Measuring the Success of Your Age-Friendly Initiative

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Presentation Overview

- Why, when and how to evaluate your Health & Age Across all Policies effort
- Characteristics of indicators of success
- Possible data sources
- Examples of results
- Sample outline of an evaluation report
First, some encouragement:

“...often the language used in evaluation can be challenging, but with a small dose of courage and the embracing of a few key terms, the building blocks of evaluation can come alive and help guide your work.”

- Jenny Campbell, Ph.D.
Why should we evaluate our programs?

(aside from “The Funder requires it!”)

Please write your thoughts in the Chat Box!
To answer important questions!

- Did your effort **make progress** in the areas you intended to improve? (e.g., in housing, social participation, emergency preparedness and response, technology and connectivity, racial disparities in health) **How much?**

- Which areas still **need improvement**? For whom or which groups or places?

- Are/were there **barriers/facilitators** to implementing your action/program plan? If so, how can they be dealt with in the future?

- Have your **initial goals changed** over time? If so, why and how? What new indicators should be used to measure these new goals?
Why *else* should we evaluate our programs?

- **Inspire** momentum, commitment, and creativity in those involved
- Help **attract supporters** who are not involved yet
- Gain a **better understanding** of how to focus your efforts or change your strategies
- **Share your experiences** to help other communities to be successful with their initiatives
When do we evaluate?

- *From the very beginning!*

The earlier you begin to determine your baseline, document your activities and track the changes that your initiative makes or does not make (yet), the more efficiently and effectively you can adapt your plans, strategies, and efforts.
What do we evaluate/track?

Inputs
= Resources put into a program or factors that facilitate its success

Outputs
= Type and amount of program-related activities

Outcomes
= Changes, or results, hoped to be achieved through program activities; the desired goals
The basis for evaluation:
Your action, or program, plan

- Your plan is a living document
- It forms the basis for evaluation
- Revisions are to be expected

**Example:**
- Perhaps there has been improvement among some groups’ social participation but not others, SO

→ New activities developed and implemented to address
Inputs

**Resources** put into your initiative and/or factors that facilitate its success:

- Time (e.g., staff-hours devoted)
- Funding (e.g., paid staff, project funding)
- Commitment and involvement of stakeholders, including older adults (e.g., advisory council with engaged, collaborative members who represent all relevant sectors - # of members, % participating, hours devoted, types of expertise represented, #/types of sectors represented)
- The results from your community assessment of needs and your baseline data
Outputs

Everything launched or “produced” through the inputs, the activities, policies, programs (action steps taken)

For example:

- A program was designed to create awareness of the value of older adults
- A policy was created to encourage development of affordable housing
- A program to teach older adults how to use Facebook was implemented
- An initiative to reach out to Black, indigenous, and people of color was begun to increase access to primary health care
- Evacuation plans for care facilities were created
Outcomes

What happened as a result; the changes that occurred

Short-/Medium-Term Outcomes – Examples:

- Improved awareness of the value of older adults
- More units of affordable housing
- Older adults more technology-savvy, less socially isolated
- Better access to primary care among BIPOC
- Successful evacuation of residents when emergency struck
Outcomes (cont.)

Long-Term Outcomes - Examples:

- Reduced racial disparities in access to and quality of health care
- Improved intergenerational relations/community cohesion and connection
- Improved economic well-being of older adults
- Mortality of residents evacuated using evacuation plans developed by the HAAAP effort was lower than that of residents evacuated without such a plan
Important Characteristics of Indicators

- **Measurable** – can the indicator be quantified or observed in some way?

- **Meaningful** – does the indicator link to a goal or action of the initiative?

- **Possible to influence locally** – is the indicator subject to influence by the local government or private sector? (If measured only at the state or national level, not useful for tracking change at the local level)

- **Sensitive to change** – can the indicator be expected to change over time (1-5 years) in an observable way?

- **Possible to disaggregate** – can subgroup comparisons be made (e.g., by age group, race or ethnicity, income level)?
What *kind* of data will you use to measure improvement?

**Quantitative** (numbers) or **qualitative** (personal stories, photos)?

- **Numbers** (quantitative data) show the reach of the program (e.g., number of participants, costs versus benefits of program, satisfaction ratings)

- **Personal stories** convey the difference a program component has made in individuals’ lives – the initiative’s personal impacts
What sources of data will you use?

**Existing (secondary) data** (e.g., Census data, program administrative records, Walkscore ratings and the following:  

- [NYS Prevention Agenda Dashboard](#) (health indicators by county)  
- [NYS County Health Indicators by Race/Ethnicity (CHIRE)](#)  
- [NYS Open Data portal (by topic)](#)  
- [Health Data NY](#)  
- [RWJF County Health Rankings](#)
Data sources (cont.)

**New (primary) data** = Data you collect for the purpose of evaluating your HAAAP effort
- Special survey, interviews, focus groups, records from your own program, personal stories

**How do you decide which type to use?**
- Ease/cost
- Timeliness
- Appropriateness
Your evaluation report – Sample outline

I. Program Description (including inputs)
   a. Background (initiation, people and partners involved, available and expended resources)
   b. Community assessment (methods and findings) – baseline data, needs
   c. Program goals/desired outcomes, proposed activities/strategies, and corresponding indicators (from action plan)

II. Program Implementation (description)
   a. Activities/strategies implemented to date
   b. Factors facilitating implementation
   c. Barriers/setbacks to implementation
   d. Description and explanation of deviations from the action plan
   e. Plans for future avoidance/handling of program impediments and taking advantage of opportunities
Your evaluation report (cont.)

III. Methods for Evaluating the Program
   a. Evaluation team
   b. Data gathered/used

IV. Findings – Program Outputs (and outcomes, if available)
   a. By domain, using indicators in action plan or developed subsequently; quantitative and qualitative; where possible, compare to community assessment
   b. Other outputs
   c. Outcomes (if data are available)

V. Conclusions
   a. Program strengths, accomplishments
   b. Program weaknesses, areas for improvement
   c. Plans for future improvement
   d. Lessons/resources to share with other communities
   e. Suggestions for improvement
Next: The cycle of improvement begins

- **Refine** your action or program plan
  - Note action items accomplished
  - Retain or modify action items not yet addressed or only partially accomplished
  - Add new action items
- **Learn** from other communities’ experiences, successes, cautionary tales!
- **Celebrate** your successes!
- **Share** your lessons learned!
Some results of our effort in Portland

• Disability, but not aging, was established as an equity issue and inserted into the OEHR charter

• The Portland Plan’s *Portland is a Place for All Generations* legitimized our age-friendly effort by calling for an Action Plan to be adopted by City Council

• Portland’s draft Comprehensive Plan (25-year physical environment & land use policies) has age-friendly language/policies
Some additional results

• Infrastructure improvements
  – Accessible City Hall
  – Streetcar ramps, pedestrian/cycling infrastructure

• New partnerships
  – Home Builders Association
  – Bureau of Planning & Sustainability
  – Regional government (Metro)

• Awareness and new language used
  – One mayoral candidate campaigned for “age-friendly transportation”
  – Media coverage
A step-by-step guide

- Commissioned by AARP
- Based on our experience in Portland and experience as program evaluators
- Developed to help communities document and evaluate their progress in becoming more age friendly

Thank you!
I’ll look forward to hearing about YOUR Successes...!

Questions? Comments?
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