



Meeting Summary: Age Wave Regional Scorecard Work Group

March 21, 2014 @ 9:30am – 11:00am

Joint Commission on Health Care, 900 East Main Street, Pocahontas Building, Richmond, VA

INTRODUCTION

Senior Connection, The Capital Area Agency on Aging and Virginia Commonwealth University Department of Gerontology are joint managing partners the Greater Richmond Regional Plan for Age Wave Readiness which is a regional coalition comprised of hundreds of stakeholders from various sectors of government, nonprofit, academic, business, and philanthropic community. The regional Scorecard Work Group represents a new phase of implementation of the Age Wave Readiness Plan through project-based deliverables, building on national best practices and successful community partnership and regional assets. The Scorecard Work Group is tasked with developing a dashboard to measure and monitor progress of our community and coalition's efforts to becoming age-friendly and a vibrant place to grow old and thrive.

Regional Scorecard Work Group

Facilitator: Michele Chesser, Ph.D., Senior Health Policy Analyst, Joint Commission on Health Care

Notes: Carolyn Comerford, Senior Connection, The Capital Area Agency on Aging

Objective: Develop a Regional Age-Readiness Scorecard to track and monitor our community to help quantify/qualify strengths, gaps and regional challenges.

Michele opened meeting introducing potential indicators and resources she gathered from various sources including: *U.S. Census Bureau, Robert Wood Johnson County Health Rankings, National Association of Realtors, Virginia Labor Market, American Community Survey, U.S. Department of Housing and Urban Development, Gallop Healthways, BRFSS, Virginia Atlas, Alzheimer's Association, CDC, U.S. Department of Agriculture, American Public Transportation Association, etc.* Potential indicators were categorized under the four focus areas outlined in the [Greater Richmond Regional Plan for Age Wave Readiness](#) of: Engaged, Livable, Stable and Well communities.

The purpose of this meeting is to select or eliminate indicators that represent our four goal areas and that can quantify gains, losses or track progress of our work and communities.

Handouts were disseminated to the work group members:

- 1) Indicators by focus areas (Engaged, Livable, Stable Well)
- 2) Maps illustrating level of data available (city, county, MSA, HPD, PDC) from various sources

Guiding Principles

A few guiding principles of the data/indicator selection include:

- (1) Free to low cost
- (2) Reputable source
- (3) Collected/updated annually and/or with regular frequency
- (4) Ability to track/evaluate within the service area of Planning District 15
- (5) Exists at the lowest possible level (by county, if possible)
- (6) Avoid using ranking data or formulaic data that is hard to interpret



Certain data points/indicators selected for dashboard (scorecard) will not directly be influenced (changed) by our coalition and/or broader community effort, however; a core objective of this group will be to select indicators/data points that our efforts can help move or influence over time.

Key Points of Discussion

- The Capital Region Collaborative is developing a scorecard of our communities; however, aging (and data specific to this growing population) seems to be missing
- Organization(s) could provide age-specific data that is already collected (e.g. Senior Connections, Senior Navigator, and 2-1-1).
- Peer Place managed by Senior Connections has data from “No Wrong Door” since the year 2000; two data transfers were instituted
- Recommendation to speak with Area Agency on Aging in the Rapidan Region for methodology they use
- Consider a data point/indicator for social isolation since one of the biggest risk factors affecting seniors
 - Groups could be trained to identify isolated seniors, such as, USPO workers, DSS, “Are you OK program” in Richmond, and other
- Engagement and volunteer data seems to be lacking and could be used in our dashboard
 - Consider opportunity to use volunteer data from Hands On Greater Richmond, Senior Connections and/or AARP
- Consider opportunity for primary source data through the GeroTrifecta (community canvassing initiative) and/or other Age Wave Work Group areas (Toolkit, Age-Friendly Businesses)
- Dashboard should focus on strengths (versus deficits) and obtaining lowest level of data available is ideal
- Statewide and regional data could be processed synthetically. Synthetically treating data would require additional funding.

Indicator Selection Process

ENGAGED COMMUNITIES

Goal: *People of all ages are connected through various volunteer, educational or leisure pursuits that enhance quality of life.*

Objectives:

1. Increase knowledge of **lifelong learning** and **civic engagement** opportunities.
2. Increase **volunteerism**.
3. Increase identification of **support networks** that engage older adults, such as neighborhood associations, faith communities and workplaces.

Measuring this area will include identifying resources and tracking volunteerism rates and opportunities by age. It was noted that this is an area which will be difficult to monitor but important since it represents “opportunity” and “positive activities” for seniors.

LIVABLE COMMUNITIES

Goal: Our region will offer housing, transportation and design features that enable residents to live safely and with dignity through all of the stages of their lives.

Objectives:



1. Increase opportunities for **affordable housing** and **home modification services** for older adults.
2. Increase **mobility** and **transportation infrastructure** in order to decrease isolation of older adults and persons with disabilities.
3. Improve **physical infrastructure** including accessibility to housing and public transportation.
4. Promote **public safety** and make **disaster planning** widely accessible.

Discussions included data related to: crisis rates, use of Livable Home Tax Credits, Medicaid PC (long term care) applicants by age, nursing home residents and weatherization rates. Use of targeted neighborhood interventions would produce additional data.

STABLE COMMUNITIES

Goal: Individuals of all ages are able to obtain jobs and to access services that help to build and safeguard assets.

Objectives:

1. Encourage **businesses to invest in older adult workers**.
2. Increase **workforce entry and retention** for older adults who choose to remain in the workforce.
3. Increase options for **financial security and stability** of older adults.

Some discussion arose on homes to rental or other related housing changes. Others discussed commuting time and demographics of senior population and ways to identify isolated pockets unrelated to “senior” housing. Resources were discussed where age is not a differentiating factor. Numbers of adult day care resources and participants were added.

WELL COMMUNITIES

Goal: Our region has effective and sustainable health and wellness resources that are coordinated, accessible and well utilized.

Objectives:

1. Increase the number of older adults participating in **prevention, wellness and chronic disease management**.
2. Increase access to and coordination of **health care and adult supportive services**.
3. Increase awareness of the critical role of **caregiving and training** that supports caregivers and **skilled health professionals**.

Extensive data is available but not necessarily by age.

SOME NEXT STEPS

- ✓ Michele will send a modified set of indicators by focus area members for review

NEXT MEETING

Friday, April 18th @ 9:30-11:00am at the Joint Commission on Health Care



ATTENDEES

Name	Organization Affiliation
Gigi Amateau	United Way of Greater Richmond & Petersburg
Michele Chesser	Joint Commission on Health Care
Carolyn Comerford	Senior Connections, The Capital Area Agency on Aging
Susan Davis	The Community Foundation
Marcia DuBois	Livable Communities Coordinator, DARS
John Estes	Richmond Memorial Health Foundation
Sara Link	Greater Richmond Age Wave Coalition
Steve Sedlock	GeoHealth Innovations
Jackie Stewart	Richmond Regional Planning District Commission

ABSENT

Name	Organization Affiliation
Eric Garmon	YMCA of Greater Richmond
Brynne Halsey	VA Tech, Student in Human Dev. & Gerontology
Betsy Head	Older Dominion Partnership
Jay Holdren	VCU Medical Center
Christine Jensen	Riverside Center for Excellence in Aging & Health
Ryan May	Humana
Sean McCleary	Bon Secours Virginia Health System