



Meeting Summary: Age Wave Regional Scorecard Work Group

May 23, 2014 @ 9:30am – 11:00am

Joint Commission on Health, 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.

In addition to reviewing best practices across the country, data has been gathered from various national and local 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.

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 Chesser opened the meeting by reviewing minutes from the last meeting and the guiding principles for indicator selection.

Guiding Principles:

- (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.

In addition, she reviewed data definitions, related notes and data sources. She thanked Michael Mallett, United Way of Greater Richmond & Petersburg for the slides and information he shared which is included at the end of these notes.



Data Definitions

• **Actual/Census**: includes member of a given population, • **Sample** which includes a subset of the population used to represent a larger population group, and • **Projection** which includes an estimate of future data. **Sample size** can create sampling errors, since samples do not include the full population. **Rates** allow for comparisons between population groups and over time but need actual data numbers to allow for accurate interpretation of the data.

The first year of data collection is a test run for our indicators with flexibility to reduce and/or change. After the first year, we should be able to make any needed adjustments to indicators based on findings and potential new sources of data.

Compilation of data from multiple years can potentially be problematic because it may not provide adequate comparative information. In addition, rankings can be misleading and we must be cautious in using this information.

Members also discussed the possibility of using a web page to collect information that is either not readily available through an organization or that could potentially become available such as: volunteerism, adult education and older adult classes. This web page would allow organizations to enter their data on a voluntary basis and/or provide a forum for individuals to discuss possible data that could be tracked and/or added. This information could track input and generate reminders to keep the data collection viable.

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.

Key Points of Discussion & Available Data

- Lifelong learning sources (local universities/colleges).
- Lifelong Learning Institute will track new and renewals in Chesterfield: 676 active, no caps.
- Senior Connections will track volunteer participation rates by age in their programs.
- Library usage by age (65+).
- Senior Connections will track Friendship Café participation.
- BRFSS County data on social and emotional support.
- Additional items included Virginia Hospital data on volunteers.

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.

Key Points of Discussion & Available Data

- Nursing home residents (new admissions – age specific)
- Home modifications information may be collected if available by age.
- Public Safety information doesn't seem to be available from one source. We may be able to use Fraud and Safety workshops for seniors.
- No immediate source of long term care for seniors living independently. Concerns about the impact Medicaid reductions for home care were discussed.

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.

Key Points of Discussion & Available Data

- Employment and age of senior workers is sourced via VA Labor Market and by Census.
- New Hires can be tracked by VA Labor Market.
- % below poverty level can be tracked through Census
- Title V participants (Job Reentry for older adults) could also be tracked (Peer Place for Senior Connections [and SPARQ])
- Adult Day Care resources on hours, numbers and age of participants may be available (Family Lifeline, South Richmond Adult Day Care, Hanover Adult Day Care, JFS Adult Day Care, A Grace Place, The Circle Center).
- Adult Day Care worker training available through VCU Department of Gerontology webinars may provide data.

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**.

Key Points of Discussion & Available Data



- The initial list has been narrowed but is strong with BRFSS data.
- Caregiver support training and support is not included in the defined resources. (Source Senior Connections through Peer Place and potential data collection screen through Age Wave)

SOME NEXT STEPS

- ✓ Obtaining commitments from organizations that currently control target data collections.
- ✓ Define a data screen that might be used to collect relevant data from area organizations for under tracked but important activities.
- ✓ Consider if Gerotrifecta community canvassing survey and data can be used in this scorecard

NEXT MEETING

The Leadership Committee will meet on Friday, June 27th at 9:00 am in Chesterfield County.

ATTENDEES

Name	Organization Affiliation
Michele Chesser	Joint Commission on Health Care
Carolyn Comerford	Senior Connections and the Age Wave Initiative
Mitzi Fletcher	Family Lifeline
Eric Garmon	YMCA of Greater Richmond
Jay Holdren	VCU Medical Center
Sara Link	Greater Richmond Age Wave Coalition
Michael Mallett	United Way of Greater Richmond & Petersburg
Sean McCleary	Bon Secours Virginia Health System
Sara Morris	Intern, Senior Connections Mobility Program & Age Wave Coalition

ABSENT

Name	Organization Affiliation
Gigi Amateau	United Way of Greater Richmond & Petersburg
Susan Davis	The Community Foundation
Marcia DuBois	Livable Communities Coordinator, DARS
John Estes	Richmond Memorial Health Foundation
Brynne Halsey	VA Tech, Student in Human Dev. & Gerontology
Betsy Head	Older Dominion Partnership
Christine Jensen	Riverside Center for Excellence in Aging & Health
Ken Lantz	Richmond Regional Planning District Commission
Ryan May	Humana
Sean McCleary	Bon Secours Virginia Health System
Steve Sedlock	GeoHealth Innovations
Jackie Stewart	Richmond Regional Planning District Commission
Susan Triggs	Virginia Department of Health



HANDOUTS



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Richmond & Petersburg

Data Definitions and Notes

Data Sources



United Way of Greater
Richmond & Petersburg

- **U.S. Census Bureau**
 - Census 2012 Population Estimates
 - American Community Survey
 - Small Area Income and Poverty Estimates
- **Virginia Department of Health**
- **Virginia Department of Social Services**
- **Virginia Department of Education**
- **Virginia Employment Commission**
- **University of Virginia PALS Office**

How Precise is the Data?

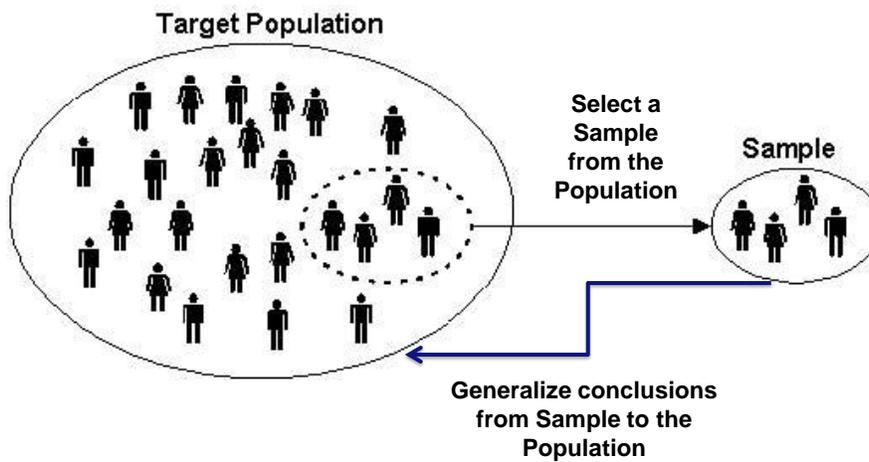


Actual – includes each member of a given population (ex. birth counts)

Sample – a subset of the population is used to represent the larger population group

Projection – an estimate of the future

Sampling

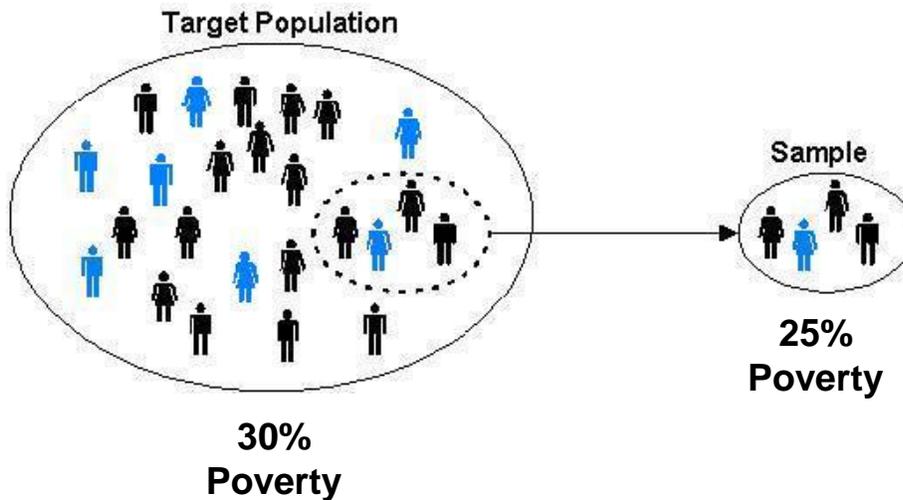


Sample Size and Error

Because samples do not include the entire population, they are not 100% accurate

Sampling Error - caused by the difference between the sample and the full population

Sampling Error Example



Sampling Error

- **MOST of the data presented is ACTUAL data (No Sampling Error)**
 - Department of Education, Department of Health, Department of Social Services, PALS
- **A FEW sources use samples and estimates**
 - American Community Survey, Small Area Income and Poverty Estimates
 - Use caution when looking at smaller subpopulations (such as children ages 0-5) in a small county, the sample size can be small causing a larger margin of error