained to serve older adults with dementia.</li> <li>• Increased screening and early detection for dementia will be needed.</li> </ul>
	Mental and behavioral health needs will grow.	<ul style="list-style-type: none"> <li>• Demand for mental health and behavioral services will increase, and services will need to be culturally competent and tailored for older adults.</li> <li>• The stigma around mental health and substance use disorders will need to be further reduced.</li> <li>• Partnerships within mental health and behavioral health need to be established.</li> </ul>
	Older adults will face comorbidities and increasing complexity.	<ul style="list-style-type: none"> <li>• Greater emphasis on care coordination and integration will be needed.</li> <li>• The CA Aging Network will need to be prepared to serve people with complex issues and a higher level of care needs.</li> <li>• There will be a need for more trained and competent caregivers.</li> </ul>
The intersectionality of aging and disability is growing.	The life expectancy of people with disabilities is increasing, and older adults are aging into cognitive and physical disabilities.	<ul style="list-style-type: none"> <li>• An enhanced and equal partnership between the aging and disability networks is needed. Both networks need to be part of decision-making.</li> <li>• Caregivers and families need adequate support to best care for older adults with disabilities.</li> <li>• The CA Aging Network needs capacity and competency to serve older adults with disabilities.</li> </ul>

Consumer desires and preferences are evolving.	Maintaining independence and aging in home or community settings will be desired.	<ul style="list-style-type: none"> <li>• There will be greater demand for in-home and community-based services.</li> <li>• There will be increased demand for affordable and accessible community-based living environments.</li> <li>• Service types and modalities will need to adapt to changing desires and preferences.</li> </ul>
	Older adults will remain in the workforce longer.	<ul style="list-style-type: none"> <li>• New partnership opportunities with employers may present.</li> <li>• There will be a need for support around upskilling, reskilling, and returning to the workforce.</li> </ul>
	There will be an expectation for high quality, accessible services.	<ul style="list-style-type: none"> <li>• Coordinated, navigable, and person-centered services will be required to meet the needs and expectations of older adults, people with disabilities, and caregivers.</li> </ul>
	Technological savviness will be required.	<ul style="list-style-type: none"> <li>• The CA Aging Network will need an online presence and technology in service delivery.</li> <li>• Older adults, people with disabilities, and caregivers will need improved access to technology, as well as support in using technology.</li> </ul>
There are greater social and health vulnerabilities.	More older adults will experience economic instability, poverty, and increasing disparities.	<ul style="list-style-type: none"> <li>• As more older adults struggle with basic needs, there will be a greater number of older adults in need of the CA Aging Network's services and supports.</li> </ul>
	There will be a lack of affordable housing, increasing homelessness, and transportation.	<ul style="list-style-type: none"> <li>• New partnership opportunities with the housing and transportation sectors will present.</li> <li>• Greater advocacy for housing and transportation solutions will be needed.</li> </ul>
	Social isolation will increase.	<ul style="list-style-type: none"> <li>• New opportunities for community building for older adults will need to be developed.</li> </ul>
	Climate change will pose additional risks to older adults.	<ul style="list-style-type: none"> <li>• Improved preparation, awareness, and partnerships for disaster preparedness and response will be needed.</li> </ul>

<p>The eldercare and caregiving crises are growing.</p>	<p>There are shortages of healthcare, specialty care, and direct care workers, and the availability of friends and family caregivers is decreasing.</p>	<ul style="list-style-type: none"> <li>• Investment in workforce development, training, incentives, wages, and career pathways will be needed.</li> <li>• Increased advocacy on issues that will improve workforce capacity, such as training programs, immigration policies, and wages.</li> <li>• The CA Aging Network needs to consider the opportunity for older adults to bolster the workforce and provide support.</li> <li>• Technology solutions will need to be adopted where appropriate and older adults will need access to technology, broadband, and training.</li> </ul>
<p>Challenges in accessing services are persistent.</p>	<p>There is a lack of services in rural areas.</p>	<ul style="list-style-type: none"> <li>• There will be a need to increase the footprint of AAAs and ensure there is equitable access to core services statewide.</li> </ul>
	<p>Services should be cohesive and easier to navigate.</p>	<ul style="list-style-type: none"> <li>• The CA Aging Network should be the central point for aging services, helping people navigate and coordinate services.</li> </ul>
	<p>Complicated eligibility requirements and waitlists limit access. Older adults face financial hardship paying for LTSS.</p>	<ul style="list-style-type: none"> <li>• Develop education campaigns to help people prepare and plan for aging and to become aware of the CA Aging Network's offerings.</li> <li>• Advocate with partners around issues that will improve access to care, such as higher reimbursement rates, additional funding, reduced eligibility requirements, and LTSS benefits.</li> </ul>
<p>The integration of health and social services is growing.</p>	<p>There is a greater emphasis on integrating health and social services.</p>	<ul style="list-style-type: none"> <li>• The CA Aging Network will encounter new opportunities to develop contractual partnerships with healthcare entities but will need to better position as a partner (e.g., demonstrate value, return on investment).</li> <li>• There will be increased competition from health plans, non-profits, and for-profits expanding into social services.</li> </ul>
<p>Preparation for the aging demographic has political and public will.</p>	<p>Political momentum is building, and public sentiment on aging is shifting.</p>	<ul style="list-style-type: none"> <li>• The political momentum can be used to advocate for necessary changes for the CA Aging Network.</li> <li>• The momentum can be leveraged to fund and implement changes.</li> </ul>
	<p>Innovative models of care delivery are presenting.</p>	<ul style="list-style-type: none"> <li>• A system should be developed to learn about and share promising practices and innovations.</li> <li>• There should be increased advocacy for funding to pilot innovations and to scale effective models.</li> </ul>
	<p>Technological innovations are advancing.</p>	<ul style="list-style-type: none"> <li>• The CA Aging Network will need to incorporate new technology into service delivery and provide services to support training.</li> </ul>

## APPENDIX D: PROGRAMS AND SERVICES FOR THE CA AGING NETWORK

Stakeholders provided perspectives on the programs and services needed within the CA Aging Network. Stakeholders highlighted that these are services that the CA Aging Network could offer that would be relevant to trends and changing consumer needs and preferences.

Service Area	Ideas on programs and services to integrate into the CA Aging Network
Behavioral and Mental Health	Screen older adults for mental health including depression, anxiety, substance use disorder, and suicide risk.
	Provide connections and referrals to mental and behavioral health services, prevention, and early intervention services for mental health and substance use disorders.
Caregiver Support	Offer caregiver support services. Have a network of caregiver supports to which you can provide information and make referrals.
Dementia	Become a community-based site to offer dementia screening and education.
Climate change and emergency preparedness	Identify and develop infrastructure that supports older adults during extreme weather events.
	Develop emergency preparedness services to help older adults during severe weather events.
	Share information and materials with older adults on emergency preparedness. Offer seminars on emergency preparedness.
	Organize older adults to participate in groups and contribute to efforts focused on climate resilience, emergency preparedness, and designing and building safer communities for older adults during extreme weather events.
Employment & Volunteerism	Offer employment services or connections to employment services-upskilling, reskilling, resume writing, interviewing, etc.
	Partner with community colleges to refer clients to skills-building, career training, and employment support services.
	Offer talks or seminars on second careers or entrepreneurship.
	Offer programs to help older adults learn technologies used in workplaces.
	Organize multi-generational volunteer activities.
	Connect older adults with volunteer opportunities.
Housing	Build a network of partners to refer consumers to housing resources that support them in finding housing, paying for housing, maintaining housing, and modifying housing.
	Offer services that help clients with home modifications and maintain their homes.
	Have bi-directional learning with housing service providers to help them understand working with older adult populations and for the CA Aging Network to learn more about homelessness and housing instability.
	Partner with housing providers to develop and implement pilots or programs such as home sharing, permanent supportive housing, greenhouse models, and intergenerational housing.
Nutrition	Innovate nutrition services. Some ideas included: offering community-based multigenerational meals, providing vouchers for dining at local restaurants, providing meals at the household level for the whole family, and continuing to offer meal delivery and meals to go.
	Coordinate with schools to offer congregate breakfast meals at schools for intergenerational engagement.

Social Connection and Community Building	Develop programs and services that support social connections.
	Offer more services where multiple generations gather. For example, activities in the parks or community centers; vouchers for services in places such as community- local gym vouchers, restaurants, etc.
	Integrate with other programs to provide services to multi-generational households; offer services to the whole family unit rather than just the older adult.
	Offer intergenerational opportunities around problem-solving to address local challenges or needs.
	Offer peer support programs where older adults volunteer to help others to address social isolation.
	Partner with travel agencies or tour groups to connect older adults to travel experiences.
	Partner with colleges to engage older adults in lifestyle classes and certificate programs.
Technology	Establish web-based and technology-based options for consumers to engage with the CA Aging Network, such as to get information on services and determine eligibility.
	Offer services to help older adults access and learn technology use.
Transportation	Connect older adults to resources for transportation assistance devices- scooters, electronic tricycles, tricycle bikes.
	Offer vouchers for transportation assistance devices.
	Establish ridesharing programs, particularly in rural areas.

## APPENDIX E: PERFORMANCE MEASURES FOR THE CA AGING NETWORK

<b>Performance Measure Areas for the Aging Network, as Recommended by Stakeholders</b>	
Service gaps in the community	Adopt measures that allow the AAAs to serve as information agents to local and state governments, providing insights on service needs and gaps at the local level.
AAA reach within local communities	Adopt measures to track what proportion of the needs in the community the AAA is meeting, including an understanding of what the scale of demand is and what percentage is being addressed by the AAA services.
Ability to access services	Adopt measures that assess how easily consumers can connect with their AAA via in-person, phone, fax, or email.
Referral success rate	Measures should be used that assess if AAAs are making proper referrals. Did the referral result in a connection to a service provider? Was that connection the right service to address the need?
Consumer satisfaction	Adopt measures to track consumer satisfaction and consumer defined impact.
Quality of life & stability	Measures should be adopted that assess the impact of the program or service on consumers' quality of life. How did the program affect the "ability to maintain independence, ability to make their own decisions, ability to remain in their home, ability to get out into the community, the ability to continue working, the ability to connect with their family and friends?"
Isolation	Adopt measures that assess the AAA's effect on social connections and isolation.
Utilization	Measures should be tracked that assess the impact services may have on healthcare utilization, such as the prevention/reduction of hospital admissions.
Health Outcomes	Adopt measures that assess the program's impact on specific health measures or outcomes tied to the program's intent.
Ability to stay in the community	Identify measures that assess the impact of the programs and services on a person's ability to remain at home and avoid institutionalization, such as a view of "deaths at home".
Health Equity	Adopt measures that assess how well the network addresses racial, ethnic, and socioeconomic disparities, as well as inequalities between rural and urban areas.

## APPENDIX F: PROMISING PRACTICES, RESOURCES, AND INNOVATIONS

Stakeholders highlighted promising practices and innovations that could inform the design and implementation of a future-ready CA Aging Network. They noted the need to develop a process for identifying, sharing, and scaling innovations and practices within and across the network. Stakeholders offered examples of promising practices, resources, and innovations. These promising practices are shared in the table below, organized by the area of the network they apply to.

Area	Promising Practices
Programs and Services	<p>Program Design</p> <ul style="list-style-type: none"> <li>• Use of community-defined practices to develop services. Community-defined practices are practices that communities have used and found to yield positive results as determined by community consensus over time. These practices may or may not have been measured empirically but have reached a level of acceptance by the community.</li> <li>• Use of data to understand need and target services: LatinosAgainstAlzheimer's, in Texas, used existing data sets to create a map that overlaid Hispanic demographic data with the availability of Alzheimer's disease resource centers and providers to identify areas with elevated risk that were underserved.</li> </ul> <p>Models of integrated and coordinated community-based care and services.</p> <ul style="list-style-type: none"> <li>• ADRCs offer an excellent example of integrated and coordinated care and support built around the individual.</li> <li>• CAPABLE (Community Aging in Place – Advancing Better Living for Elders) is a person-centered, holistic service model that helps individuals remain independent in their homes, reducing their need for institutional long-term services and support.</li> <li>• Care ecosystem developed by the UCSF Memory and Aging Center is a model designed for individuals and their families with dementia. It involves a care coordinator with access to other professionals and resources. The model could be applied to individuals with complex health and social needs.</li> <li>• Community-supported living models from the Department of Developmental Services (DDS). The support and service models DDS have developed to move individuals towards independent living in small community-based environments offer potential insights for older adult models.</li> <li>• The PACE program offers a model of “the ultimate integration of everything.” Identifying flexibility and mechanisms to adapt and scale the PACE model to serve more people and better serve rural areas would be helpful.</li> <li>• The Silver Line UK is a 24 hours a day 7 day a week call line for older adults. The service offers conversation, friendship, and connection to information on services, groups, or resources to address needs.</li> </ul> <p>Housing Models with Wrap-Around Services</p> <ul style="list-style-type: none"> <li>• Emerging PACE and permanent supportive housing demonstration projects.</li> <li>• Greenhouse homes model-small household models of skilled nursing. Care is provided in homes that are small in scale, where residents have private rooms and home-like communal spaces.</li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Hearth Inc. (Boston, MA):</b> Provides permanent supportive senior housing for formerly homeless. Their mission is to “end elder homelessness through housing, outreach, prevention, and advocacy.”</li> <li>• <b>Home-sharing models:</b> Two or more unrelated people share a house or apartment and are supported by staff trained in conflict resolution. This model can be adapted to match older adults based on criteria that lead to successful and sustained matches.</li> <li>• <b>Intergenerational housing models:</b> Promising models where people of different ages live together and share their skills and time.</li> <li>• <b>UCLA California Integrated Care Home:</b> A promising housing-based population health model.</li> <li>• <b>Veterans Support to Self-Reliance Pilot Grant Program:</b> A program that offers additional supportive services to aging veterans in permanent supportive housing.</li> </ul> <p><b>Intergenerational Engagement Models</b></p> <ul style="list-style-type: none"> <li>• <b>CoGenerate:</b> An organization that brings together “older and younger people to join forces to solve problems, bridge divides, and co-create the future.”</li> <li>• <b>Experience Corp:</b> An intergenerational, community-based volunteer tutoring program that engages people over 50 to serve as tutors to help students become better readers.</li> <li>• <b>Food Voucher Model:</b> Instead of having congregate meals, individuals are provided food vouchers to dine in the community at local restaurants of their choice.</li> </ul> <p><b>Healthy Aging and Longevity Ready Communities</b></p> <ul style="list-style-type: none"> <li>• <b>Longevity Hubs:</b> A forthcoming book by Joe Coughlin highlighting a series of innovation hubs and case studies worldwide.</li> <li>• <b>Palaces for the People:</b> A book by Eric Klineberg that highlights how rebuilding social infrastructure can help address inequality and social divisions.</li> <li>• <b>The New Map of Life report by Stanford Center on Longevity:</b> Highlights strategies to prepare for the 100-year life.</li> <li>• <b>Innovations in other countries:</b> Countries that are ahead in preparing for an aging society, including Australia, Denmark, Italy, Japan, and Singapore.</li> </ul>
<p>Workforce Training and Capacity building</p>	<ul style="list-style-type: none"> <li>• <b>Apprenticeship Innovation Fund:</b> A funding model for on-the-job training where the employer pays for the person’s time, and the government funding pays for the instructional training costs.</li> <li>• <b>IHSS training programs:</b> San Francisco, Riverside, San Bernardino, and Homebridge.</li> <li>• <b>Be Sensitive, Be Brave curriculum:</b> A foundational workshop in suicide prevention that teaches community members to act as eyes and ears for suicidal distress and to help connect individuals with appropriate services.</li> <li>• <b>Peer support specialists:</b> Peer support specialists in the workforce offer their unique lived experiences and shared experiences with the people they serve.</li> </ul>
<p>Long Term Care Insurance</p>	<ul style="list-style-type: none"> <li>• <b>Washington State:</b> State long-term care insurance program</li> <li>• <b>Japan and Germany:</b> Required investment into long-term care through workplace and insurance models. Funding is paid out based on tiered support models and acuity levels.</li> </ul>

Branding	<ul style="list-style-type: none"> <li>• First 5 California: Collective branding with local flexibility in identity.</li> </ul>
Performance Measures & Evaluation	<ul style="list-style-type: none"> <li>• Academic researchers that have focused on the aging network and AAAs were identified as valuable resources. These researchers included:             <ul style="list-style-type: none"> <li>○ Amanda Brewster, PhD, MSc, UC Berkeley (research focused on partnership networks and collective impact)</li> <li>○ Leslie Curry, PhD, MPH, Yale School of Public Health (research focused on AAAs as backbone agencies and their impact)</li> <li>○ Haley Gallo, PhD, USC Leonard Davis School of Gerontology (research focused on the impact of AAAs and measures of success)</li> </ul> </li> <li>• Partners in Care Foundation led an effort to identify standardized measures that aging service providers can and should collect.</li> </ul>
Local AAAs that were referenced as promising programs/models	<ul style="list-style-type: none"> <li>• San Diego County Aging and Independence Services (part of the County's Health and Human Services Agency)</li> <li>• San Francisco Department of Disability and Aging Services (part of the County's Human Services Agency)</li> <li>• Los Angeles County Aging &amp; Disabilities Department (its own County department)</li> </ul>