

Evaluating Your Age-Friendly Community Program

A Step-by-Step Guide

Prepared for



LIVABLE COMMUNITIES
Great Places for All Ages™



by the Portland State University Institute on Aging

Margaret B. Neal, Ph.D.

Iris Wernher

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Evaluating Your Age-Friendly Community Program

1. Introduction and Overview

Congratulations on your community's commitment to become more age-friendly — that is, to become a community that works for people of all ages and abilities.

Cities or communities accepted as members of the AARP Network of Age-Friendly Communities must meet certain conditions. For example, the community executive must agree that the community will:

- Work toward becoming more age-friendly
- Identify and involve stakeholders, including older adults
- Conduct a baseline assessment of the community's age-friendliness
- Write an action plan, based on the results from the assessment, aimed at improving the community's livability for people of all ages
- Identify indicators for assessing and monitoring progress
- Monitor progress
- Establish a process for continual improvement.

Communities in the network are *not* certified as actually being “age-friendly,” but rather as having formally pledged and committed to work toward becoming good places to live for people of all ages, young and old alike.

The AARP Network of Age-Friendly Communities is an affiliate of the World Health Organization's (WHO) Global Age-Friendly Cities and Communities program, which is an international effort that began in 2006 to help cities prepare for the worldwide trends of rapid population aging and urbanization. Enrollment in the AARP age-friendly network enables automatic membership in the WHO global network.

Communities in more than 20 nations, as well as national and regional affiliates, such as AARP, representing more than 1,000 communities, are members of the WHO program. Several dozen communities throughout the U.S. are enrolled in the AARP Network of Age-Friendly Communities. (Visit aarp.org/agefriendly for an overview of the national and global networks of age-friendly communities and access to the AARP Age-Friendly Communities Tool Kit.)

This guidebook was developed to help you document and evaluate your community's progress in becoming more age friendly. Although this task may sound intimidating, with a small dose of courage and by understanding a few key terms, the building blocks of evaluation can come alive and help guide your work.

2. The Why, When and What about Program Evaluation

Why evaluate your program?

Documenting your efforts and assessing improvement (or a lack thereof) will help you answer important questions, such as:

- Did you make progress in the areas you intended to improve? If so, how much?
- Which areas still need improvement? For whom or which groups or places?
- Were there barriers/ facilitators to the implementation of your action plan, and if so, how can they be dealt with/utilized in the future?
- Have your initial goals changed over time? If so, why and how? Should new indicators be used to measure these new goals?

Since evaluating the actions your community is taking to make itself a better place for people of all ages is crucial, you should begin planning for monitoring and evaluation *from the time the program is initiated*. In this way, you can be sure to capture all of the relevant data throughout the implementation process and make any program modifications in a timely fashion.

At right are some key terms we'll be using throughout this document.

Glossary of Key Terms

Inputs

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

Outputs

= The type and amount of program-related activities

Outcomes

= Changes, or results, that are hoped to be achieved through program activities

Baseline Assessment

= The measurement of the status quo before any actions are taken

Action Plan

= A document that describes the actions planned to improve the status quo

Indicators of Success

= Measures that describe whether or not a program or activity has led to the expected results, and if it has, to what extent

Cycle of Continual Improvement

= The continuous sequence of planning, implementing, evaluating and improving a program (aka: iterative refinement process)

Goals

= What you hope to achieve, the outcomes you desire to occur as a result of the program

Documenting and reporting what has been done since your community became part of the AARP network, what has changed, and how these changes have made a difference in residents' lives is very important.

- Visible successes inspire momentum, commitment and creativity in those involved and help attract supporters who are not yet involved.
- For the areas in which there haven't been visible successes, you will gain a better understanding of how to focus your efforts or change your strategies.
- By sharing your experiences with AARP network members, you can help other communities to be successful with their own initiatives.



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When to evaluate

Evaluation is an ongoing process and begins long before you start writing your first progress or evaluation report. In fact, as we mentioned earlier, you should start thinking about your evaluation strategy from the very beginning of your age-friendly effort, formulating the indicators to measure your progress as you develop your action plan. The earlier you begin to document your activities and track the changes that your initiative makes or does not make (yet), the

more efficiently you can adapt your plans, strategies, and efforts.

The evaluation provides evidence of what is working for whom and what could be done better, and that information can be used to make modifications in the program. Thus, your age-friendly initiative can be understood as an iterative process, or as a “cycle of continuous improvement.”

As explained in more detail in the following chapter, members of the AARP Network of Age-Friendly Communities are expected to adhere to a five-year program cycle. At the end of every program cycle, and quite possibly before then, you will write a report that summarizes your findings and conclusions. This evaluation report will indicate needed program refinements and you will add amendments to the action plan as appropriate. The submission of an evaluation report is mandatory and ensures your community's continuing membership in the AARP and WHO age-friendly networks.

The changes and new plans will then be implemented, evaluated and modified as part of the continual improvement cycle. Evaluation does not mark the end of your project. Instead, evaluation is the foundation upon which your program is further refined.

Your Action Plan is a Living Document

It is important to understand and develop your action plan as an "active" rather than static document. Continual revisions and amendments are a sign of program improvement and progress, not of failure.

An Example: Your evaluation may reveal that program activities in one area, say the creation of more affordable housing, have progressed as planned, but the activities in another, such as improvements in social inclusion of older adults in the community, have fallen short, with some groups not reporting improvements.

This information can be used to identify which groups should receive additional attention and focus, and specific activities can be developed and implemented. The next evaluation will hopefully show that the program modifications were effective and that the targeted groups were reached, involved, and that improvements in feelings of social inclusion were realized.

What to evaluate

A common way to evaluate a program and its effectiveness is to look at the program's process, including its inputs and outputs — and its outcomes (see Figure 1 on page 6). Inputs, outputs and outcomes will constitute the indicators you'll track and evaluate.

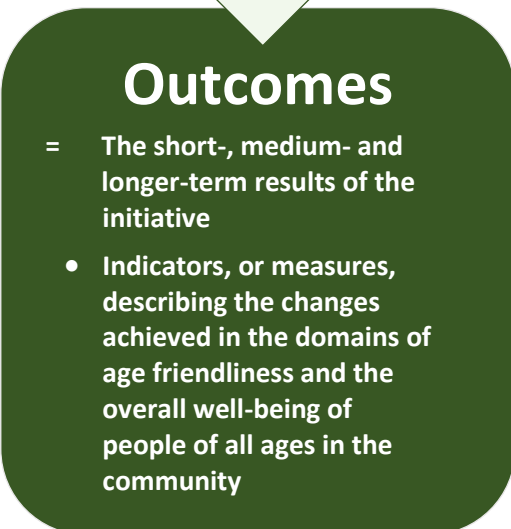
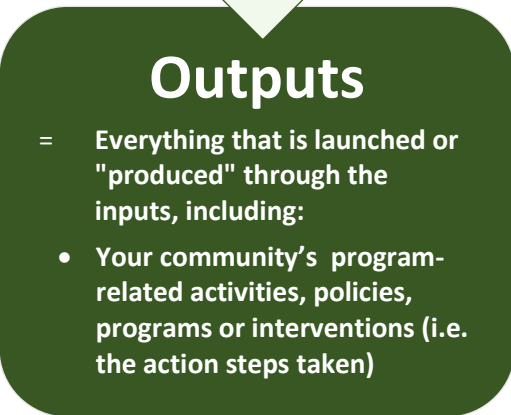
Inputs are the *resources* that are put into your initiative — or the *factors that facilitate* its success. These resources or enabling factors include time and money, but also the involvement and commitment of stakeholders from the public, private and non-profit sectors, as well as residents themselves. The results from your baseline assessment can also be considered an input.

Outputs describe the type and amount of *program-related activities* that have been implemented (e.g., the number of public computer literacy courses available, offered with the goal of improving access to

information and social inclusion — which is an outcome).

Outcomes are the *short-, medium and long-term changes or results that are hoped to be achieved due to implementing the program activities*. These are the *results or indicators of success* (also called measures of success). For example, having computer literacy classes available (an output) would hopefully result in an increase in perceived access to information and reduced social isolation, which could be desired short-term outcomes leading to the long-term outcomes of improved physical and mental health of residents in the community.

Note: *Some measures may be both inputs and outputs. For instance, the “number of people 50-plus involved” can be an input measure, because the commitment of residents is a program resource. At the same time, “involving more people 50-plus” may be a strategy in your action plan, so the number of residents aged 50-plus who are involved in program activities becomes an output.*



INPUT EXAMPLES

- The formation of an advisory council consisting of stakeholders from all sectors who commit to continuous cooperation and regular meetings
- Ongoing communication with the local government to support the initiative
- Data from focus group interviews with older adults that help you determine your community's indicators of success
- Allocation of paid staff to the initiative

OUTPUT EXAMPLES

Your age-friendly action plan, including identified indicators of success and interventions initiated to improve...

- the number of housing units following Universal Design requirements
- the number of parks and green spaces in underserved areas
- outreach to minority and low-income groups
- the number of businesses certified as an age-friendly business

SHORT- and MEDIUM-TERM OUTCOME EXAMPLES

- Improved walkability
- Increased number of affordable housing units
- Increased volunteering

LONG-TERM OUTCOME EXAMPLES

- Improved physical health
- Improved mental health
- Improved economic well-being of residents

Figure 1: Inputs, outputs, and outcomes, with examples.

3. The AARP Network of Age-Friendly Communities Program Cycle

When a community becomes part of the AARP Network of Age-Friendly Communities, it is committing to work toward improving its livability for all people. Being part of the network involves a rigorous five-year membership assessment cycle consisting of Planning, Implementing, Evaluating and Continuously Improving.

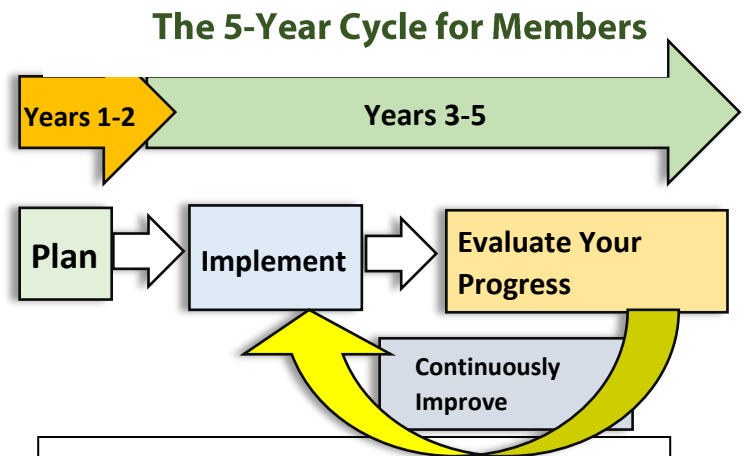
THE PLANNING PHASE

Typically, the Planning Phase takes two years. A community enrolls in the network by submitting a letter of commitment from the community's executive (e.g., mayor, county commissioner, etc.) to their AARP state office, which will inform the AARP national office, which will advise the WHO of a new enrollment.

Next comes the identification of stakeholders (e.g., from non-profit organizations, businesses, government agencies, other community partners) and, of course, age 50-plus residents. Many communities form an advisory council to guide their work. After completing these first steps, the community will conduct a baseline assessment of its livability and then develop an action plan for improvement, including indicators of age-friendliness that will be monitored.

Creating an Action Plan

Resources for the **Planning Phase**, including action plans and assessment tools, can be found at AARP.org/agefriendly, in the Planning section of the AARP Network of Age-Friendly Communities Tool Kit.



The World Health Organization's "8 Domains of Livability"

1. Outdoor spaces and buildings
2. Transportation
3. Housing
4. Social participation
5. Respect and social inclusion
6. Civic participation and employment
7. Communication and information
8. Community support and health services

▪ Learn more with the AARP slideshow "8 Domains of Livability."

Ideally, the WHO livability domains will serve as a scaffold for your baseline assessment and action plan. You will plan for improvements and identify indicators of age-friendliness within the individual domains (e.g., for the transportation domain, "more transit stops with shelters and benches") that you have identified as relevant for your community. Since you will use these indicators to assess your progress over time, they can also be called "indicators" or "measures of success."

After completing the action plan, you will submit it to AARP for approval and to ensure your community's continuing membership in both the AARP and WHO networks.

** **Note:** Indicators are likely to vary considerably by community, just as action strategies will vary, depending on the areas identified during the planning phase as needing improvement in the community.*

Additional sources for possible indicators to use include the WHO's Checklist of Age-Friendly Features, the core indicators being developed by the WHO (still in draft form at the time of this writing) and the AARP Livability Index, which will be launched in Spring 2015.

The AARP Livability Index

A data-driven online tool, the AARP Livability Index will measure a community's quality of life for all ages and the extent to which it fosters independence among older residents. A community's Livability score will be based on, among other inputs, the community's existing features and attributes.

THE IMPLEMENTATION PHASE

During the Implementation Phase, a community puts its ideas for improvement, as documented in the action plan, into practice. Presenting the action plan to the local government for official approval and commitment is a great way to start this phase of the process. As the community starts and continues to implement the action plan over the next three years, it is imperative to monitor the indicators closely.

The Work Begins

Resources for the **Implementation Phase** can be found at AARP.org/agefriendly under the **Implementation** section of the AARP Network of Age-Friendly Communities Tool Kit.

THE EVALUATION PHASE

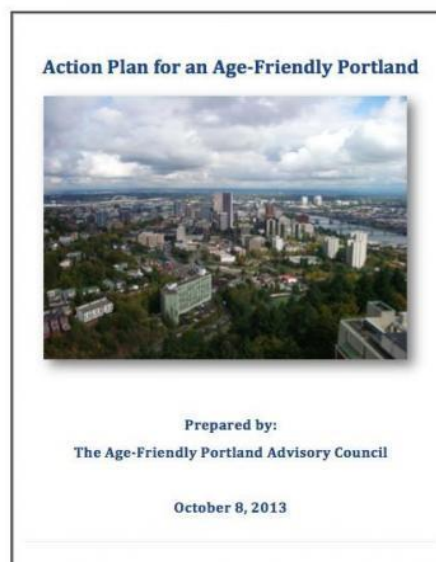
The evaluation phase is an ongoing process during which the community is monitoring and documenting its activities and changes using its indicators of success. The next section of this guidebook outlines the evaluation process in detail and provides real-life examples from other communities in the AARP network.

When it's Time to Evaluate

Resources for the **Evaluation** phase (including this guidebook itself) can be found at aarp.org/agefriendly, under the Evaluation section of the AARP Network of Age-Friendly Communities Tool Kit.

The Action Plan is the Centerpiece of the Age-Friendly Communities (AFC) Initiative

It is the community's "manual" or guide through the process of continual improvement. Although every action plan is different, depending on a community's priorities, can be helpful to look at what other communities have done. To take a look at Portland, Oregon's plan (pictured below), visit the Member List page at aarp.org/agefriendly or click on the image.



4. A Step-by-Step Guide to Evaluating Your Program

Inputs, outputs and outcomes are the elements that bring an initiative to life. They constitute the dynamic processes of change and improvement. This is why they're considered the core components of an evaluation. The following sections will show, step-by-step, how inputs, outputs and outcomes can be defined and measured.

Step 1: Defining Indicators: Inputs, Outputs and Outcomes

The indicators (inputs, outputs and outcomes) of age-friendliness will follow from a community's planning and implementation process. The action plan will stipulate desired outcomes and activities within the domains of age-friendliness that are designed to achieve those outcomes. It will serve as a guide for output and outcome indicators.

Note: *Some communities have consolidated (Honolulu), expanded (Portland), or otherwise modified (Philadelphia) the domains to fit their local needs and preferences.*

Along with deciding which indicators to use in monitoring and evaluating a program, the community or program will have to make other important decisions as well:

- What kind of data will be used to measure improvement?
- Will the data be quantitative (numbers and statistics), qualitative (focus group or interview data) or both?

- Will the community work with existing (secondary) data or will it collect its own (primary) data, or both?

Quantitative vs. Qualitative Data

Numbers alone (quantitative data) cannot convey the difference a program component has made in individuals' lives, yet **personal stories** (qualitative data) are not likely to be as convincing of a program's merit as large numbers of people who have been served.

What to do? Use both!

- Use quantitative data to show the reach of the program and help document benefits versus costs, and
- Use qualitative data to put a "face" on the program and show its personal impacts.

Examples of Primary and Secondary Data

Some examples of **Primary Data**:

- Special surveys, interviews or focus groups conducted for the purpose of the age-friendly program, personal stories gathered or program records kept for this purpose.

Examples of **Secondary Data**:

- The U.S. Census, the American Community Survey, Walkscore, administrative data from local and state governments and non-profit organizations.

The decision about what kind of data to use relates to the *ease, timeliness and appropriateness of the data*.

Resident satisfaction data will generally require doing a special survey, which is costly, time-consuming and may not be sustainable. For example, it may be feasible to conduct a survey one year but then not again for several years.

Or a survey may have been conducted for another purpose but not have the data available to allow examining the data by subgroups (e.g., age, gender, income, ethnicity).

If such a survey is conducted regularly by another organization, the community may be able to add questions to that survey for a fee or to pay for additional sub-group analyses of the data.

- If the community decides to collect data itself, who will it be collected from? For example, if the choice is to conduct a mail survey in the community, who will it be sent to? How can the community assure that this group of recipients is representative of the population whose perspective it's interested in?
- Is it possible to use data sources and types of data similar to those used or collected for the baseline assessment (for the purpose of better comparison)?

- Who is on the evaluation team? Who will be in charge of planning the evaluation? Who will be responsible for the collection of data? Who will be responsible for the analysis? Who will write the report?
- How can you make sure the results can be used to continuously improve the program?

Note: *It's important to use evaluation tools that are valid — that are actually measuring what needs to be measure. This may sound trivial, but sometimes it can be tempting to use data that is readily available but isn't very useful in capturing changes the program may have brought about.*

Other important characteristics of indicators are that they should be:

Measurable: Can the indicator be quantified or observed in some way?

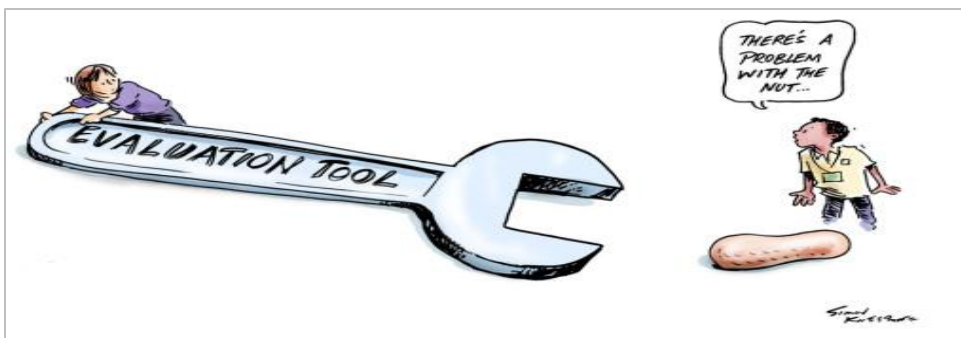
Meaningful: Does the indicator link to a goal, objective or action of the initiative?

Possible to influence locally: Is the indicator subject to influence by the local government or private sector? If the indicator is measured at the state or national level, it will not be very useful to track 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 (e.g., by age group, gender, income level) be made?

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EXAMPLE

PORTLAND’S BASELINE ASSESSMENT

The results from Portland’s baseline assessment served as a key foundation for the Age-Friendly Portland Action Plan and will constitute the groundwork for future follow-up assessments, as will existing data from a number of sources.

The baseline assessment involved following the **WHO protocol for cities in its Global Age-Friendly Cities project**.

- Primary data was collected through eight focus groups (with older adults, informal caregivers, and public and private service providers)
- Participants were asked about the positive experiences, barriers and suggestions with regard to the city’s age-friendliness

Strengths of the baseline assessment:

In-depth qualitative assessment and direct involvement of residents; data gathered specific to age-friendliness, so these directly focused results can be compared to those of future assessments

Weaknesses of the baseline assessment:

Time consuming; costly to gather and analyze data; small sample: participants may not be representative of older residents of Portland in general; no objective indicators

Secondary Data Sources to be Used for Further Assessment and Evaluation:

Portland City Services Satisfaction survey (city auditor’s office), local and regional data from the U.S. Census, U.S. Environmental Protection Agency, National Household Travel Survey, Home Forward, Regional Land Information System, Corporation for National and Community Service, etc., for data on:

- General demographic characteristics
- Accessibility of outdoor spaces and amenities
- Cost of transportation
- Housing cost burden
- Average distance to nearest clinic
- Volunteerism, etc.

Examples for input, output, and outcomes indicators

The tables on the following pages show sample input, output and outcome indicators under consideration for the monitoring and evaluation of the AFC initiative in Portland, Oregon.

Sample Input Indicators used in Portland

Advisory Council	<ul style="list-style-type: none">• Number of members• Number of organizations/sectors represented• Types of skills/assets represented• Number of hours invested in meetings, preparation, communication
City Commitment	<ul style="list-style-type: none">• Letter of commitment signed by the mayor• Assignment of liaisons to the Advisory Council by the mayor, city commissioners• Attendance of liaisons at Advisory Council meetings• Amount of funding provided for coordination of the effort• (New) Action plan passed by the City Council• (New) Advisory Council recognized by the City Council
Existing Data	<ul style="list-style-type: none">• Baseline data from assessment of age-friendliness• Report from Multnomah County Task Force on Vital Aging• U.S. Census data on demographic characteristics of population

Sample Output and Outcome Indicators used in Portland, Oregon, by Domain

WHO Domain	Output Indicators	Short-Term Outcome Indicators	Long-Term Outcome Indicators
	Interventions: The policies, services, programs implemented to make the community a better place for people of all ages	Improvements/results achieved	For all residents
Outdoor spaces and buildings	<ul style="list-style-type: none"> • Provide bus routes, sidewalks, clear and safe pathways, and legible way-finding signage to the amenities, along with benches, water fountains, exercise stations and recreational programs in natural spaces and green spaces • Create additional parks and green spaces in underserved areas such as East Portland 	<ul style="list-style-type: none"> • Greater accessibility and use of parks, natural features and green spaces 	<p>Improved physical health</p> <p>Improved mental health</p>
Transportation	<ul style="list-style-type: none"> • Improve the range of accessible transportation options. Prioritize investment in parts of the city where there are notable deficiencies in active transportation infrastructure • Foster the use and availability of alternative transportation options that are community oriented, such as car-share programs and local cooperatives 	<ul style="list-style-type: none"> • Greater range of accessible transportation options • Increased percentage of residents using alternative transportation 	Improved economic well-being
Housing	<ul style="list-style-type: none"> • Offer guidance to planners and developers regarding best practices for age-friendly housing and technical assistance for completing age- and ability-appropriate housing • Review and strengthen policies that pertain to tax abatements, local and statewide structural code, fair housing, green building, urban renewal, visitability and affordability 	<ul style="list-style-type: none"> • Higher percentage of households paying less than 30 percent of income for housing • Increased number of units of accessible housing • Greater array of types of innovative housing types 	Improved quality of life

Sample Output and Outcome Indicators used in Portland, Oregon, by Domain (continued)

WHO Domain	Output Indicators	Short-Term Outcome Indicators	Long-Term Outcome Indicators
Social participation	<ul style="list-style-type: none"> • Create a directory of age-friendly activities, with information (including in print form) about cultural activities, health-related programs, life-long learning opportunities, and faith-based organizations and places of worship • Help neighborhood associations, formal and informal groups, and city agencies focus on involving older adults of all cultures in social activities, as well as be intentional in learning about and from the older adults within their geographies • Initiate intergenerational exchanges and programs that include storytelling, oral histories and written histories as ways to pass along knowledge and experience 	<ul style="list-style-type: none"> • Greater participation in cultural or religious events and organizations • Greater participation in neighborhood association events and meetings • Increased opportunities for intergenerational contact and understanding 	<p>For all residents</p> <p>Improved physical health</p> <p>Improved mental health</p> <p>Improved economic well-being</p>
Respect and social inclusion	<ul style="list-style-type: none"> • Use language that is preferable to older adults, such as “honored citizens” (a term utilized by TriMet) • Develop and share best practices for improving the accommodations for people with disabilities at public meetings (e.g., captioning). • Develop an age-friendly educational campaign about the value of older adults 	<ul style="list-style-type: none"> • Increased number of “honored citizen” policies • Greater percentage of public meetings with accommodations for people with disabilities • Improved understanding of the value of older adults 	<p>Improved quality of life</p>

Sample Output and Outcome Indicators used in Portland, Oregon, by Domain (continued)

WHO Domain	Output Indicators	Short-Term Outcome Indicators	Long-Term Outcome Indicators
Civic participation and employment	<p>Interventions: The policies, services, programs implemented to make the community a better place for people of all ages</p> <ul style="list-style-type: none"> • Continue to educate older adults about existing policies, systems, and strategies for effecting change so that they can engage effectively in shaping future policy and decision making in Portland • Create a web-based portal that identifies community-wide opportunities for engaging older adults in the social sector and provides an orientation to the sector. • Educate businesses on the value of older workers. • Educate businesses on the value of becoming a certified age-friendly business. • Provide support to older adults who wish to work and/or begin new businesses. • Promote Portland as a visitor destination for people with disabilities and older adults who may be searching for easy-to-use facilities and welcoming, age-friendly environments. 	<p>Improvements/results achieved</p> <ul style="list-style-type: none"> • Increased number of trained advocates • Greater proportion of residents who volunteer • Improved employment rate • Increased number of certified age-friendly businesses • Increased number of tourists 	<p>For all residents</p> <p>Improved physical health</p> <p>Improved mental health</p> <p>Improved economic well-being</p> <p>Improved quality of life</p>

Sample Output and Outcome Indicators used in Portland, Oregon, by Domain (continued)

WHO Domain	Output Indicators	Short-Term Outcome Indicators	Long-Term Outcome Indicators
Communication and information	<ul style="list-style-type: none"> • Maintain and promote the 24-hour hotline, the Aging & Disability Resource Connection (ADRC) website and the 211 info phone number, text option and website • Ensure that all city websites follow best practices and standards for online communication. 	<ul style="list-style-type: none"> • Greater use of and satisfaction with the county’s 24-hour hotline and Aging and Disability Resource Connection, 211 information number 	For all residents
Community support and health services	<ul style="list-style-type: none"> • Improve the existing plan for dealing with vulnerable populations in emergency situations by strengthening the mechanisms for coordinating Portland’s response systems with those of other local and regional agencies • Ensure that libraries are age-friendly hubs and that neighborhood schools are transformed into multi-functional facilities to meet the needs of a range of residents of all ages • Educate and empower individuals of all ages and abilities to positively affect their own health and well-being through engaging in healthy behaviors, as well as understanding and working to improve the social conditions that influence how well people age • Integrate hospitals and long-term care settings into neighborhoods so those receiving care are in accessible neighborhoods and supportive and healing environments that promote health and well-being 	<ul style="list-style-type: none"> • Improved emergency preparedness system for residents with special needs • Greater proximity to key services for residents • Improved proximity to medical services (clinics, hospitals) • Greater engagement in healthy behaviors 	<p>Improved physical health</p> <p>Improved mental health</p> <p>Improved economic well-being</p> <p>Improved quality of life</p>

Step 2: Assessing Your Inputs

Although it seems logical to be primarily interested in measuring what was done and the results — in other words, the outputs and outcomes of your efforts — assessing the inputs, or resources, is an equally important part of the evaluation.

The input assessment will help determine why an initiative was successful or not. It will also provide information about the efficiency of the program.

For example, some communities may be very successful with limited resources because there is strong local government support for the initiative. Other communities may be equally successful, but the success stems from a lot more time and effort because the various stakeholders have conflicting interests and cannot agree on a goal.

TWO EXAMPLES:

Macon Bibb County, Georgia, created its age-friendly advisory council in an interesting way. After potential members were identified, the Mayor sent an invitation letter. This way, being on the council was perceived as an honor the invitees could not easily turn down.

Portland, Oregon, created its Age-Friendly Portland Advisory Council in 2006, when the Institute on Aging at Portland State University began collaborating with the World Health Organization in the WHO's Global Age-Friendly Cities project. Since then, the initial advisory council has grown into a 20-member body sanctioned by the Portland City Council.

INPUT ASSESSMENT (A PORTLAND EXAMPLE)

INPUT/RESOURCE:

Age-Friendly Portland Advisory Council

FUNCTIONS: Plan, implement, coordinate and continuously improve Portland's age-friendly activities

MEASURES: The number and affiliation of members and their time investment. In 2014, the Portland's advisory council included 20 members representing:

- Portland State University, Institute on Aging (two coordinators)
- Institute for Metropolitan Studies
- AARP Oregon
- Elders in Action
- Commissioner Nick Fish's office
- City of Portland Bureau of Planning and Sustainability
- Multnomah County Aging & Disability Services Division
- Coalition for a Livable Future
- Corporation for National & Community Service
- Metro
- Ride Connection
- Terwilliger Plaza
- Augustana Lutheran Church
- Asian Health & Service Center
- El Programa Hispano
- Oregon Health and Science University
- Bloom Anew
- Venture Portland
- Older Adult Advocate

Representatives from the mayor's office and each of the other three city commissioners' offices also attend meetings but are not advisory council members.

TIME REQUIREMENTS: Approximately three hours per month per person based on bi-monthly meetings of the full council, bi-monthly subcommittee meetings and communication and project development work between meetings

One of the greatest strengths of Portland’s advisory council is that its members are very committed and many have been working together for several years now. This long-standing collaboration helps in planning activities in a well-coordinated manner. For instance, the group is working on strategies to increase the participation of older adults in the initiative.

The Advisory Council: Sample Input Indicators

- **Quantitative input indicators** could be the number of advisory council members involved, the number of groups represented, and the hours regularly invested in the meetings as well as in the preparation and communication activities that occur between meetings
- **Qualitative input indicators** of the council as a resource could examine what type of age-friendly projects the members are working on, the types of expertise and networks they bring to the table, and so on.

An advisory council can be considered an “input” item. The resources that are “put in” are the time, the experiences, the knowledge and the inspiration of all members to work toward a community for people of all ages.

Example of a Revised Input

When Portland realized that its advisory council lacked expertise and representation from the faith and ethnic communities, additional members were recruited to fill those gaps.

In addition to assessing the existing inputs and resources, it is worthwhile to look into:

- Possible conducive inputs and resources that are *missing* or have not yet been tapped
- Any *weaknesses* with the existing inputs and resources
- Factors that are — actually or potentially — *impeding* the process

Paying attention to facilitating and impeding factors, or strengths and weaknesses, can be very useful for future decisions and activities. It will help answer questions such as, “How can barriers be overcome or avoided?” “How can facilitating factors be strengthened or multiplied?”

Although impeding and facilitating factors usually look very different in different communities, members of the AARP Network of Age-Friendly Communities can learn from one another by sharing their experiences, lessons learned and success stories.”

Examples of Successful Inputs

- Washington, D.C., lead staff ensured community commitment by **involving seven key clerical leaders** in the age-friendly communities process
- The Austin, Texas, effort is greatly aided by its **mayor, who has included aging issues as part of his platform**

Step 3: Assessing the Outputs

Everything the community *does* with regard to age-friendliness can be considered an output, if the activity is part of or related to the initiative.

Outputs can be relatively easy to assess. Ideally, the actions and strategies detailed in the action plan, which are based on the initial assessment of the status quo in each of the eight livability domains, can be a guide for what outputs to look for. Current data can be assessed or collected and compared to the results to the previous findings.

Since most communities will not pursue all the goals stated in the action plan at the same time, it is advisable to begin evaluating those areas in which the most age-friendly activities have been carried out. Not all eight domains need to be focused on at once, and within the domains, not all action items must be realized simultaneously. At the same time, it is important to report which areas of improvement have not yet been targeted.

Note: *Data collection needn't be expensive, time-consuming or complicated to be meaningful. Similarly, a result does not need to be groundbreaking, unique or large scale to be noteworthy. A single personal story or a small but powerful example of the initiative's success can be very inspiring. Every small step counts and is worth sharing! "Quick wins" can be extremely valuable in maintaining momentum and support for the age-friendly effort.*

Two Sample Outputs

Let's say the plan has identified the need for greater respect to be shown toward older adults. Let's say an action devised to address this need is to set aside seats on public transportation for older adults and people with disabilities. An output would be a policy adopted by the public transit authority designating special seating for these populations. Alternatively, perhaps such seating has already been designated, but the seats are often not yielded to older adults or people with disabilities. An output could be the percentage of time seats are yielded.

An Example of a Successful Output

In New York City, older adults expressed a desire to be more active, but they were not using the local swimming pool. Special "senior swim hours" were implemented (that's the output). A short-term **outcome** is that more seniors are using the pool.

Step 4: Assessing the Outcomes

Everything a community *achieves* as a *short-term or long-term result* of its age-friendly efforts is an outcome.

Some outcomes, such as improvements in physical, mental or economic well-being, will take longer to manifest and may not be observable even within the scope of the five-year program cycle. Others, such as changes directly tied to the objectives of the action steps within each of the domains of age-friendliness, will be visible sooner.

It is critically important to decide now which short- and long-term outcomes are desired, and then determine how and where their assessment data will be acquired.

When working with secondary data that is relatively easy to access and analyze (e.g., census data), it's useful to monitor changes or trends in the areas where the hope is to see positive changes. Watching the community's development in these areas can help determine whether observable changes were brought about by the initiative, by other factors or by a combination of the initiative and other factors.

Regardless, this question of causality (can the results achieved be attributed directly to the age-friendly initiative) is never an easy one to answer.

Step 5: Writing the Report

There are many ways to write the evaluation report. The sample evaluation report outline (see the box at right) is one example of how such a report can be structured.

Sections can be omitted and added depending on a community's characteristics and the nature of the initiative. Whatever look is decided upon, the most important feature of the report is that it draws a clear picture of what has been invested, learned, achieved and not (yet) achieved.

When writing about the designated areas of improvement, color schemes, as shown in the progress reports of Canberra, Australia and New York City (see Figures 2 and 3 on pages 21 and 22), are a great way to visualize the status of the activities and projects.

Remember: The report is not the end of the journey. It's the *start* of a new cycle of continual improvement and the groundwork for new decisions and plans.

Sample Evaluation Report Outline

I. Program Description (including inputs)

- a. Background (initiation, people and partners involved, available and expended resources)
- b. Baseline assessment (methods and findings)
- c. Program goals/desired outcomes, proposed activities/strategies and corresponding indicators (from the action plan) and how they relate to the findings of the baseline assessment

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 program
- e. Plans for future avoidance/handling of program impediments

III. Methods for Evaluating the Program

- a. Evaluation team
- b. Data used

IV. Findings: Program Outputs (and outcomes, if available)

- a. By domain, using indicators in the action plan or developed subsequently; quantitative and qualitative information; comparisons to the baseline assessment, when possible
- b. Other outputs
- c. Outcomes (if data is available)

V. Conclusions

- a. Program strengths and accomplishments
- b. Program weaknesses and areas for improvement
- c. Plans for future improvement
- d. Lessons and materials to share with the AARP network
- e. Suggestions for ways the AARP network can improve
- f. Plans for publishing evaluation results

Step 6: Refining the Action Plan

As noted the action plan is a not static document. Once the first evaluation is complete, the evaluation report will, hopefully, contain many ideas and invaluable insights regarding further program improvements and advances. These ideas and insights should find their way into the action plan in the form of revisions and amendments.

Now that the work has come this far, *congratulate yourself and the many people who have been, are and will be directly or indirectly involved in the initiative.*

With the evaluation report written and the action plan refined, a new cycle of continual improvement toward making the community a better place for people of all ages and abilities can begin!

Recommendation

As you think about possible refinements to your action plan, take a look what other communities have done. This is what working as part of a network is all about — members sharing best practices and supporting each other.

FIGURE 2: Excerpt from Canberra’s 2011 “Report on Implementation of the ACT Strategic Plan for Positive Ageing.”
 The status of the individual actions is visualized in red (not achieved), yellow (partially achieved) and green (achieved).




ACTIONS	LEAD AGENCY	PERFORMANCE INDICATORS	AGENCY PROGRESS REPORTS	MACA COMMENTS
3. Develop and promote an online ‘Seniors Information Portal’.	DHCS	Portal is developed and promoted.	The Portal was launched on 1 October 2010, the International Day of Older Persons.	Achieved 
	DHCS	Number of Portal hits.	2958 unique hits were recorded between 1 October 2010 – 30 May 2011	Noted – statistics provide a baseline for future assessment.
	DHCS	Direct feedback through link on Portal.	The Portal is updated based on community feedback and information made available through the media. A number of organisations have requested that their websites are included on the Portal. Visitors can provide comments through the DHCS Feedback form. A new tab, ‘Resources for Professionals’ has been added.	Achieved 
	DHCS	Positive feedback from Seniors Week survey regarding awareness and usefulness of the Portal.	Not undertaken during Seniors Week 2011– but will do so for Seniors Week 2012.	Not achieved  Noted for inclusion in next Action Plan.

FIGURE 3: Excerpt from New York City’s 2013 Progress Report on its 59 citywide age-friendly initiatives. The status of the individual initiatives is indicated in red (suspended), orange (needs more work) purple (ongoing), or green (fully launched).

HOUSING	
AFFORDABLE HOUSING DEVELOPMENT	
Initiative	Status & Accomplishments
13 Target housing funds and streamline process of building low income housing for older New Yorkers	█ Section 202 funding, also known as "HUD 202," is a program funded by the federal Department of Housing and Urban Development (HUD) to support the construction of affordable housing for low income older adults as well as to subsidize the rent in these housing units once they are built. This funding has been eliminated from the federal budget.
14 Examine parking requirements for affordable senior housing and amend the zoning code as necessary to facilitate construction of senior housing	█ Over the past year, the City's Housing Preservation and Development (HPD) has conducted an analysis to determine what types of modifications to the zoning code regarding parking in senior housing developments would best meet both the increased demand for senior housing and community needs. To this end, HPD has provided data on the use of parking lots at senior housing developments, which were reviewed by the City's Department of City Planning (DCP). DCP is incorporating this information in a study of off-street parking policy in areas accessible to mass transit, which is intended to guide future zoning policy and initiatives. The study is expected to be released in 2013.
15 Provide loans for rehabilitation and new construction of affordable housing	█ Since 2003, when the Mayor first announced the New Housing Marketplace Plan, the City's Housing Preservation and Development (HPD) and the New York City Housing Development Corporation (HDC) have funded more than 100,000 units of affordable housing—putting the City on track to reach the goal of 165,000 units by 2014 as outlined in the Plan. A key aim of the Plan has been expanding the City's supply of affordable and sustainable housing. To this end, HPD is strategically targeting new construction funding toward populations with the greatest need, including older New Yorkers. HPD set a goal of investing more than \$90 million through 2014 to supplement HUD 202 allocations in order to finance an additional 1,000 units of affordable housing for older adults. The City is well on the way toward meeting this goal. HPD provided gap financing assistance for 663 units of affordable senior housing from FY11 through FY13. One project that was recently completed is Markham Gardens, a development in Staten Island that includes an 80-unit residence for older adults, built on land formerly controlled by the New York City Housing Authority (NYCHA).
HOMEOWNER & RENTER ASSISTANCE	
Initiative	Status & Accomplishments
16 Provide loan assistance to older New Yorkers for home repairs	█ Administered by the Parodneck Foundation with funding provided by the City's Housing Preservation and Development (HPD), the Senior Citizens Homeowner Assistance Program (SCHAP) has made over \$15 million available to older New Yorkers since its inception in 1998. The program assists senior homeowners with house repairs and foreclosure prevention, ensuring that older and homebound homeowners can remain in their homes. The City recently allocated \$500,000 to enable the program to address both emergency repairs and general rehabilitation.

█ FULLY LAUNCHED
 █ ONGOING
 █ NEEDS MORE WORK
 █ SUSPENDED

5. The Age-Friendly Journey: An Example

To help you visualize the entire cycle of membership in the AARP Network of Age-Friendly Communities, the following describes fictitious “Sampleville’s” journey toward becoming an age-friendly community in the AARP network.

Joining the Network

Three years ago, the AARP state office director of “Samplestate” learned about AARP Network of Age-Friendly Communities, a program created to help communities in the U.S. become more livable for people of all ages. The director thought it would be great for a community in her state to join. Since she was already working on public transportation issues with leaders and AARP members in “Sampleville,” she proposed the idea to that community.

Working with AARP, people from Sampleville selected a group of representatives to serve as a steering committee. They then requested and obtained a meeting with Sampleville’s mayor. The mayor had realized the city’s population was aging and agreed that planning to take full advantage of older adults as resources would be a good idea. He suggested the steering committee meet with each of the city’s three commissioners to make sure they were on board. All

agreed, so the mayor wrote a letter of commitment indicating that Sampleville wanted to be a community for people of all ages. The mayor noted that Sampleville was willing to conduct a baseline assessment of the city’s age-friendly features, barriers to age friendliness and suggestions for change. The mayor also explained that an action plan would be prepared and implemented and progress monitored over a five-year cycle in order to make Sampleville a better place for all its residents.

Along with a membership form that is available via aarp.org/agefriendly, the letter of commitment served as the community’s application to join the AARP Network of Age-Friendly Communities. The documents were sent to the AARP state office director, who then advised the AARP national office to initiate Sampleville’s membership in the larger World Health Organization’s (WHO) Global Network of Age-Friendly Cities and Communities.

Establishing an Advisory Council

In order to bring important stakeholders to the table, Sampleville’s steering committee met to identify key individuals, organizations and initiatives that were considered crucial for planning and moving forward Sampleville’s plans to become a more livable community for all.

Most of the key stakeholders were already involved in aging or health services. The group included the directors of a prominent local retirement community, the local area agency on aging, a nonprofit organization providing volunteer opportunities and a division of the city’s transportation office aimed at providing door-to-door service to

people with limited physical abilities. Representatives of the African-American, Asian, Hispanic and faith communities were also identified, as these groups have sometimes been overlooked by the city. Staff from the city's planning bureau, faculty from the gerontology and urban planning departments of the local university and representatives of two business associations were identified as well. The steering committee reached out to these actors and invited them to convene and discuss the formation of an advisory council.

At this first meeting, the steering committee introduced and explained the initiative to the attendees. The attendees introduced themselves and their activities and indicated whether or not they were willing and able to participate in regular advisory council meetings. The newly established council then set the ground rules and objectives for further cooperation. They added potential members to a list of invitees, who were consequently contacted and invited to join.

Conducting the Baseline Assessment

The steering committee, along with some members of the advisory council, began to collect local data regarding Sampleville's age-friendliness in order to identify areas of improvement in the eight domains suggested by the WHO: outdoor spaces and buildings; transportation; housing; social participation; respect and social inclusion; civic participation and employment; communication and information; and community support and health services.

Primary and secondary data was used. The assessment team assembled and analyzed existing local data from the city, county and regional governments to gain a first impression of, for instance, the number and location of green spaces and affordable housing units.

National data from the U.S. Census and American Community Survey and the National Household Transportation Survey that could be examined specifically for Sampleville were also reviewed to identify the city's demographic characteristics and transportation use patterns.

In addition, AARP Samplestate and the mayor's office jointly funded a mail survey and several focus groups with residents of diverse backgrounds and in different neighborhoods of the community. Participants were asked to share their opinions on the current status of age-friendliness in the eight domains and their wishes and ideas for future improvements.

The results were compiled in a comprehensive report that served as the foundation for the development of Sampleville's age-friendly action plan.

Writing the Action Plan

Next, the advisory council started to work on developing an action plan to improve Sampleville as a community for people of all ages. Similar to the baseline assessment and report, the action plan was structured in accordance with the domains of age friendliness. The results of the baseline assessment served as anchor points for the formulation of Sampleville's goals, or

desired outcomes, for the initiative. In addition, the knowledge and experiences of the advisory council members, combined with their ideas and visions, were integrated in the plan.

As a result, community-specific areas for improvement were identified and listed, accompanied by strategies to address the needs and indicators of success. Also included were needed inputs, or resources to implement the initiative. For example, the results of the baseline assessment revealed that, in addition to the already known need to improve Sampleville's public transit system, residents see great deficits with regard to safety in and around public parks, especially after dark. Therefore, the action plan included several action items to improve this situation by, for example, working with the city and several neighborhood associations to install lighting and initiate neighborhood patrol programs.

Sampleville's action plan evolved over a period of 14 months as a collectively-created working document. Once the document contained ample and sufficiently precise ideas for improvement in the eight domains, representatives of the advisory council presented it to the mayor and the commissioners. Those leaders approved of the plan and agreed to support the program by working closely with the advisory council on the identified areas of improvement. Since the action plan received AARP approval, Sampleville was recommended for continuing membership in the AARP and the WHO Global networks.

Implementing the Action Plan

Motivated by the local government's support, the advisory council split up into subgroups to work on a first set of improvement projects within the different domains. These initial subgroups were formed according to the most pressing needs, as expressed by the residents in the focus group interviews and the advisory council members' expert opinions.

If special expertise or additional support was needed for an important improvement project, the subgroup leaders — supported by the advisory council — recruited experts or other helpers from the community to join or advise the respective subgroup and also solicited funding as needed. In fact, a significant portion of the initial project work was devoted to establishing and maintaining a support network for the subgroups' activities and interventions. The groups usually worked on their project-specific inputs and outputs simultaneously.

The structures within the age-friendly Sampleville program are well established. Since the initial project, networks were created, similar projects can now be carried out more easily and smoothly.

The subgroup leaders regularly report back to the advisory council at the ongoing plenary advisory council meetings. While planning and implementing the ongoing improvement projects, it has sometimes been necessary to change to the goals, action strategies and indicators mentioned in the action plan. The subgroup leaders carefully document these changes, among others, in annual short project reports.

Evaluating the Age-Friendly Initiative

Early on, two members of the original steering committee were entrusted with the task of coordinating and monitoring the initiative's progress as well as any departures from the original action plan. In order to support these evaluation trustees, the annual reports submitted to the advisory council by the subgroup leaders include a standardized form that lists the status of the intervention or activity (output) — e.g., not launched yet, in progress, completed.

The form notes any measures undertaken to evaluate the activity's efficacy with regard to community goals and perspectives (including the documentation of added, altered or dismissed indicators of success); any inputs, outputs and outcomes related to the activity; and any changes to the original project plan as documented in the action plan, including the reason(s) for these changes (e.g., change of community needs or barriers to implementation).

Since the implementation of the action plan is a continuous process that usually stretches over several years, Sampleville's advisory council unanimously decided to compile an annual progress report on the individual projects within the initiative. Such progress reports include an analysis of both general and project-specific inputs, outputs and short-term outcomes assessed through secondary data and, if available, primary data. Apart from serving as a motivation and feedback tool for everyone involved in the initiative, the progress reports inform residents as well as potential

partners and supporters about ongoing efforts and successes.

During the fifth year after becoming part of the AARP network, Sampleville wrote and submitted its first comprehensive evaluation report as a requirement to remain in the AARP network.

The short reports, as well as the two annual progress reports written after project implementation began, served as the basis for this more official and more comprehensive document. In addition to the analyses already carried out and documented, new data was collected to measure success. A mail survey similar to the one used for the baseline assessment was sent to residents of selected neighborhoods, but with some additional questions, such as those asking whether or not the installation of streetlights in adjacent parks and/or the volunteer-based neighborhood patrols had increased the residents' perception of safety after dark.

Refining the Action Plan

The Age-Friendly Sampleville advisory council used the results from the comprehensive evaluation report to review its originally identified areas needing improvement, including the desired outcomes, or goals, and the indicators of success. Changes to the original plan (as thoroughly documented in the subgroup leaders' short reports, the annual progress reports and the comprehensive evaluation report) were added as amendments to the action plan. The revised action plan is now the basis for new interventions and activities.

6. Referenced Materials

- AARP Network of Age-Friendly Communities Tool Kit
<http://www.aarp.org/livable-communities/network-age-friendly-communities/>
- Age-Friendly Portland Action Plan
http://www.pdx.edu/ioa/sites/www.pdx.edu.ioa/files/Age-Friendly%20Portland%20Action%20Plan%2010-8-13_0.pdf
- “59 Initiatives Age-Friendly NYC” Progress Report
<http://www1.nyc.gov/assets/home/downloads/pdf/press-releases/2013/Age-friendly%202013%20Update%20Report.pdf>
- Canberra, Australia’s 2011 “Report on Implementation of the ACT Strategic Plan for Positive Ageing”
http://www.communityservices.act.gov.au/_data/assets/pdf_file/0010/281494/REPORT_ON_STRATEGIC_PLAN_FINAL.pdf

Membership Has Benefits

As a member of the AARP Network of Age-Friendly Communities, you can establish contacts and share valuable information, experiences and advice concerning the challenges and successes encountered across all stages of the planning, implementation and evaluation processes. Be sure to take full advantage!