Leadership in Aging Webinar

CALIFORNIA
DEPARTMENT OF
AGING

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Webinar Logistics: Join by smart phone, tablet, or computer

- **To join audio by telephone:** 888-788-0099

- **Meeting ID:** 845 8100 2609   **Password:** 760609

- **Live captioning streamed through webinar (Zoom)**

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- **Recording, slides, and transcripts will be posted at CDA's [Hubs & Spokes Network for Aging & Disability webpage](#).**

Questions & Comments

The final 15 minutes of the webinar is reserved for questions and comments:

- Attendees joining by **webinar (Zoom)**, use the Q&A function to ask a questions or _click the raise hand button_ to join line. The moderator will announce your name or your last 4 digits of your phone number and will unmute your line.

- Attendees joining by **phone,** _press *9 on your dial pad_ to "raise your hand". The moderator will announce the last 4 digits of your phone number and will unmute your line.

- For additional information or feedback email Engage@aging.ca.gov.

Leadership in Aging Webinar Series

Wednesday, October 22
Improved AAA Performance via Partnerships with Health Plans
With Amanda Brewster, PhD, Assistant Professor of Health Policy and Management at UC-Berkeley

Coming Soon: *Promising Practices, Performance Criteria & Excellence*
With leadership from USAging (formerly the National Association of Area Agencies on Aging)

Let's learn together how we can strengthen our networks to build a just and equitable **California for ALL Ages!**

Today's Speakers

Kate Wilber, PhD

Professor

USC Leonard Davis School of Gerontology

Haley Gallo

Doctoral Student

USC Leonard Davis School of Gerontology

MEASURING THE SUCCESS OF THE AGING NETWORK

California Master Plan for Aging Webinar
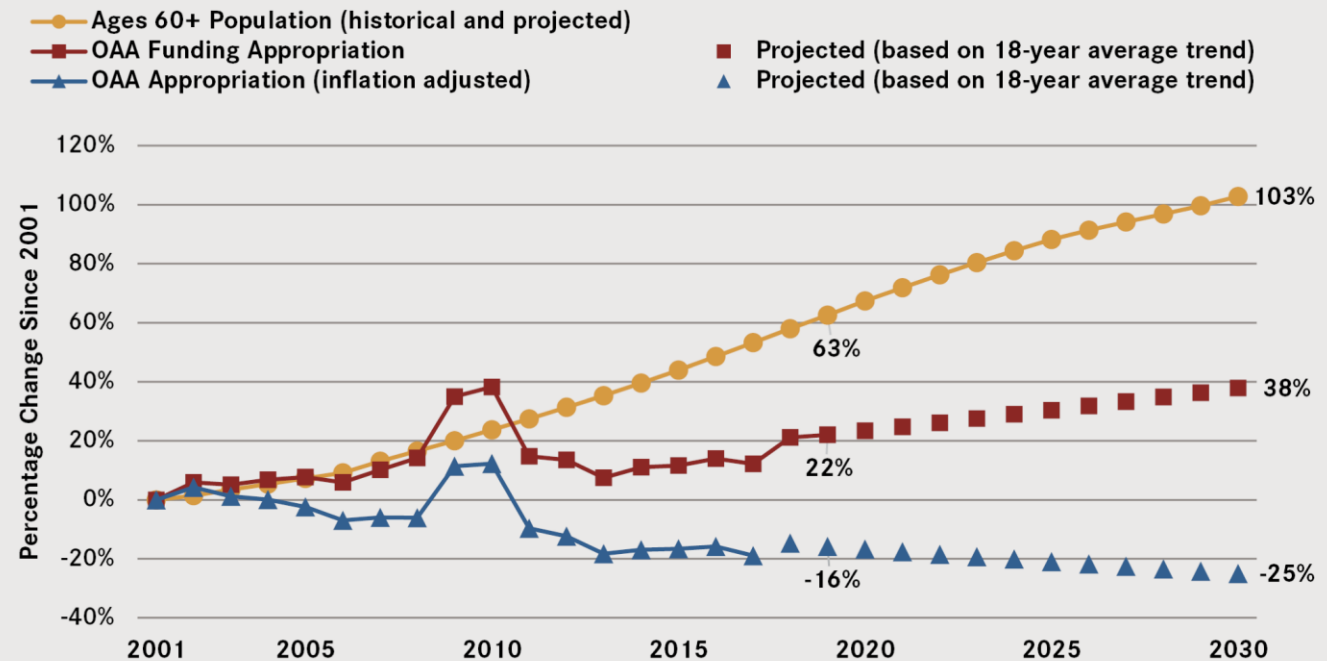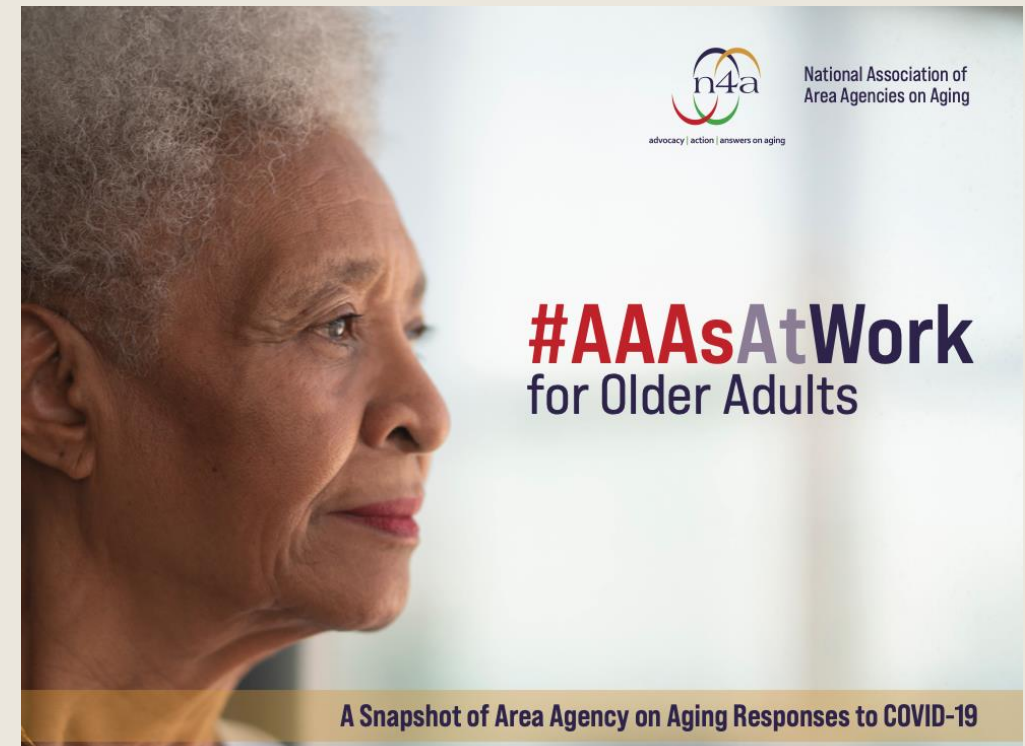*Haley Gallo and Kate Wilber*
September 15, 2021

The older adult population is growing faster than Older Americans Act Funding

Percentage Change in Actual and Inflation Adjusted Funding Allocations for Older Americans Act Programs and Ages 60+ Population 2001–30

Legend:
- Ages 60+ Population (historical and projected)
- OAA Funding Appropriation
- OAA Appropriation (inflation adjusted)
- Projected (based on 18-year average trend)
- Projected (based on 18-year average trend)

Y-axis: Percentage Change Since 2001 (-40% to 120%)
X-axis: 2001, 2005, 2010, 2015, 2020, 2025, 2030

Data labels: 103%, 63%, 38%, 22%, -16%, -25%

Ujvari, Fox-Grage, & Houser (2019)

AAAs had to be even more innovative and resourceful during the COVID-19 pandemic

National Association of Area Agencies on Aging

advocacy | action | answers on aging

#AAAsAtWork
for Older Adults

A Snapshot of Area Agency on Aging Responses to COVID-19

Special Issue: Gerontology in a Time of Pandemic, Part II: Forum

Transforming Aging Services: Area Agencies on Aging and the COVID-19 Response

Haley B. Gallo, BS* and Kathleen H. Wilber, PhD

Leonard Davis School of Gerontology, University of Southern California, Los Angeles, California, USA.

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Abstract

For over four decades, Area Agencies on Aging (AAAs) have served as focal points to help older adults remain in their homes and communities. AAAs partner with other organizations to administer services authorized under the Older Americans Act (OAA). AAAs represent loosely coupled systems; they are responsive to guidelines established by the OAA while maintaining flexibility to leverage limited resources, establish partnerships, and create innovative programs to meet community needs. As stay-at-home orders and concern for safety have kept many older adults homebound during the coronavirus disease 2019 (COVID-19) pandemic, an important question is how the Aging Network, including the over 600 AAAs, has responded to these rapidly changing needs. Although time and more systematic assessments are required, available information suggests that the loosely coupled network of AAAs has been a key, adaptable resource. This article begins with a description of the Aging Network and its history before turning to how the community-specific, collaborative, and evolving nature of AAAs places them at a unique position to respond to the challenges that arise with COVID-19. It concludes with how AAAs can continue to adapt to meet the needs of older adults and the people who care for them.

Keywords: Access to and utilization of services, Area Agency on Aging, COVID-19, Public policy

To Support Older Adults Amidst The COVID-19 Pandemic, Look to Area Agencies On Aging

Amanda L. Brewster, Traci L. Wilson, Suzanne R. Kunkel, Sandy Markwood, Tanya B. Shah

APRIL 8, 2020   10.1377/hblog20200408.928642
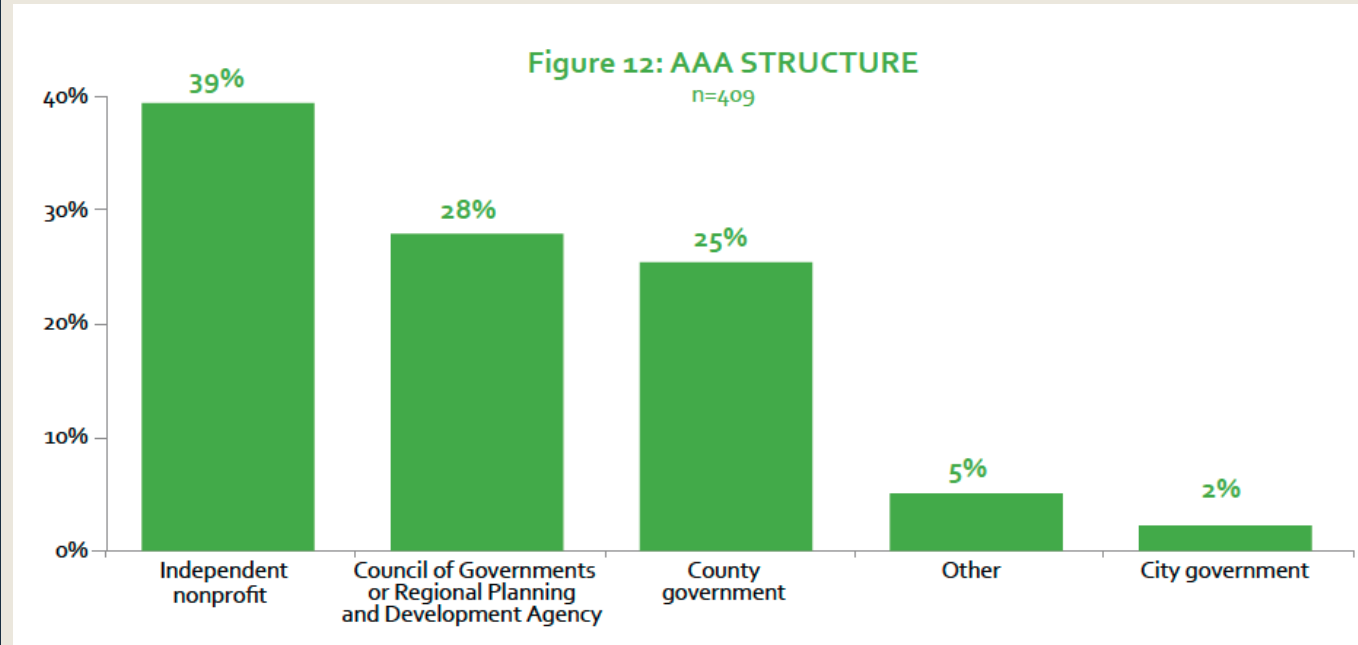

★ ADD TO FAVORITES   ⟨ SHARE

Characteristics of AAAs in the U.S.

- There are 622 AAAs in the U.S.
- AAAs take on a range of structures
- AAAs offer a variety of services

Characteristics of AAAs in the U.S.

Source: n4a (2017)

Figure 12: AAA STRUCTURE
n=409

- Independent nonprofit: 39%
- Council of Governments or Regional Planning and Development Agency: 28%
- County government: 25%
- Other: 5%
- City government: 2%

Characteristics of AAAs in the U.S.
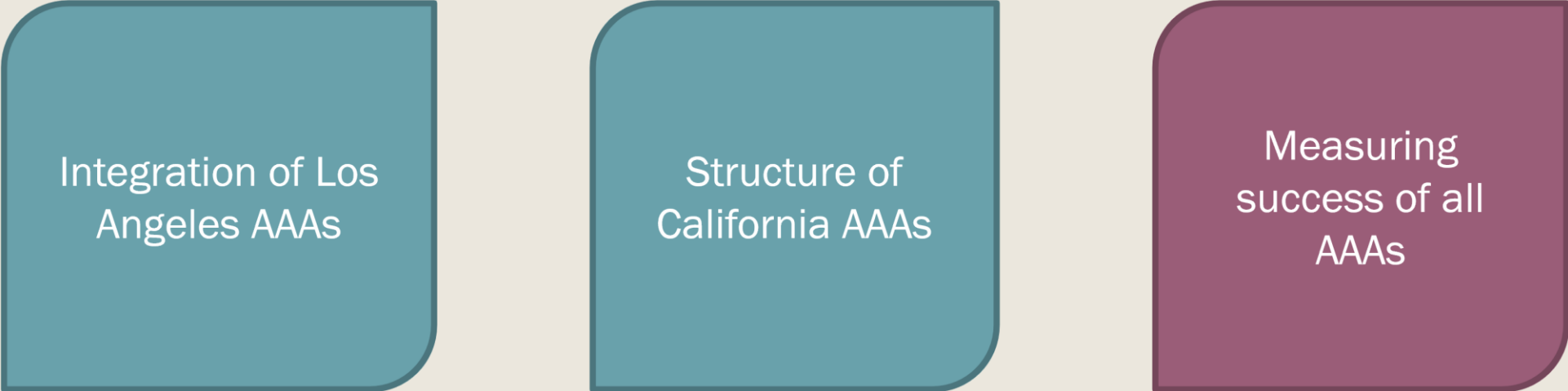
Source: 2020 Fast Facts: National Survey of AAAs

On average, AAAs provide 27 services to help ensure older adults have the supports they need to continue living at home and in their communities for as long as possible.

AAAs provide an average of 27 services

Background

- Stakeholder themes:
  - *AAA structure*
  - *Less "bean counting"*
  - *Focus on client outcomes*

- How can we do this?

Building on previous work

Integration of Los Angeles AAAs

Structure of California AAAs

Measuring success of all AAAs

Purpose of the study

- Examine whether, and how, the Aging Network should measure "success" of Area Agencies on Aging

- Include Aging Network experts to inform reasonable, equitable, and measurable indicators of success

- Identify factors that should be avoided in measuring success, including commonly used indicators that are not accurate or reliable, and indicators that should be updated post-COVID-19

What is the Delphi Method?

A technique that includes subject matter experts to build consensus on a topic

Multiple rounds:

- *Experts express their opinions*
- *Opinions are summarized and grouped into a new question list*
- *Experts reassess based on peer responses*
- *Small group finalizes recommendations*

"All those in favor say 'Aye.'"
"Aye."
"Aye."
"Aye."
"Aye."
"Aye."

© Henry Martin (The New Yorker Collection/The Cartoon Bank)

Who participated?

■ 67 people with a range of experiences related to the Aging Network throughout the U.S.

- – *Regions*

- – *Structures*

- – *Roles*

- – *States*

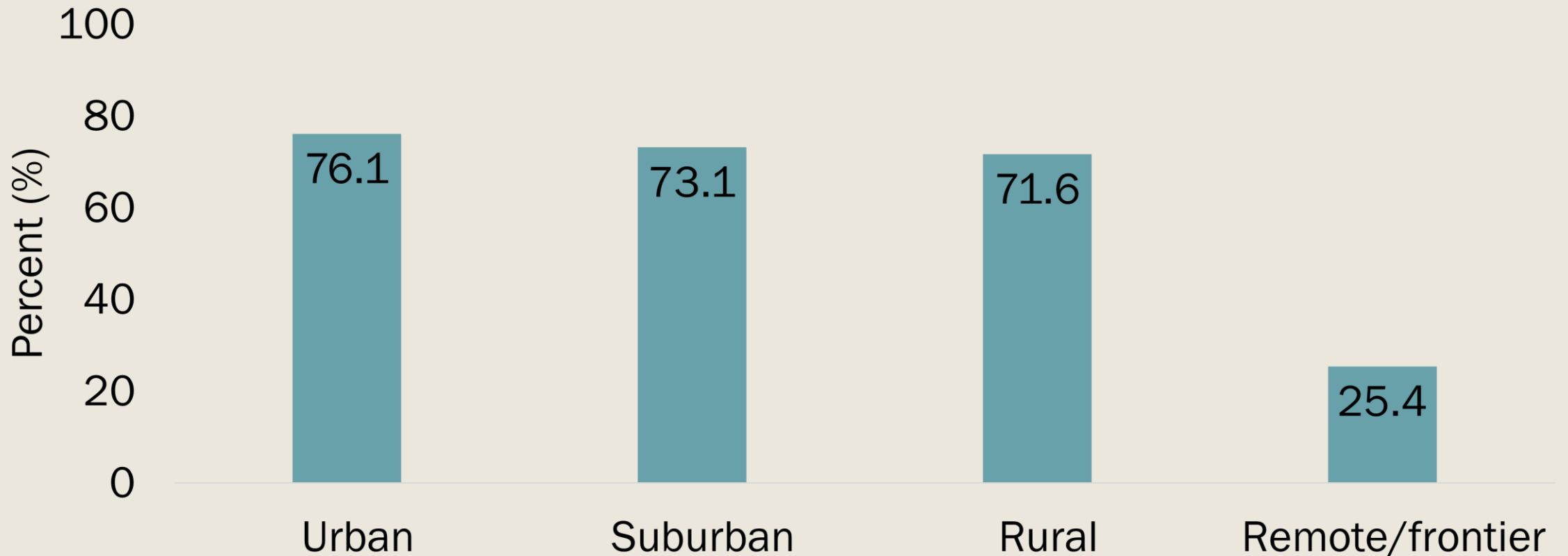# Which category best represents your current affiliation?
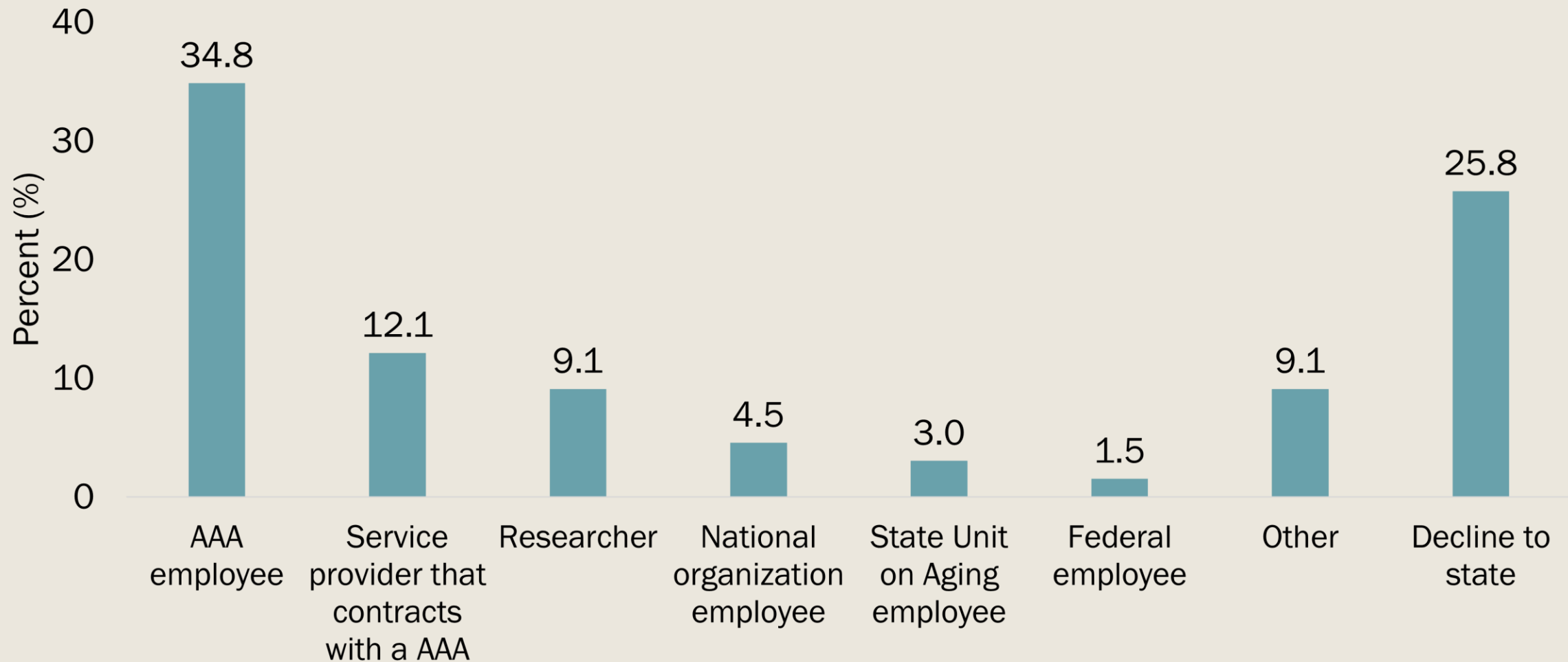
In which state or territory are you involved in the Aging Network?

Number of participants from each state

- n=1
- n=2
- n=3
- n=20
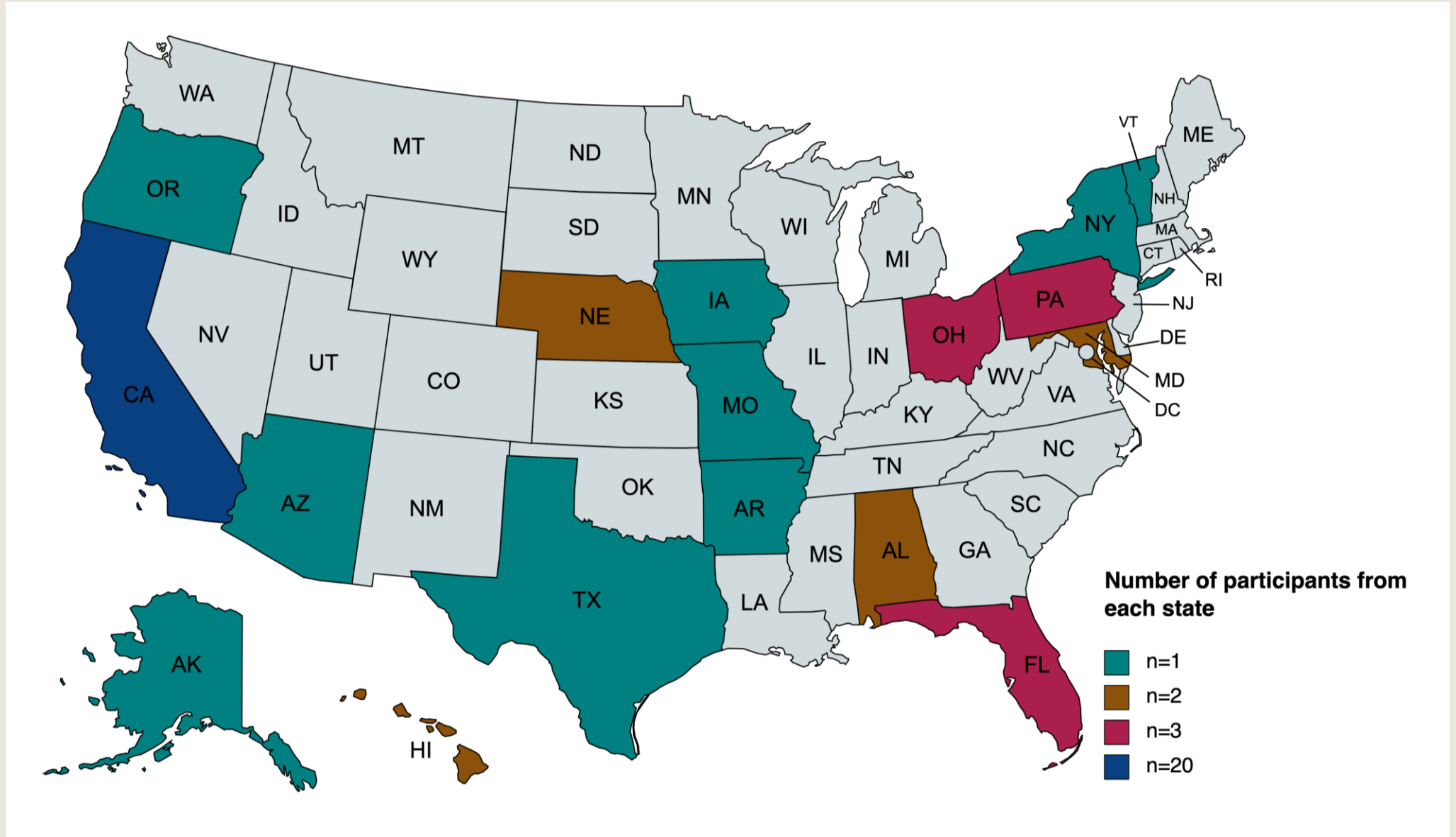
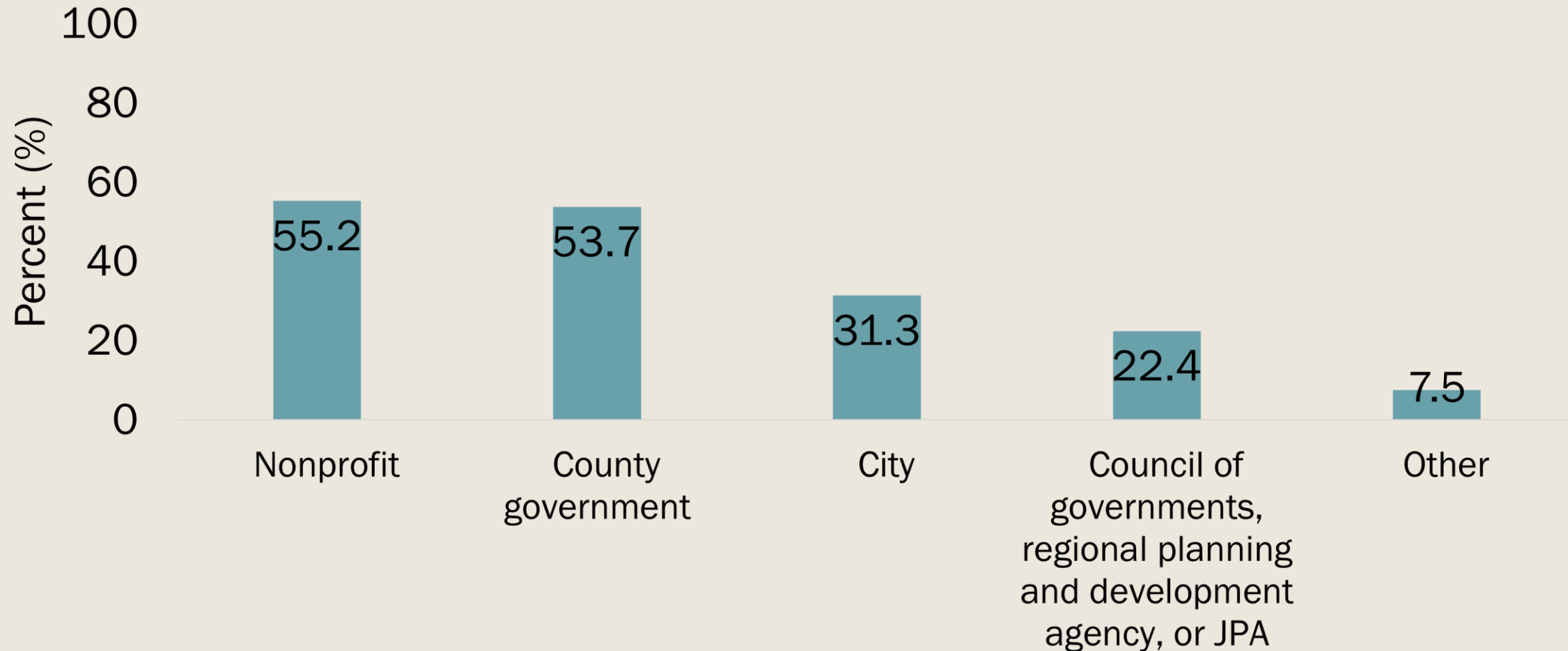# Think about the AAA(s) you are most familiar with. What types of regions do they serve?

Which type(s) of AAA structure are you most familiar with?

How much do you agree or disagree that the following topics should be used to help measure AAA success?

|	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree	Don't know
Compliance (e.g., abiding by regulations set by the state and Older Americans Act, achieving community needs assessment goals)	○	○	○	○	○
Resource management (e.g., cost efficiency, drawing in outside resources, using all resources available)	○	○	○	○	○
Evidence-based and evidence-informed program use and development (e.g., number of programs, client completion rates)	○	○	○	○	○
Client outcomes (e.g., improved nutrition, reduced falls, reduced social isolation)	○	○	○	○	○

Which topics should be used to help measure AAA success?

- **Compliance**

- Resource management

- Evidence-based program use and development

- Client outcomes

- Proportion of the population age 60+ served

- Equity measurements

- Community linking

- Visibility of a AAA

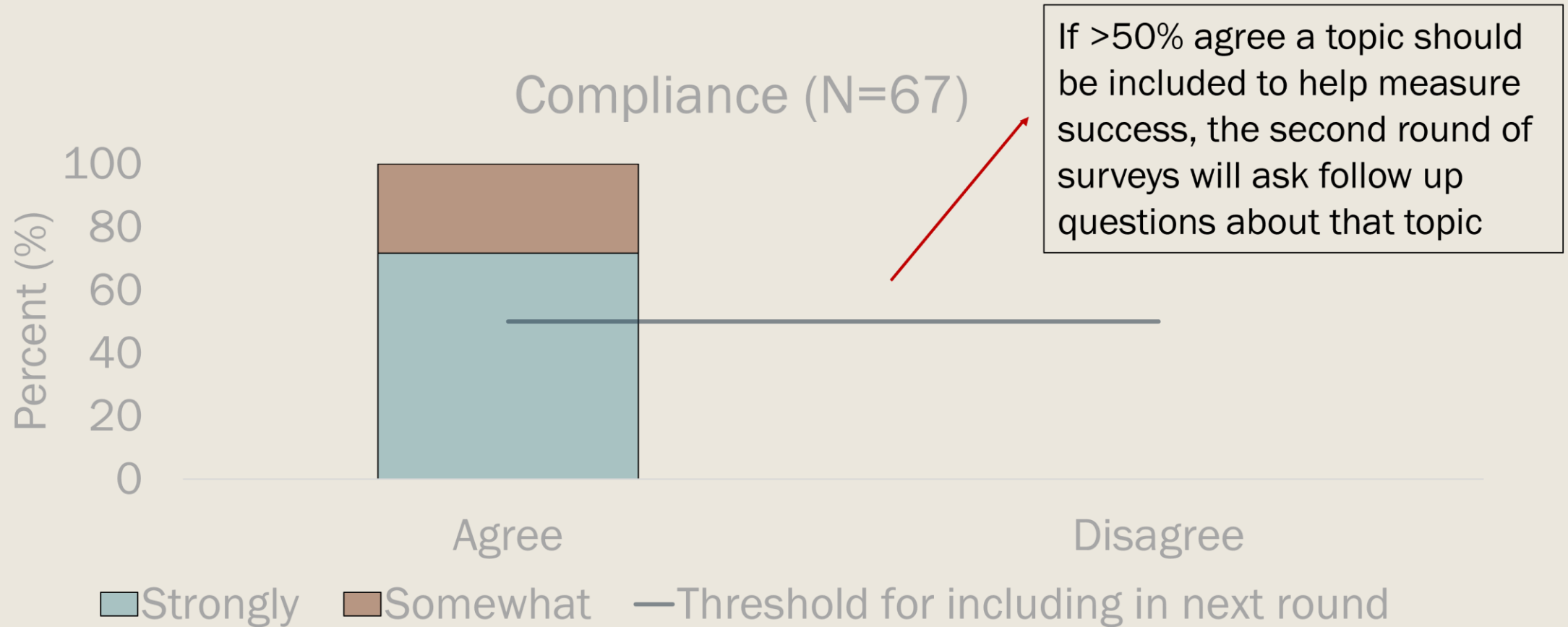- Accessibility of a AAA

- Leadership of a AAA

- Other

All respondents agreed that compliance should be used to help measure AAA success
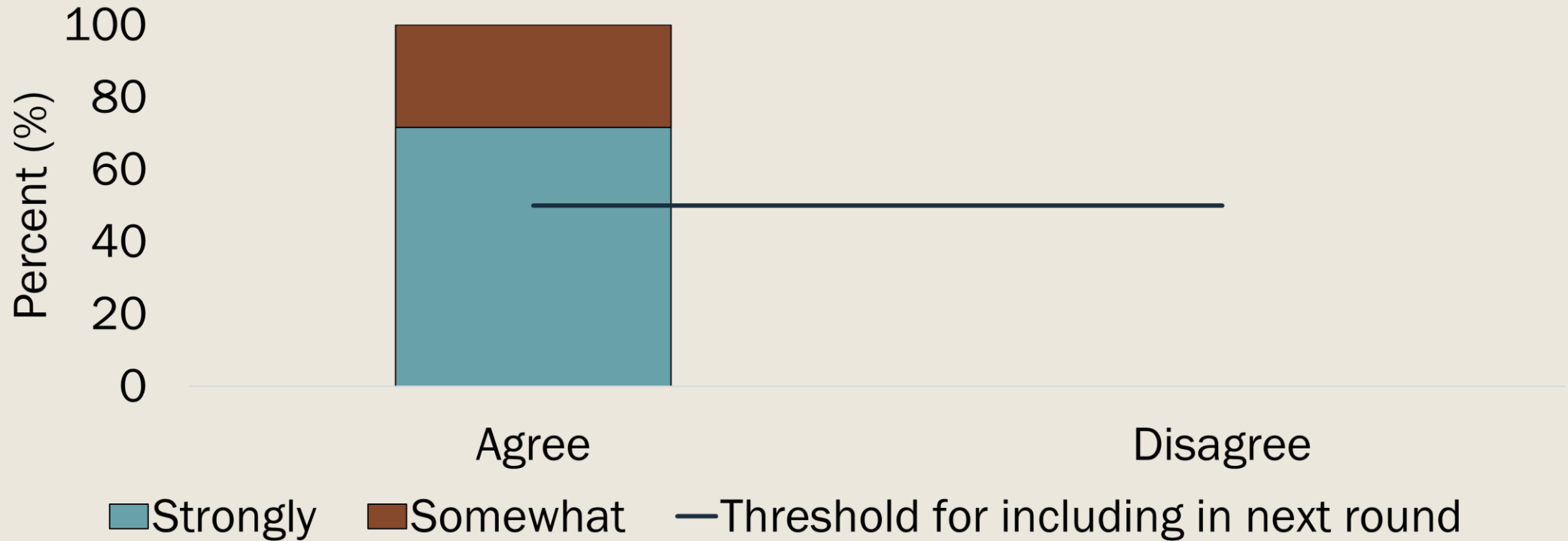
Compliance (N=67)

All respondents agreed that compliance should be used to help measure AAA success

Compliance (N=67)

If >50% agree a topic should be included to help measure success, the second round of surveys will ask follow up questions about that topic

What are some ways to measure AAA compliance? (N=67)
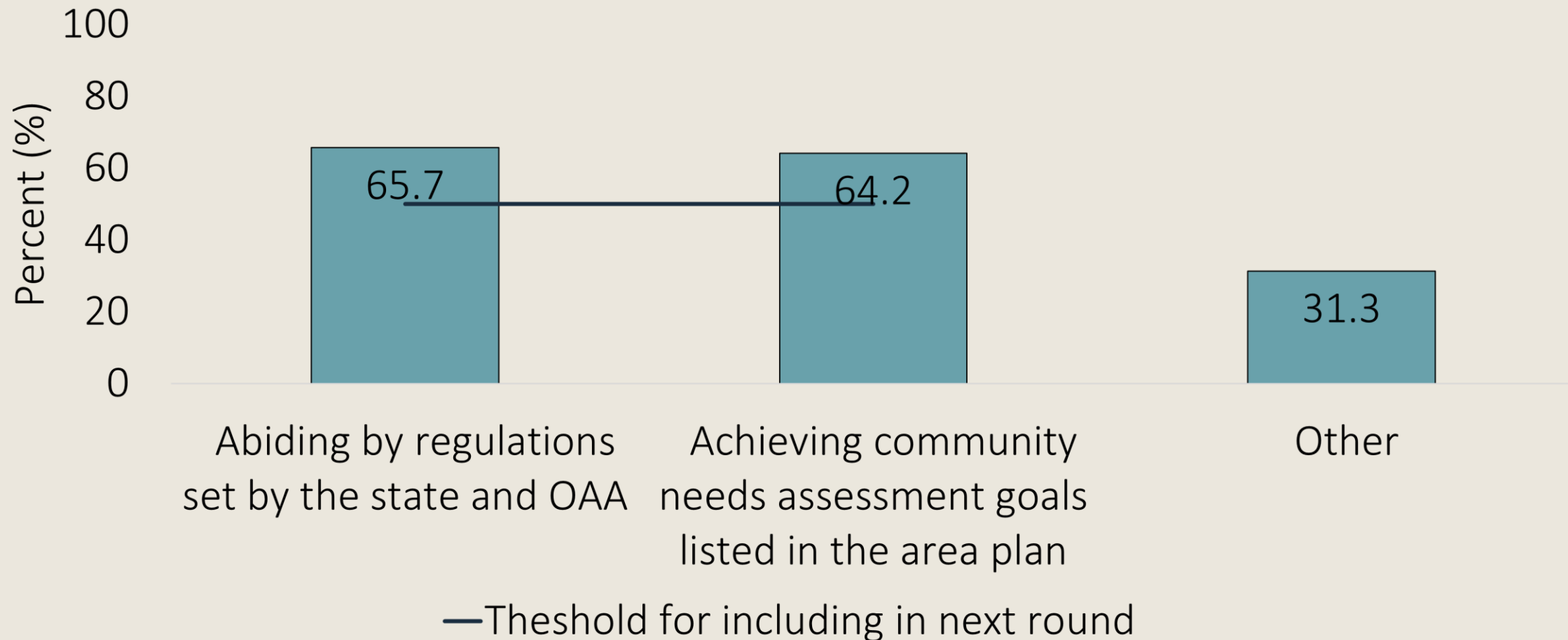
Other ways to measure compliance

- Financial responsibility and audit results

- Measuring compliance of subcontractors/service providers

- Earning National Accreditation which sets forth compliance and best practice standards. (i.e. NCOA/NISC)

- Abiding by local guidelines and policies set forth by the AAA

- Qualitative measures for the community needs assessment goals listed in the area plan

The graph below demonstrates the results from the first round of surveys. 66% of your peers believed abiding by regulations set by the state and OAA should be used to measure compliance, 64% believed achieving community needs assessment goals should be used, and 31% suggested another way to measure compliance. In the questions below, please indicate whether you agree or disagree that these topics should be used to help measure compliance.

**What are some ways to measure AAA compliance? (N=67)**
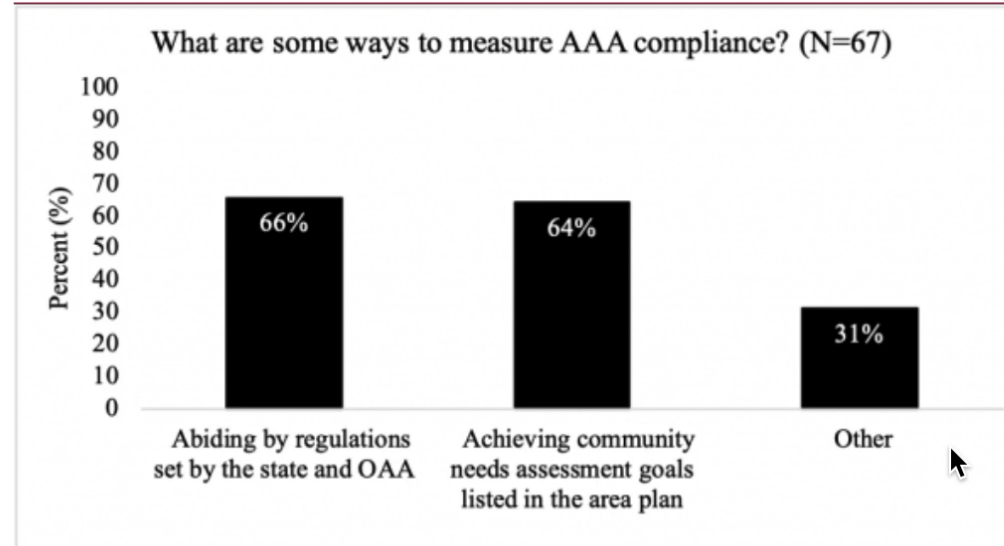
Your peers from the first round of surveys suggested the topics below to help measure **compliance**. Indicate which topics should be used to help measure compliance by dragging the items on the left to the boxes on the right.

Which topics should be used to help measure AAA success?

- Compliance

- ## Resource management

- Evidence-based program use and development

- Client outcomes

- Proportion of the population age 60+ served

- Equity measurements

- Community linking

- Visibility of a AAA

- Accessibility of a AAA

- Leadership of a AAA

- Other

94% agreed that resource management should be used to help measure AAA success

Resource Management (N=67)
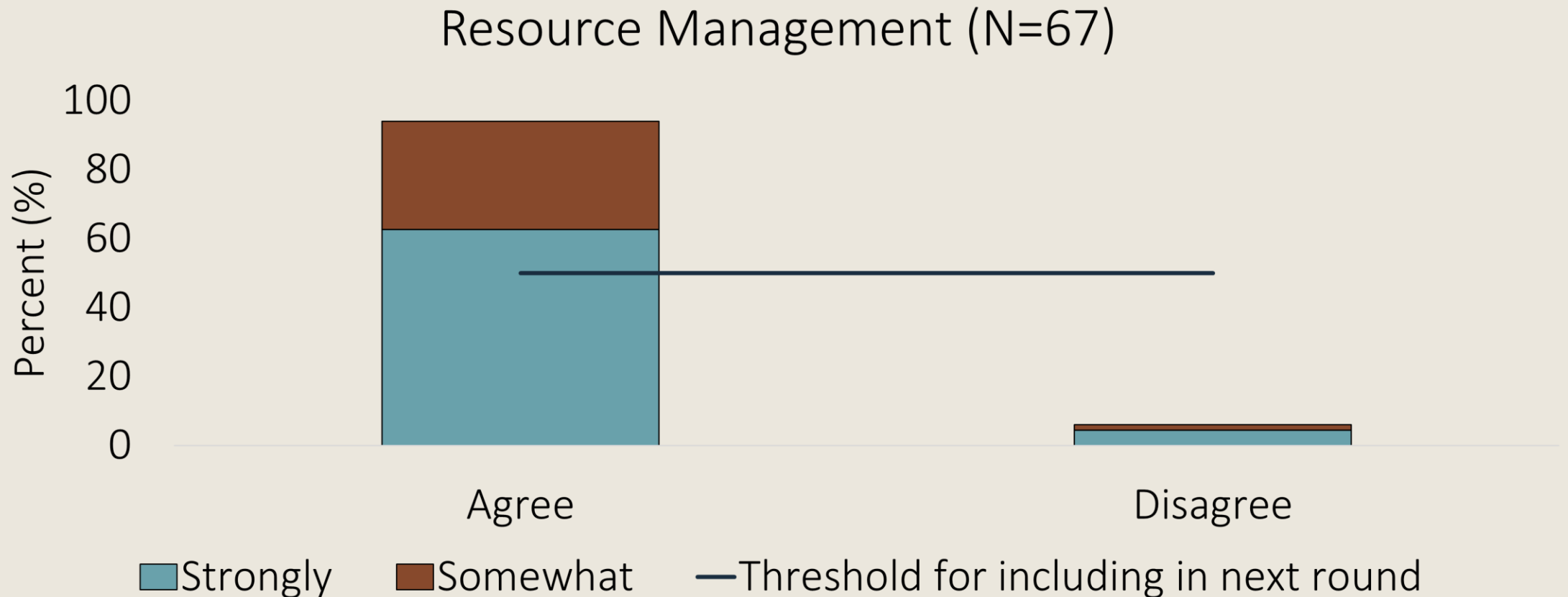
What should be included in measuring resource management? (N=63)

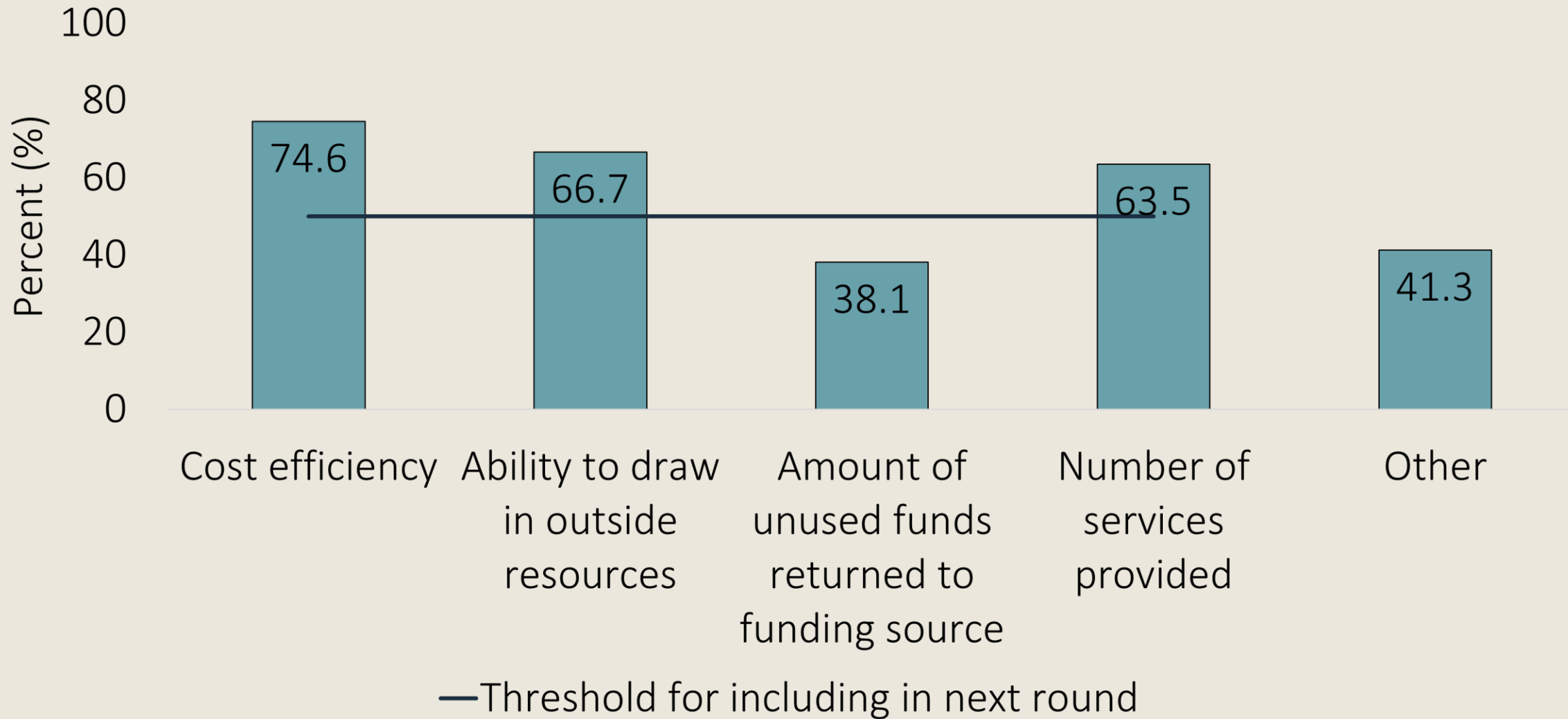# Which topics should be used to help measure AAA success?

- Compliance

- Resource management

- **Evidence-based program use and development**

- Client outcomes

- Proportion of the population age 60+ served

- Equity measurements

- Community linking

- Visibility of a AAA

- Accessibility of a AAA

- Leadership of a AAA

- Other

81% believe evidence-based programs should help measure AAA success

Evidence-based programs

- Strongly
- Somewhat
- Threshold for including in next round

Which factors should be included to help measure evidence-based and evidence-informed program use and development? (n=54)
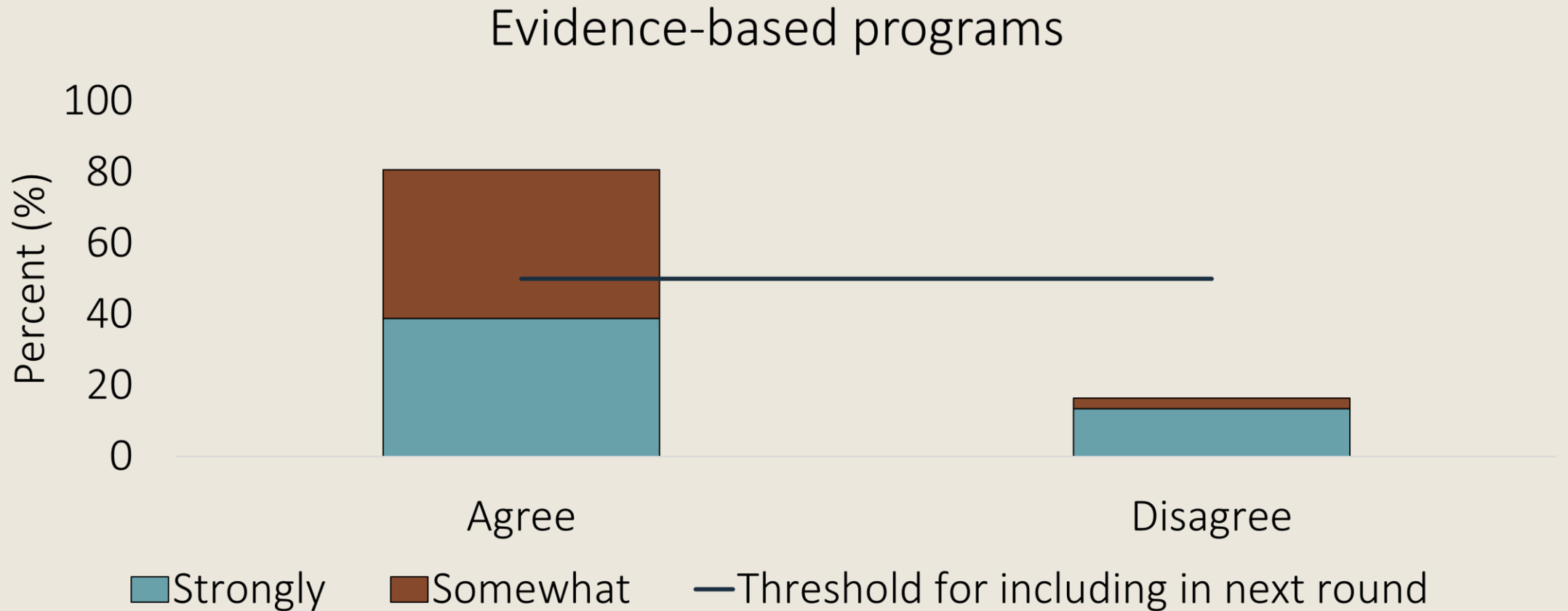
Which topics should be used to help measure AAA success?

- Compliance

- Resource management

- Evidence-based program use and development

- **Client outcomes**

- Proportion of the population age 60+ served

- Equity measurements

- Community linking

- Visibility of a AAA

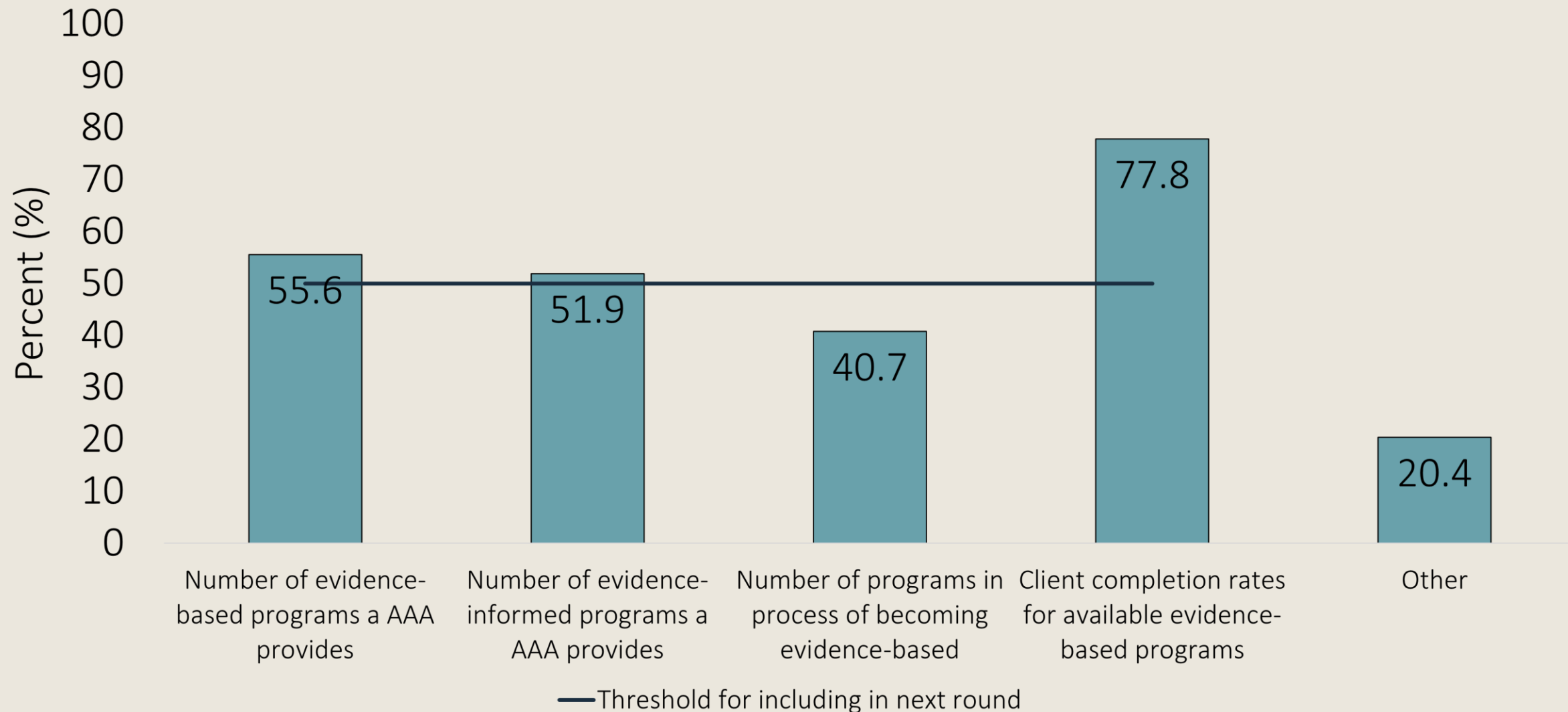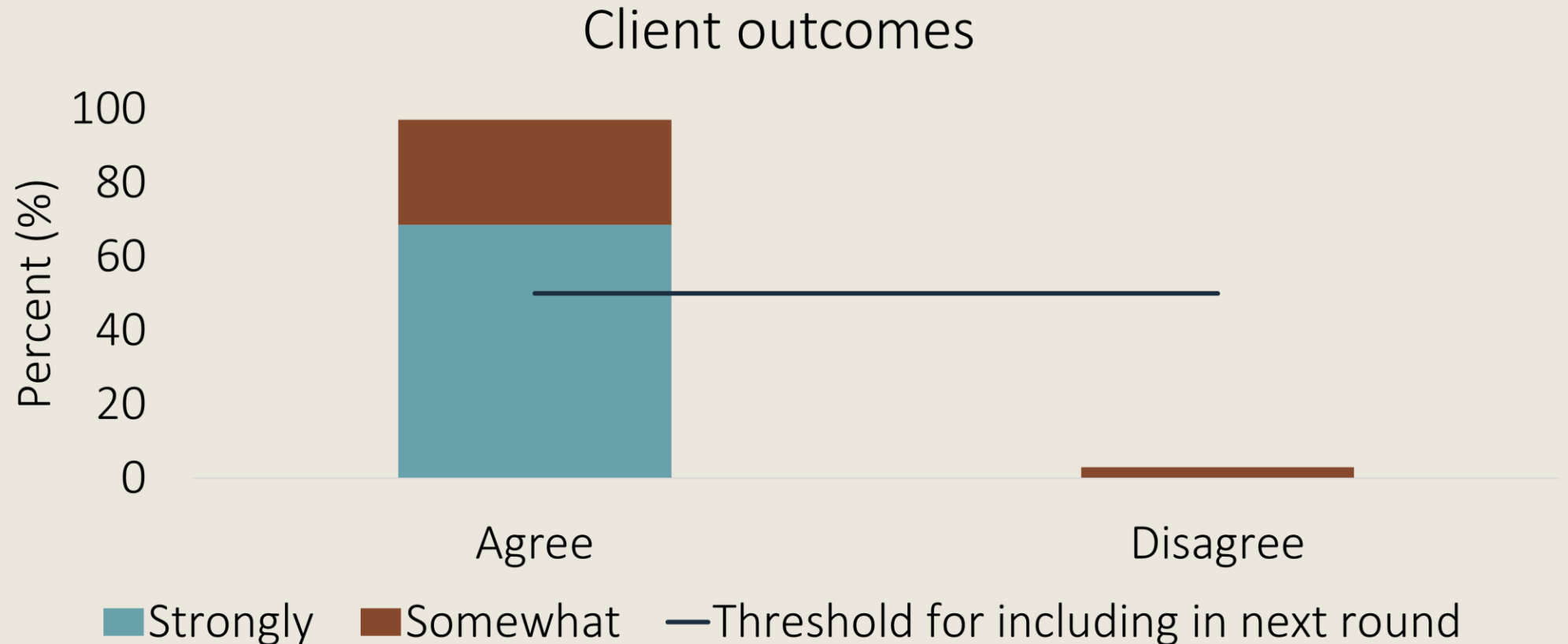- Accessibility of a AAA

- Leadership of a AAA

- Other

97% agree that client outcomes should help measure AAA success

Client outcomes

Percent (%)

100
80
60
40
20
0

Agree   Disagree

■ Strongly   ■ Somewhat   — Threshold for including in next round

What are some ways to measure client outcomes?

- Assess outcomes through satisfaction surveys, client assessments, and pre/post tests ★

- Fewer medical encounters/reduced nursing home use

- Improved health and medication reduction

- Reduced malnutrition/improved food security

- Improved mental health (e.g., reduction in depression and isolation)

- Improved economic security

- Assess client outcomes through improved databases (e.g., link to Medicare and Medicaid data)

- Client mortality rates

Which topics should be used to help measure AAA success?

- Compliance

- Resource management

- Evidence-based program use and development

- Client outcomes

- **Proportion of the population age 60+ served**

- Equity measurements

- Community linking

- Visibility of a AAA

- Accessibility of a AAA

- Leadership of a AAA

- Other

83% agree that the proportion of the population 60+ served should help measure AAA success

Proportion of the population 60+ served
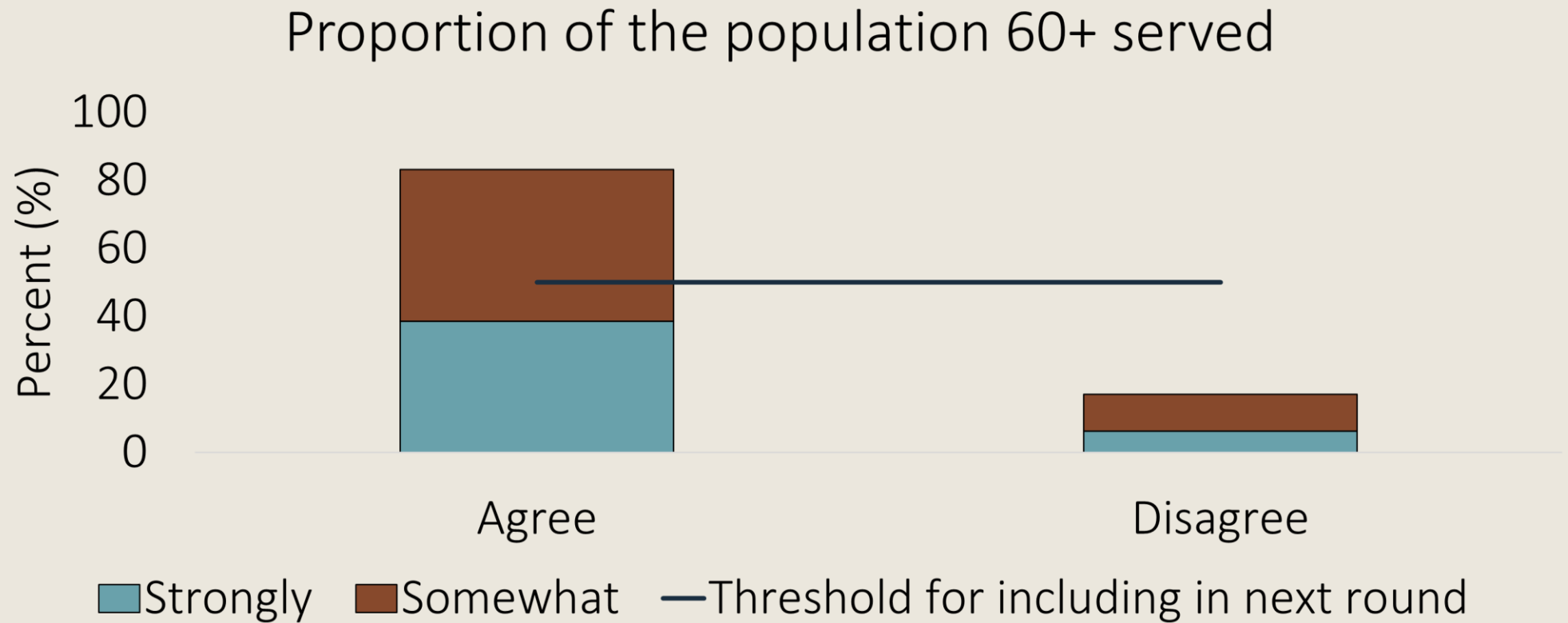
What are some ways to measure proportion of the population 60+ served?

- Number of clients divided by the population with high need (e.g., age 80+)

- Compare characteristics of clients served to total population (gender, age, race, etc.)

- Examine populations served with help from academic partners, the state, or ACL

- Use a statewide data collection system

Which topics should be used to help measure AAA success?

- Compliance

- Resource management

- Evidence-based program use and development

- **Client outcomes**

- Proportion of the population age 60+ served

- # Equity measurements

- Community linking

- Visibility of a AAA

- Accessibility of a AAA

- Leadership of a AAA

- Other

EQUITY

93% agree that equity should help measure AAA success

Equity

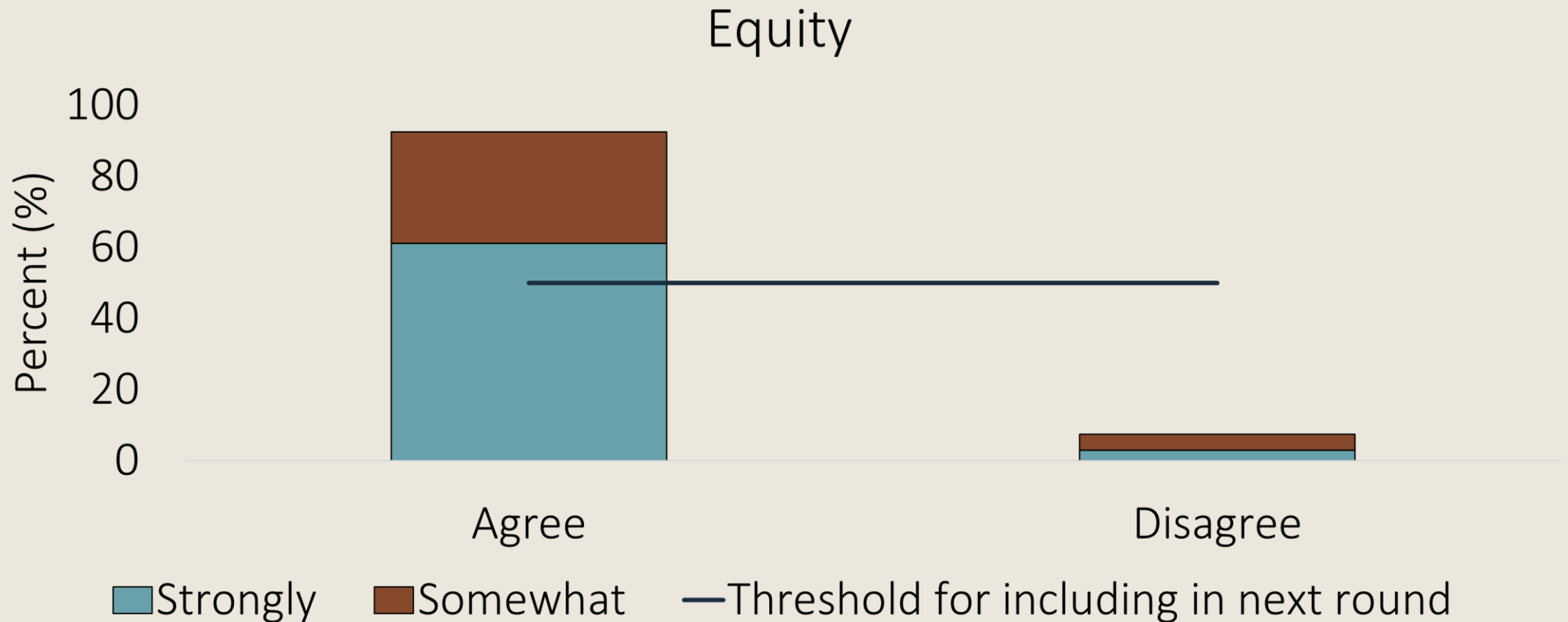Which factors should be included to help measure equity? (n=62)

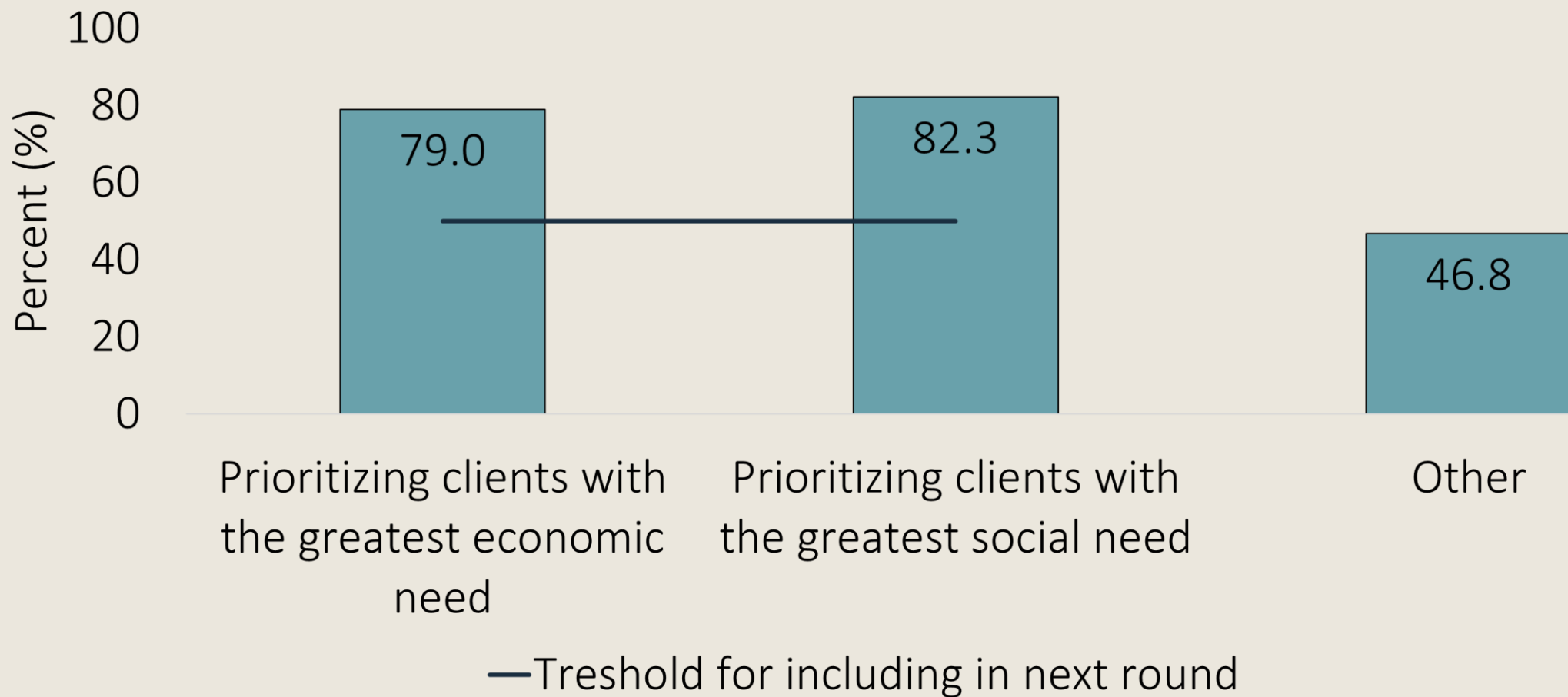# Which topics should be used to help measure AAA success?

- Compliance

- Resource management

- Evidence-based program use and development

- Client outcomes

- Proportion of the population age 60+ served

- Equity measurements

- **Community linking**

- Visibility of a AAA

- Accessibility of a AAA

- Leadership of a AAA

- Other

94% agree that community linking should help measure AAA success
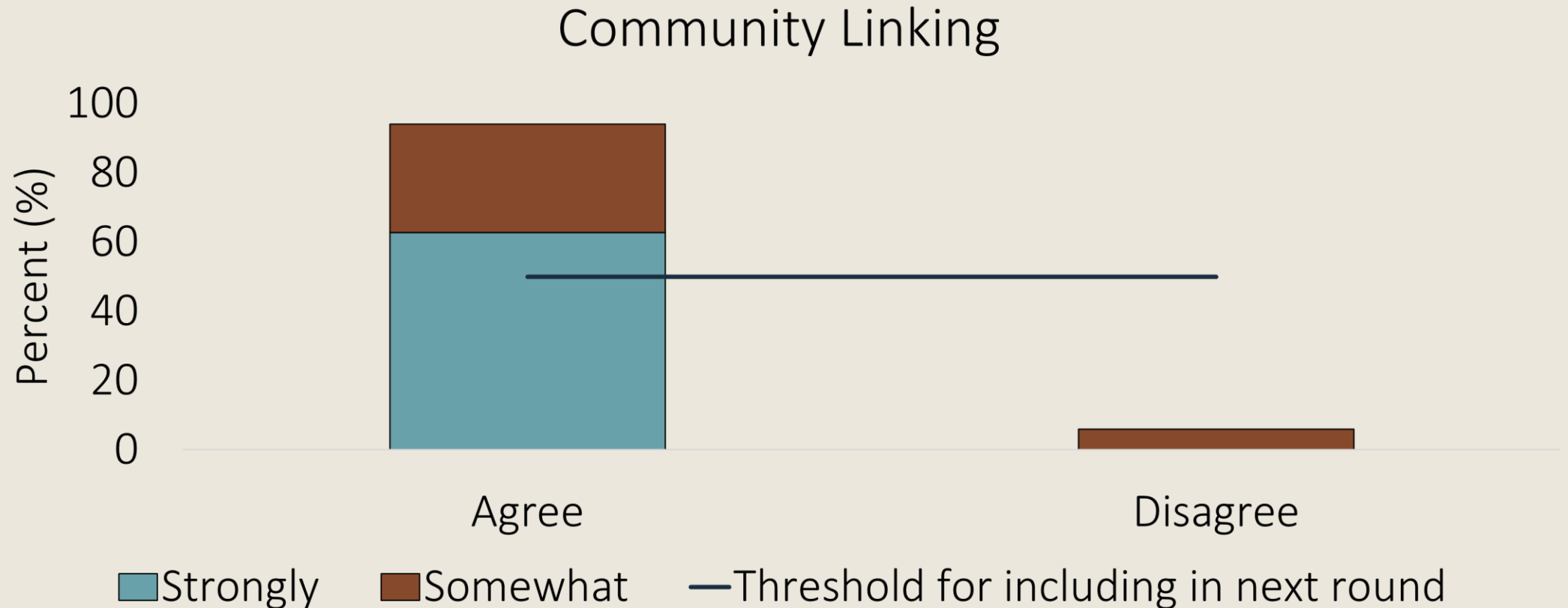

Community Linking

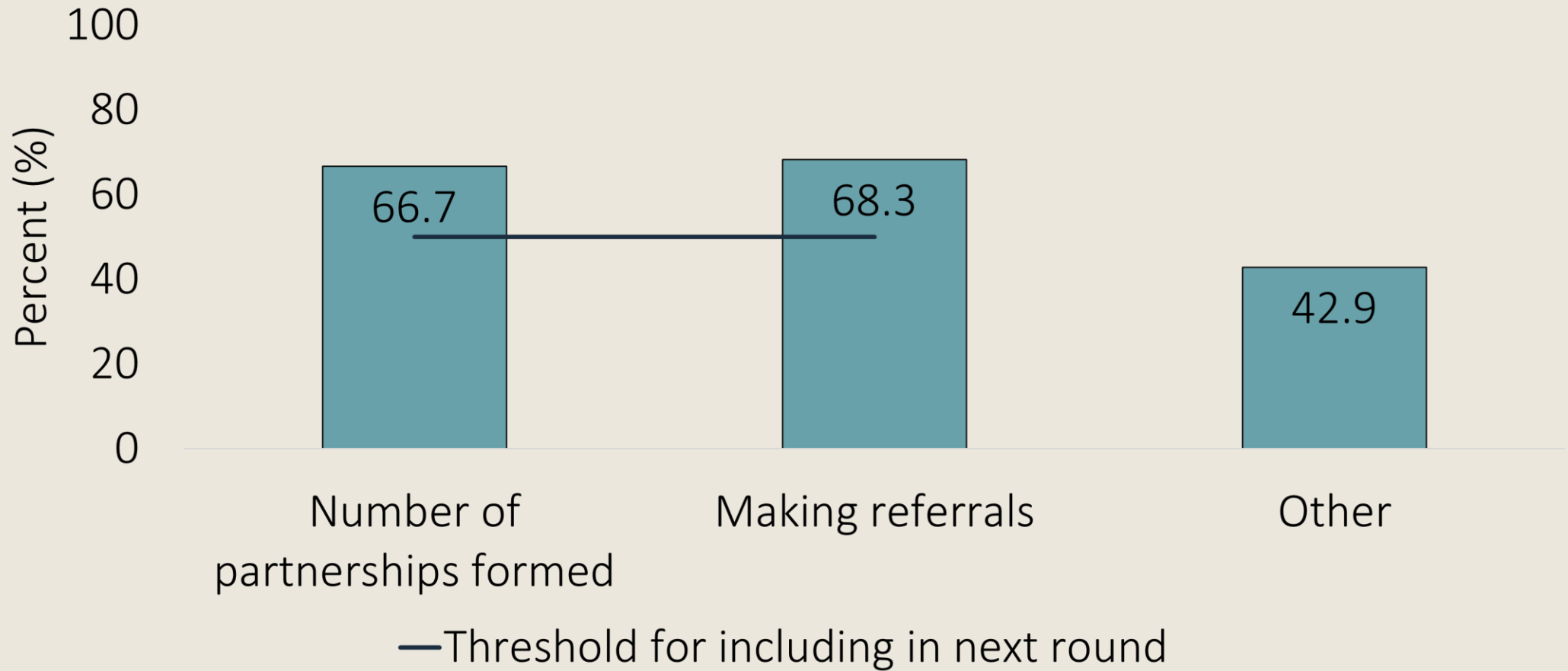# Which topics should be used to help measure AAA success?

- Compliance

- Resource management

- Evidence-based program use and development

- **Client outcomes**

- Proportion of the population age 60+ served

- Equity measurements

- Community linking

- ## Visibility of a AAA

- Accessibility of a AAA

- Leadership of a AAA

- Other

86% agreed that visibility should be used to help measure AAA success

Visibility (n=65)

Respondents' ideas about how to measure visibility

- Surveys to determine community awareness

- Conduct random phone calls to the general public

- Outreach touches and attendance at community events

- Web search results and media outreach

- Ads and PSAs

- Check if referral points and community organizations are aware of AAA

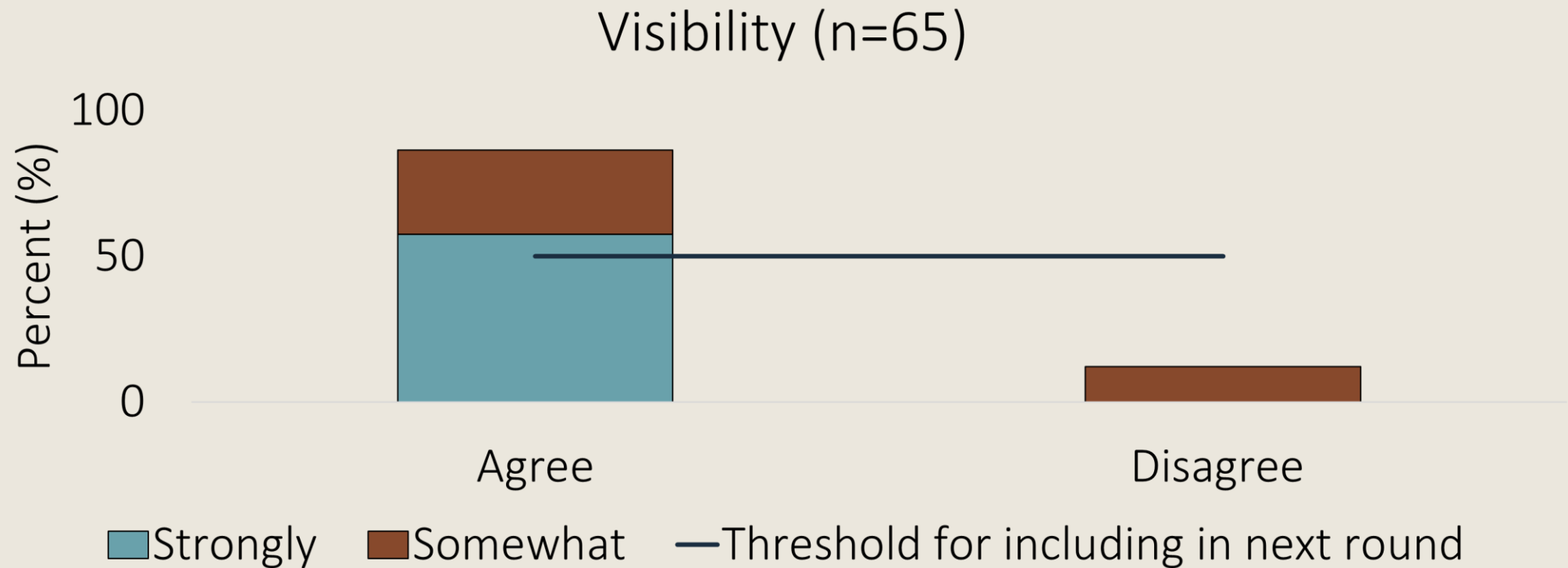- How the agency is perceived in the community

Which topics should be used to help measure AAA success?

- Compliance

- Resource management

- Evidence-based program use and development

- **Client outcomes**

- Proportion of the population age 60+ served

- Equity measurements

- Community linking

- Visibility of a AAA

- **Accessibility of a AAA**

- Leadership of a AAA

- Other

82% agreed that accessibility should be used to help measure AAA success
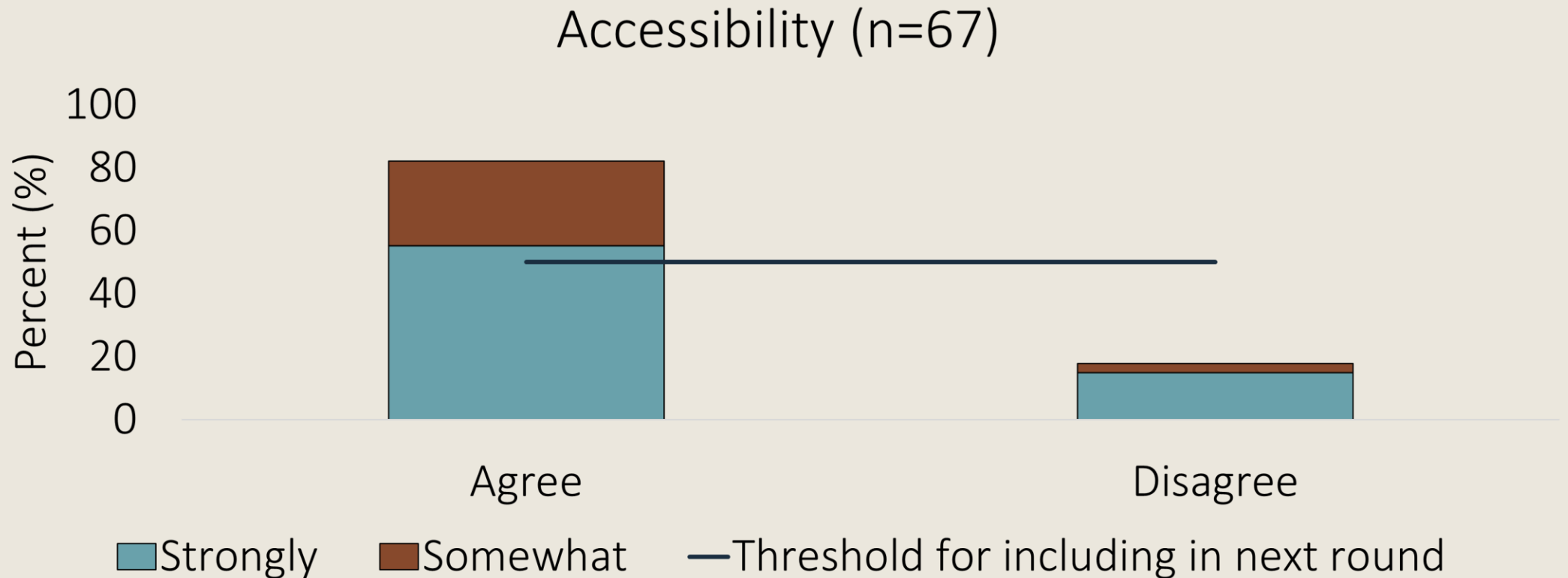
Accessibility (n=67)

Respondents' ideas about how to measure accessibility

- Physical accessibility of the AAA building

- Physical accessibility of the surrounding neighborhood (e.g., walkability, bus lines)

- Service accessibility (e.g., amount of time it takes for a request to be responded to)

- Multiple ways to get in touch with AAA

- Number of languages services are offered in

- Visual accessibility of material

- Whether ASL interpreters are available

Which topics should be used to help measure AAA success?

- Compliance

- Resource management

- Evidence-based program use and development

- Client outcomes

- Proportion of the population age 60+ served

- Equity measurements

- Community linking

- Visibility of a AAA

- Accessibility of a AAA

- **Leadership of a AAA**

- Other

91% agreed that leadership should be used to help measure AAA success
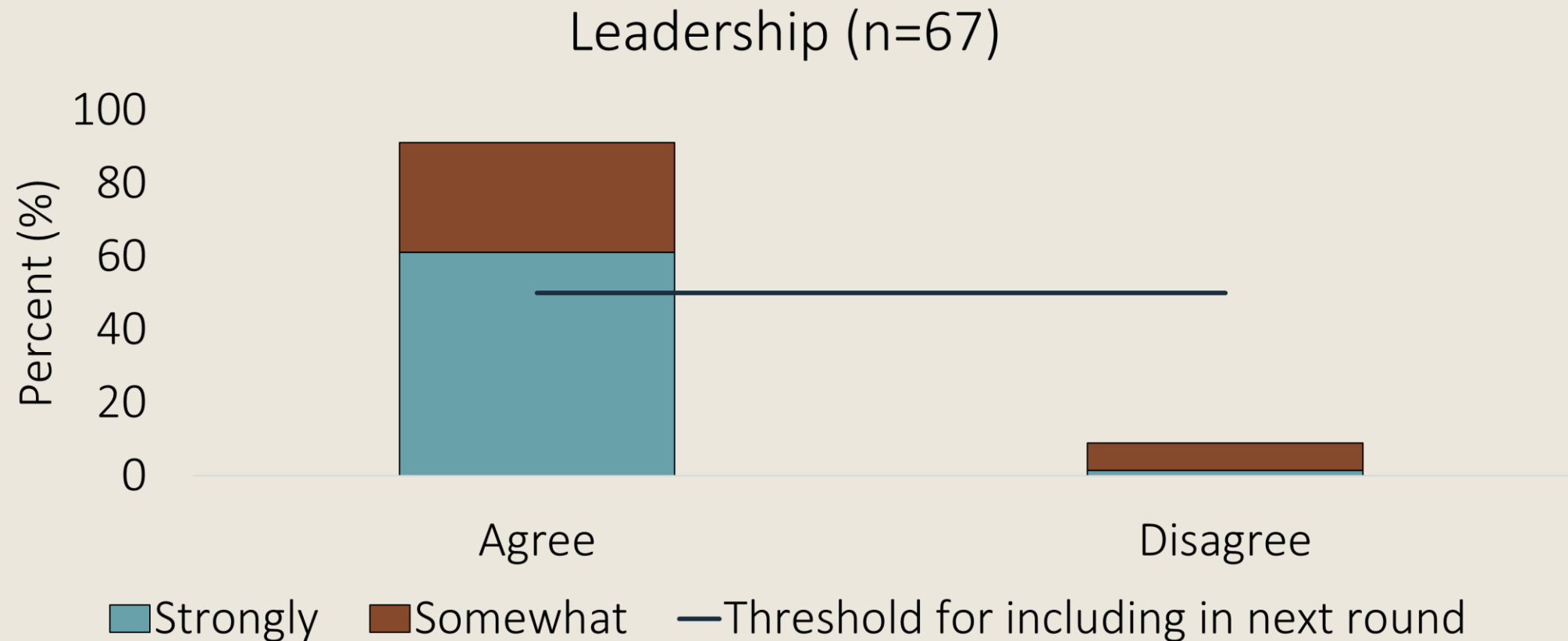
Leadership (n=67)

Respondents' ideas about how to measure leadership

- Surveys of staff, stakeholders, subcontractors, and clients
- Staff retention and performance
- State or ACL should set standards and requirements for leaders
- Number of leadership awards received
- AAA leader has roles in interagency committees and forms partnerships
- AAA leader is recognized and respected
- AAA leader is innovative
- AAA leader is adaptable

Which topics should be used to help measure AAA success?

- Compliance

- Resource management

- Evidence-based program use and development

- **Client outcomes**

- Proportion of the population age 60+ served

- Equity measurements

- Community linking

- Visibility of a AAA

- Accessibility of a AAA

- Leadership of a AAA

- **Other**

Participant's ideas: Other ways to measure success

- Adaptability (e.g., ability to mobilize and leverage local partnerships to address emergencies)

- Gap-filling (offer services that don't otherwise exist, rather than competing with existing programs)

- Client satisfaction

- Inclusivity

- Innovation

- Responsiveness to vulnerable groups

What should happen if a AAA is successful on an indicator?

■ Reward the AAA with additional funding

■ The state or ACL should give the AAA an award or certificate

■ The AoA/ACL should recognize the success and share the info with others

■ Publish a statewide dashboard so consumers can see a scorecard

■ Nothing should happen. AAAs are expected to be successful

What should happen if a AAA is <u>not</u> successful on an indicator?

- The state should work to help the AAA improve

- The AoA should work to help the AAA improve

- Determine whether that indicator is appropriate or needs to be updated

- Consider staff changes or AAA redistribution

- Connect the AAA with a similar AAA to improve

- Publish a statewide dashboard to consumers can see a scorecard

- Do NOT cut the AAA's funding if they are not successful on an indicator
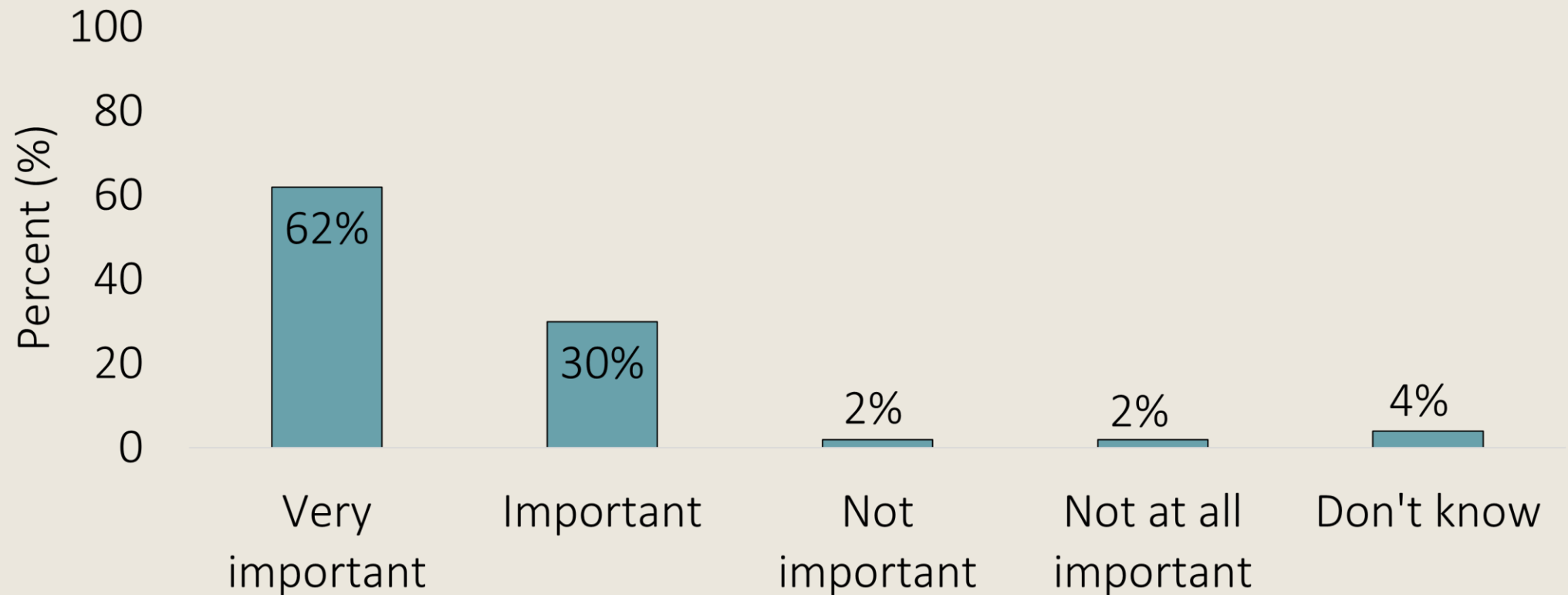
Should AAAs with different characteristics be held to different standards?

Themes participants mentioned in the first survey

- Yes, AAAs have different resources and needs. We can't have a one-size-fits-all approach

- Yes, but it is reasonable to compare AAAs to "peer groups" within the state based on area size, population characteristics, and other factors

- There should be baseline standards, but allow flexibility for AAAs to respond to unique community needs

- No, a person should expect to receive similar core programs regardless of where they live

- No, AAAs all have the same opportunities. It's what they make of them that counts

Is there any additional support your organization needs from your local, state, or federal government?

- More money (and provided on time) (n=12)

- Technical assistance/more guidance for AAAs (n=5)

- More recognition and prioritization of aging services (n=2)

- Give AAAs more flexibility (n=2)

- Less emphasis on compliance and admin (n=2)

Is there currently anything you are required to report to the state or federal government that you believe should be updated?

Some respondents indicated there is too much emphasis on "widget counting" and administrative tasks

"I would hope the state and ACL would be open to looking at what they really need. The four-year Area Plan and annual Area Plan Updates could be boiled down to what's really needed. Both are big projects that take a huge amount of staff time each year."

"Many of the weekly and monthly reports do not measure what the state thinks it measures (e.g. waitlist reports). The state agencies know this but say the governor or a federal agency wants the info. Too many useless reports that take hours away from our duties."

Next Steps

- Delphi survey round 2

- Achieving consensus

- Develop list of recommendations

- Disseminate findings to AAAs, states, and Administration on Aging

WANT TO PARTICIPATE IN ROUND 2?

Contact Haley: hgallo@usc.edu

LOS ANGELES NEEDS A STRONG, VISIBLE DEPARTMENT OF AGING

Examining the Feasibility of Creating a Standalone County
Department Dedicated to Serving the Growing Older Adult Population

Report to the County of LA Board of Supervisors

July 2020

The Question: How best to organize, deliver, and fund aging services in the County of LA

- The context:
    - *Diverse population of 10m*
    - *Almost 5,000 sq miles. (size of CT)*
    - *Two AAAs (City and County)*
        - Multiple programs and services
- Role of New Department:
    - *Implement aging and LTSS programs,*
    - *Coordinate with and build capacity among all departments that serve older adults*
    - *Provide ongoing leadership on aging issues*
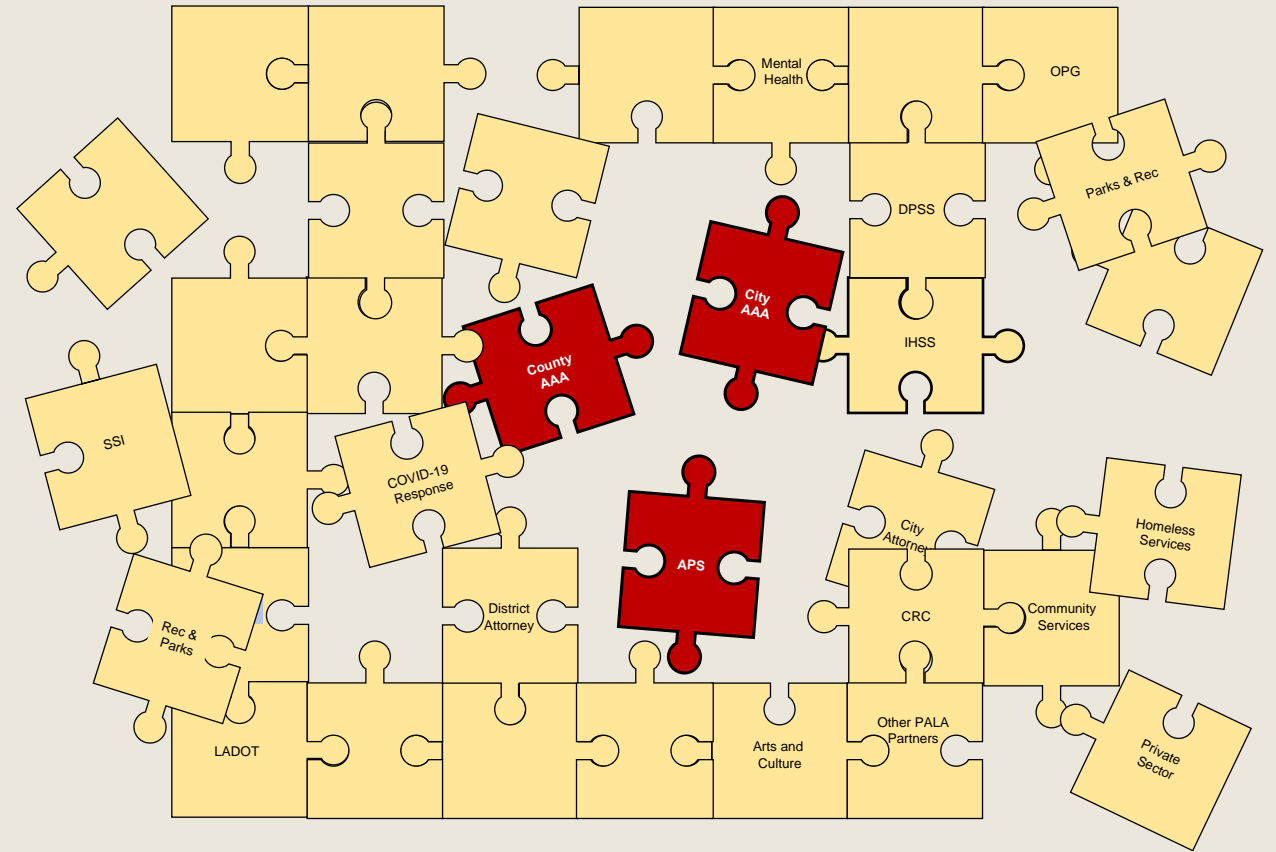
County of LA Board of Supervisor's motion (2/5/19) *"Improving Los Angeles County's Approach to Serving Older adults"*

- County should "look closely at marshaling all the services and resources available to older adults into one agency."

- [Examine the] Feasibility of creating a standalone County department of aging;

- Determine what programs and services currently being performed by County departments that could be consolidated and costs associated;

- Engage the City of LA to determine if services provided by the City could be included;

- Solicit community stakeholder input as well as provide recommendations of best models and practices

Priority Goals

- **Visible** with easily identifiable programs and strong messaging

- **Seamless** to clients–easily accessible and easy to coordinate across programs

- **Cost effective** including prevention and cost benefit to other departments (e.g., law enforcement, public health, homeless services)

- **Community Centered** on local neighborhoods

- **Equitable** across groups and communities

- **Consumer-driven/co-designed**

Priority Goals

- Strong **data management**

- **Public-private partnerships** with key private sector entities

- **Build capacity to innovate** by applying promising and evidence-based practices from other communities

- Build capacity across sectors to better serve older adults

- Supplement core Older Americans Act programs with those that promote engagement, including those that target art and culture

- Recognize that older adults have diverse needs, interests and opportunities to contribute and support LA County

Recommendations: Build a Core structure by consolidating the AAAs into a single department that includes:

- – *Older Americans Act Legacy programs,*
- – *Other programs offered by both Area Agencies on Aging*
- – *Adult Protective Services (APS),*
- – *Personal Care–In-home Supportive Services (IHSS)*
- – *Office of the Public Guardian*
- – *Decentralize service delivery to the community using local hubs*
- – *An effective integrated data system that links core services, clients tracking, utilization, and cost*
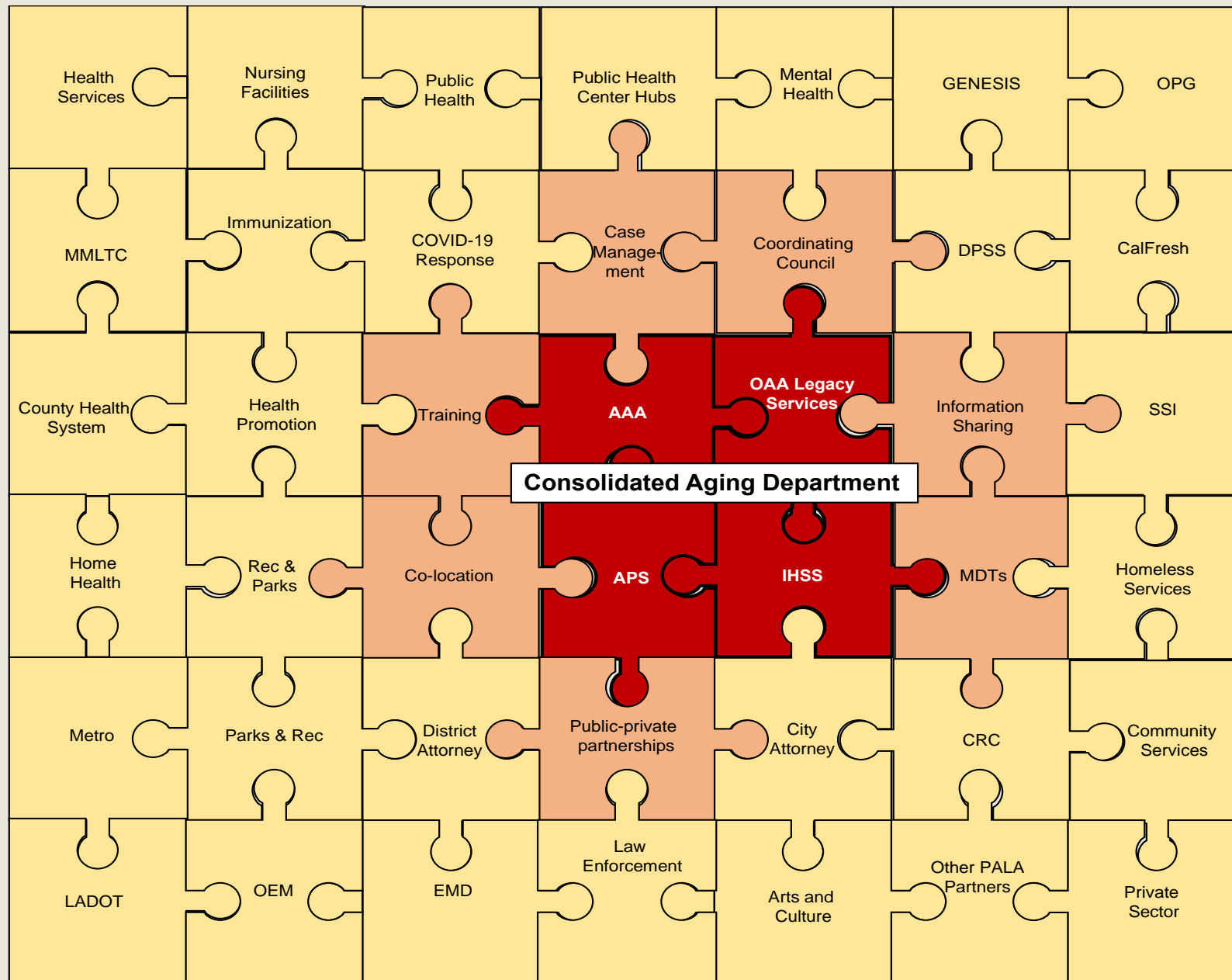
Questions

Questions & Comments

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- Attendees joining by **phone,** _press *9 on your dial pad_ to join line. The moderator will announce the last 4 digits of your phone number and will unmute your line.

- For additional information or for feedback email Engage@aging.ca.gov.

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Improved AAA Performance via Partnerships with Health Plans
With Amanda Brewster, PhD, Assistant Professor of Health Policy and Management at UC-Berkeley

Coming Soon: *Promising Practices, Performance Criteria & Excellence*
With leadership from USAging (formerly the National Association of Area Agencies on Aging)

Let's learn together how we can strengthen our networks to build a just and equitable **California for ALL Ages!**

Thank You!

Recording, slides, and transcripts will be posted at
CDA's Hubs & Spokes Network for Aging & Disability webpage.