Project Identifies 33 Indicators that a Community is "Elder-Friendly"

Implementing benchmarks for elder-friendly supportive communities

SUMMARY

From June 1999 through September 2003, project staff with the Visiting Nurse Service of New York developed a survey and a process for communities to use to rate their "elder-friendliness" and use this information to take action to meet the needs of their elder population.

Key Results

- Project staff developed the AdvantAge Initiative to pilot test the strategy in 10 communities across the United States.

- From February 2000 through January 2003, project staff also identified and profiled "best practices" initiatives that promote elder health and independence in 17 U.S. communities.

- Project staff developed project findings as six "Lessons Learned," set within the context of individual community initiatives.

- They disseminated the findings in a 59-page report, Best Practices: Lessons for Communities in Supporting the Health, Well-Being, and Independence of Older People (available at no cost from the project's website).

Funding

The Robert Wood Johnson Foundation (RWJF) supported these projects with three grants totaling $1,231,502, plus $8,000 from the RWJF Special Opportunities Fund for Communications.
THE PROBLEM

Communities across the country are aging. By the year 2030, one out of five people in America will be over 65. Those 85 and older are the fastest-growing segment of the population. As they grow older, the overwhelming majority of Americans will remain in their homes and communities. In fact, contrary to popular perception of older adults relocating to retirement communities, people aged 65 to 85 are the least likely of any age group to move.

The active involvement of vital, independent older citizens—those "aging in place"—can enhance the social and civic life of communities. At the same time, communities will need to provide services to a growing number of their frail and disabled elders. To prepare for this so-called "Age Boom," many communities need help in creating an environment that will support older people's health and well-being as they age.

CONTEXT

One grantmaking objective of RWJF's Vulnerable Populations Portfolio is to build communities' capacity to support residents in their activities of daily living through the provision of non-medical initiatives and services. RWJF has funded a number of programs over the years to improve service systems for the elderly and people with disabilities:

- **On Lok Approach to Care for the Elderly.** A program developed as an outgrowth of earlier grants to On Lok Senior Health Services to develop and test the feasibility of replicating its model program for long-term care for the elderly (PACE—Program For All-Inclusive Care for the Elderly).

- **Improving Service Systems for People with Disabilities.** Program to strengthen the capacity of community-based agencies run by and for people with physical disabilities to create comprehensive systems of services for this population.

- **Supportive Services Program for Older Persons.** Program to promote the expansion of nontraditional health and health-related services to the elderly.

- **Building Health Systems for People with Chronic Illnesses, an initiative to find models of caring for people with chronic illnesses that will overcome the fragmentation, financing barriers and episodic care of the system.** See Program Results Report.

- **Self-Determination for Persons with Developmental Disabilities,** a program to help states implement a more cost-effective system while simultaneously allowing families and person with disabilities more choice in determining the services they receive. See Program Results Report.
• *Independent Choices: Enhancing Consumer Direction for People with Disabilities.* A program to foster the development of consumer-directed home and community-based services for people of all ages with chronic disabilities. See [Program Results Report](#).

• *Cash & Counseling Demonstration and Evaluation,* a program to allow elderly and disabled Medicaid consumers the opportunity to manage cash allowances in lieu of receiving traditional agency-delivered supportive services. See [Program Results Report](#).

**THE PROJECT**

Under grant ID#s 036955 and 040564, the project was designed to:

- Identify the actual components of an "elder-friendly community"
- Create a tool to measure how well prepared a community is to sustain a growing older population
- Help local leaders plan and monitor community change and development efforts to serve elders.

Its intended "target" was—and remains—local leaders (mayors, business groups, faith-based organizations, etc.) and area stakeholders (for example, health and social service providers, housing and transportation authorities and area agencies on aging).

In a spin-off of the project (under grant ID# 038482), project staff at the Visiting Nurse Service of New York developed five criteria for "best practices" initiatives in communities that effectively support the independence and well-being of older adults (see Appendix 6 for a list of these initiatives).

They identified 17 best practice communities (Appendix 7 lists these); using site visits and telephone interviews, they profiled seven fully developed community initiatives in depth and 10 still-evolving initiatives more briefly.

In the course of this work, project staff also detailed project findings as five "lessons learned" that are at the core of most successful community initiatives (see Findings).

The Visiting Nurse Service of New York, the grantee organization, delivers home health care services in the greater New York City area; its Center for Home Care Policy and Research helps policy-makers, payers and consumers make educated decisions on home health care and community-based services.

A steering committee provided overall project guidance for work under grant ID#s 036955 and 040564 (see Appendix 2 for its members). Nine other foundations provided $921,204 in funding for this project's work (see Appendix 1 for a list of other funders).
Development of the Indicators

In the first phase of the project (ID# 036955), project staff:

- Conducted a literature review and an electronic search of indicators developed or used by organizations, communities and the federal government to measure the well-being of older adults.

  The search revealed that no existing set of indicators of well-being focused specifically on older people and community "elder-friendliness." Project staff also drew upon federal agencies for reliable data about older Americans. All of this information was compiled into a database for the project.

- Contracted with Axiom Research Company (now Cogent Research) of Cambridge, Mass., to conduct 14 focus groups with older people and community leaders in four cities in order to understand what makes a community a "good place for older people to live," according to the people who live there.

  The cities chosen represented a range of geographic areas and types of communities: Chicago (Midwestern, large urban center); Allentown, Pa. (northeast, dense suburban); Asheville, N.C. (south, rural/suburban); and Long Beach, Calif. (west, metropolitan/suburban).

- Assisted by Axiom Research Company (now called Cogent Research) located in Cambridge, Mass., conducted eight in-depth interviews with experts with experience in community development, benchmarking (assigning quantifiable targets to indicators which represent desired outcomes) and aging services.

  In the interviews, experts discussed the value of indicators and benchmarks in creating community awareness about elder issues, and they identified the ingredients necessary to build successful community initiatives to benefit older residents.

RESULTS

Results of Grant ID# 036955

Analyzing the above information, project staff developed a conceptual framework that organized the components of an "elder-friendly community" into four broad categories or "domains." An elder-friendly community is one that:

- Addresses residents' basic needs.
- Optimizes physical and mental health and well-being.
- Promotes social and civic engagement.
- Maximizes independence for the frail and disabled.
A number of "dimensions" describe each domain in more detail. The domains and dimensions are reflected in 33 indicators that communities can use to measure how well they are meeting the needs and nurturing the aspirations of their older residents (see Appendix 3 for a list of indicators).

For example, the model's first domain—"an elder-friendly community addresses basic needs"—is further defined by the dimension "the neighborhood is livable and safe." Communities then can measure that dimension by a number of indicators, such as "the number of people age 65+ who feel safe in their neighborhood," or "the prevalence of perceived neighborhood problems" (with 14 possible problems to look at, such as "heavy traffic" and "noise"). (See Methodology, Appendix 3.)

Consultants with Evergreen Institute on Elder Environments in Bloomington, Ind., assisted with the development of the indicators and technical assistance provided to the participating communities. Evergreen Institute is a nonprofit group dedicated to creating a vision of healthy urban environments for older adults.

Project staff also held meetings with three working groups, which provided input to the project (see Appendix 4 for membership of the Working Groups, and Appendix 5 for a full list of project consultants). Working Group 1 included representatives from communities that have used indicators and benchmarks, experts in community development, journalists and former city government officials.

The project team and two experts in survey design, data collection and data analysis comprised Working Group 2. Working Group 3 included representatives from the communities that would potentially test the indicators in the field.

In preparation for a second or testing phase of the project, the Visiting Nurse Service contracted with Axiom to develop a communications strategy and an alternative name for the project (it became the "AdvantAge Initiative").

**Testing the Indicators**

In this phase (ID# 040564), project staff worked with 10 communities to test the indicators: Northwest Chicago, Indianapolis, Jacksonville, Fla., the Lincoln Square Neighborhood of New York City, Orange County, Fla., Puyallup, Wash., Santa Clarita, Calif., the Upper West Side of New York City, Yonkers, N.Y., and Maricopa County, Ariz.

These communities were selected based on their interest in the project; commitment to focus on issues of aging; capacity to develop partnerships with support service providers, advocates and other influential individuals and organizations; diversity of location, size and progress in addressing aging issues; and access to resources to support local initiatives.
Beginning in January 2002, the project fielded a telephone survey in the 10 participating communities. Interviewers with Westat, a survey research firm of Rockville, Md., conducted telephone interviews with a sample of about 500 to 600 older persons in each of the pilot communities (a smaller number were interviewed in Lincoln Square, New York City, which has only 600 people age 65 or older).

In order to rate their community’s elder-friendliness, the telephone survey queried respondents about their housing and neighborhood conditions, health and welfare, personal and community support networks (including transportation), activities of daily living, caregiving, personal activities, financial independence and personal problems.

Project staff then began the work of analyzing and translating results of this telephone survey into the 33 indicators they had developed for communities to rate their elder-friendliness.

Throughout the testing phase, project staff and consultants provided technical assistance to help pilot communities interpret the telephone survey's data and communicate its messages to residents. They gave additional advice through site visits and conference calls, and through two three-day all-community meetings in New York City in April of 2001 and June of 2002, attended by about 40 representatives of the pilot communities, funders and special guests (see the Bibliography for details).

Like the site visits and conference calls, the meetings were designed to set in place a process—what became the "the AvantAge Initiative"—to help communities use project data to define problems and opportunities in "elder-friendliness," set priorities and develop action strategies.

**Uncovering "Best Practices"

In a spin-off of the project (under ID# 038482), project staff took advantage of information brought to light in their research on elder-friendly communities. This information pointed to a variety of outstanding community initiatives, or "best practices," in addressing the needs of older individuals.

Staff used a combination of Internet research and recommendations from experts in the field to compile a list of these promising efforts. They contracted with Evergreen Institute on Elder Environments to conduct interviews and to pay site visits to those community initiatives considered "transformative" and fully developed, in order to profile them. (Staff considered "transformative" those initiatives that directly attack something detrimental to the well-being of community elders, or that lead to fundamental changes in community perspectives or structures.)

Another consultant, Danylle Rudin, MSW, of Plainview, N.Y., interviewed representatives of a number of still-evolving programs. In the course of this effort, project
staff delineated five criteria for "best practices" initiatives in communities that effectively support the independence and well-being of older adults (see Appendix 6 for a list of these criteria). Project staff also used these interviews and site visits to articulate "lessons learned" that are at the heart of most successful community-based initiatives (see Findings).

For a list of the project's best practice communities, see Appendix 7. Staff used supplementary funding from RWJF's Special Opportunities Fund for Communication to publish findings of its "best practices" work and to add it to its website (see the Bibliography).

Results of Grant ID#s 036955 and 040564

Under these two grants project staff accomplished the following:

- **By the end of 2002, project staff had finished analyzing telephone survey data on 10 of the 33 indicators and sent results to pilot communities.** Communities were in the very early stages of using the indicators to assess their needs for improved elder-friendliness, identify priorities and develop action plans. Some examples:
  
  — In Indianapolis, a leadership panel of 33 people representing various community groups has created the "AdvantAge Initiative Action Guide"—a blueprint for change based on the four domains needed for an elder-friendly community. The goal is to have an impact on aging-related policy in the corporate, philanthropic and public sectors.
  
  — In Jacksonville, Fla., the United Way, the AdvantAge Initiative liaison organization, has convened a council of public and private community funding groups to create a well-defined vision for aging in Northeast Florida. The community survey has become a major component of this council's planning.
  
  — In Lincoln Square, a naturally occurring retirement community in New York City, survey data revealed that while three out of five older residents attended church, temple or another religious activity every week, one out of seven did not know whom to call if they needed information about services in the community. Leaders of the Lincoln Square Neighborhood Center, the AdvantAge Initiative liaison, believe religious institutions are a natural place for older people to get information and are working with local clergy to develop strategies.
  
  — In Maricopa County, Ariz., a local foundation is using the community survey data to refine its funding strategies. The AdvantAge indicators have provided baseline data about the county's older citizens. Based on the survey results, the foundation decided to focus on healthy and productive aging and began a grantmaking program called Life Options Centers, which will provide planning and implementation grants to community organizations, colleges and libraries to start the centers, which are places where older people can go to find out about
continuing productive roles for themselves in the community, such as volunteer, employment and education opportunities.

— In Northwest Chicago, a local coalition called the "Staying Put Group" is using its survey data to address issues that may interfere with older residents' ability to remain in their homes. When survey data revealed that a quarter of older people did not know who to call for services, the Staying Put Group began to look at how to publicize information resources in a better way.

— In Puyallup, Wash., a city 40 miles southeast of Seattle, the local area agency on aging and a local hospital co-lead the AdvantAge Initiative. The group recently created a Data Analysis Committee and a Marketing/Public Relations committee to develop action steps based on the community survey findings. In addition, the 13 Area Agencies on Aging in Washington State have adopted the AdvantAge Initiative framework to organize their four-year strategic plans.

**Results of Grant ID# 038482**

In this spin-off effort, researchers accomplished the following:

- **Project staff completed work on a report, *Best Practices: Lessons for Communities in Supporting the Health, Well-Being, and Independence of Older People.*** Published in June 2003 and available on the project's website, it describes "best practices" initiatives designed to create elder-friendliness in 17 U.S. communities (see the Bibliography). Researchers chose these initiatives from communities across a representative range of geographic locations, community sizes and types. In identifying best practice initiatives staff also:

  — Compiled a list of criteria, or essential elements a community "best practice" initiative would include to make it successful (see Appendix 6 for this list).

  — Assembled overviews of 10 community "best practices" initiatives and more detailed descriptions of seven others (see Appendix 7 for a list of these initiatives).

  — Developed project findings as six "Lessons Learned," set within the context of individual community initiatives and distilled from interviews with key initiative members.

**Findings (Grant ID# 038482)**

In *Best Practices: Lessons for Communities in Supporting the Health, Well-Being, and Independence of Older People*, project staff presented the following findings, expressed as lessons learned:

1. **Stakeholder support is critical to the success of community-based programs.**

   — Build the broadest possible base of stakeholders for the initiative.
— Engage stakeholders from the very beginning and keep them involved and informed throughout the planning process, the implementation and the life of the project.

— Identify the key stakeholders in the community who can champion the project and actively involve them in the effort.

— Recruit those individuals from within stakeholder organizations and agencies who have the appropriate expertise and true decision-making ability.

— Keep project participants focused on the mission and goal of the project.

2. **Two types of knowledge are essential to the success of any community-building endeavor: savvy, which means understanding the community or environment in which the project is operating; and source-appropriate information, which means obtaining the right information from the right people.**

   — Obtain information directly from the source for all target populations. If a project targets the frail and homebound elderly, involve them in the planning process, not just the professionals who serve them.

   — Don't assume that there is an existing program that can be replicated in whole to fit a particular community's needs and goals. It is much more likely that a new initiative will need to pick and choose components from a number of existing programs.

   — Use the information obtained through primary and secondary research to inform planning and implementation efforts.

3. **The "right" lead agency and person are essential to the success of a program.**

   — Select a lead agency that is appropriate for the project, community and situation. Your selection may be based on an agency's political clout, resources or other criteria.

   — Likewise, select a leader for the program who is appropriate for the project, community and situation. Your selection may be based on expertise, political clout, personality, organizational skills or other criteria.

4. **To build and sustain momentum for the project, establish and maintain relationships with all those involved in the effort.**

   — Acknowledge the tension that exists between individuals and agencies wanting to work together for a common good and the protectiveness they may feel about their turf. Use this tension to fuel creativity, forge a common ground and work toward mutually agreeable solutions.

   — Use the newly developed relationships as a base for other initiatives.
— Use the project and relationships established as a springboard for improving morale and pride in the community.

5. **Effectively marketing a project engages the target audiences and helps assure the initial and ongoing success of the effort.**

— If the project stems from an existing challenge in the community or raises awareness about a new one, take advantage of the excitement or interest it generates and build on that momentum.

— Don't underestimate the power of self-interest. Tailor your message to the unique needs of the audience.

6. **Communities exist in an environment of shifting needs, priorities, resources and preferences; therefore, community-based programs must leave room for change in their infrastructure.**

— Build flexibility into the program to adapt to political and funding changes. The broader the base of funding, the better the initiative will weather political changes and the resulting shifts in financial backing.

— Reassess programs over time and allow them to evolve to meet changing needs.

— Anticipate personnel changes over the life of a program. As a corollary, don't build a program around the creativity and drive of one person.

**Communications**

During the grant period of ID#s 036955 and 040564, project staff made about 20 presentations on their work at regional and national meetings and wrote an article about the development of the model and indicators, which was published in the December 2003 issue of the journal *Family and Community Health.*

In June 2003, staff published findings from its "best practices" project (Grant ID# 038482). The 59-page report, *Best Practices: Lessons for Communities in Supporting the Health, Well-Being, and Independence of Older People,* highlights 17 successful community initiatives that address the needs of older citizens and lessons learned in developing the initiatives.

The project's [website](#), launched in May 2003, carries extensive information about the initiative, including newsletters, fact sheets, survey results, profiles of the participating communities and the "best practices" report. Project staff disseminated approximately 4,000 postcards announcing the Web availability of the "best practices" report to the AdvantAge Initiative mailing list, the American Society on Aging, the Gerontological Society of America and the American Public Health Association. (See the [Bibliography](#) for more details.)
LESSONS LEARNED

The project generated the following additional lessons for the field:

1. **A community-based project usually requires a broad base of funding if it is to thrive.** This project received grants from nine funders, which established a solid base of support. The Visiting Nurse Service of New York plans to return to several of these funders for continued support of dissemination of technical assistance tools to the communities. (Project Director/Oberlink)

2. **It is helpful if outside advisers can be called upon on an as-needed basis when many skill sets are required to get a job done.** It is generally unlikely that one organizational team will possess all the skills necessary to complete all project tasks successfully. (Project Director/Oberlink)

3. **For some projects, small working groups are more efficient than a large expert panel.** Because the project needed in-depth input from several different kinds of experts, project staff created three specialized working groups to consult at various stages of the project. (Project Director/Oberlink)

4. **To add value, consultants must understand a project well.** Project staff worked with a number of consultants, among them a social marketing firm that had come highly recommended. When that firm failed to deliver, the project contracted with a smaller firm, Axiom Research Company, whose grasp of the purpose of the project was pivotal in moving the project forward. (Project Director/Oberlink)

5. **Communities need technical assistance to use data effectively.** Local leaders, for the most part, do not have experience in interpreting data and turning that data into information that can be used to inform an action plan. Consumer-based information also often challenges people's long-held assumptions. When people have some training in using and understanding data, they often become more comfortable in using the information. (Project Director/Oberlink)

6. **While data may capture people's attention, this alone is not enough to get an issue on a community's agenda and keep it there.** While communities need data to demonstrate a compelling need, a project needs a champion who does not give up, political will, commitment of capital, effective leadership, coalition-building and realistic target-setting to succeed over the long haul. (Project Director/Oberlink)

7. **Some collaborations with communities (for example, pilot testing a process) are better built on loose associations rather than rigid contractual agreements.** This allows communities to "own" the process in their own way, yielding more diverse pilot project results. (Project Director/Oberlink)
8. **When dealing with government agencies, expect a longer turnaround time than their original estimate.** This project experienced delays in needed cooperation from the federal Centers for Medicare & Medicaid Services. When there is heavy reliance on a government agency for materials necessary to move a project forward, it is wise to build time for unexpected contingencies into the timeline. (Project Director/Oberlink)

9. **A project with multiple funders benefits when the funders' program officers sit on the project steering committee.** This project's director believes that the foundations funding the project exhibited a deeper understanding and a greater sense of ownership of the project because of the strong involvement of their program officers. (Project Director/Oberlink)

10. **Keep in mind that some terms such as "best practices" will not be understood by everyone in the same way.** The term is used in a variety of fields and not always easy to match with actual activities in the field. For that reason, staff concluded that "best practices" must be clearly defined to create understandable project findings. (Project Director/Oberlink)

11. **When identifying "best practices," establish a selection process that is as consistent and neutral as possible.** Project staff initially asked communities to apply for consideration as "best practices" sites but found that this created a conflict of interest. Communities were so eager to be included in a "best practices" compendium that they often embellished their accomplishments. (Project Director/Oberlink)

12. **The ability to replicate a community initiative in its entirety is limited because effective designs and obstacles to implementation vary from locality to locality.** For this reason, project staff featured general principles and lessons learned in their report rather than "recipes" to be followed step by step. (Project Director/Oberlink)

13. **Working with service providers and staff at other agencies can sometimes be a challenge for researchers.** Service providers are not always prepared to handle management tasks, such as prioritizing, planning and leading meetings and communicating to diverse audiences, which researchers take for granted, and at times project staff found it had to provide more support than expected. (Project Director/Oberlink)

14. **To make community-based initiatives successful, buy-in is necessary from all concerned, including elected officials and other community leaders, community residents, advocates and others.**

15. **Community stakeholders want to be part of a "learning community," that is, to share information with and learn from like-minded colleagues.**
AFTERWARD

Project staff at the Visiting Nurse Service of New York completed analysis of the community telephone surveys fielded under grant ID#s 036955 and 040564. By the summer of 2003, each of the pilot communities had received a "chart book" detailing how their communities ranked with others in the survey according to the 33 indicators of elder-friendliness.

Project staff and consultants continue to provide technical assistance to the communities as they develop action plans for making their communities more "elder-friendly." The Visiting Nurse Service of New York is seeking other funding to fully develop project-based "survey modules" that communities can use themselves.

Communities have been asking the Visiting Nurse Service of New York to field the survey in their communities and draw on the project staff's expertise. As of April 2004, the Visiting Nurse Service of New York has recently completed surveys of five additional neighborhoods in Chicago and is in the process of negotiating with three other communities to conduct the survey in those communities and provide them with technical assistance.

The communities have to pay for these services themselves—there are no third parties supporting the project at this point. In addition, as a spin-off, the Visiting Nurse Service of New York is working on a research study and report for the National Council on Disability on creating "Livable Communities for Adults with Disabilities."

In April 2003, RWJF invited project staff to work with staff of the Community Partnerships for Older Adults, a national program designed to assist communities in building comprehensive long-term care systems that include a range of social and health services to support vulnerable older adults and help them age successfully. Using experience gained in the AdvantAge Initiative, AdvantAge project staff members assist program grantees in analyzing data and communicating about findings.

With funding from Atlantic Philanthropies, the Visiting Nurse Service of New York conducted a national survey of a cross section of older Americans. In April 2004, the staff released results of the survey and posted them on the project's website to serve as a reference point for similar local surveys and presented those findings to the pilot communities as well.

An article published by Smart Growth Online describes how information from the initiative's survey of community-residing older adults was used to make neighborhoods walkable and safe in two of the participating communities: Puyallup, Wash., and the Lincoln Square neighborhood of New York City.
APPENDIX 1

Other Funders (Grant ID#s 036955 and 040564)

(Current as of the end date of the program; provided by the program’s management; not verified by RWJF.)

- Archstone Foundation, $100,000
- Helen Andrus Benedict Foundation, $269,204
- Fan Fox and Leslie R. Samuels Foundation, $250,000
- Retirement Research Foundation, $50,000
- John A. Hartford Foundation, $35,000
- Mather Foundation, $48,000 (for the Chicago survey)
- Central Indiana Council on Aging, $24,000 (for part of the Indianapolis survey)
- Winterpark Foundation, $70,000 (for Orlando survey and analysis)
- Virginia Piper Foundation, $75,000 (for Maricopa County survey and analysis)

APPENDIX 2

Steering Committee (Grant ID#s 036955 and 040564)

(Current as of the end date of the program; provided by the program’s management; not verified by RWJF.)

Jane Lowe, PhD
Senior Program Officer
The Robert Wood Johnson Foundation
Princeton, N.J.

Mary Jane Koren, MD
Vice President
Fan Fox and Leslie R. Samuels Foundation
New York, N.Y.
(now at the Commonwealth Fund)

Brian Hofland, PhD
Program Officer
Retirement Research Foundation
Chicago, Ill.
(now at Atlantic Philanthropies)

Donna Regenstreif, PhD
Senior Program Officer
John A Hartford Foundation
New York, N.Y.

Mary Ellen Courtright
Vice President and Program Officer
Archstone Foundation
Long Beach, Calif.
APPENDIX 3

The AdvantAge Initiative: Methodology; Framework and Indicators; and Initiative Indicators List—Essential Elements of an Elder-Friendly Community (Grant ID#s 036955 and 040564)

(Current as of the end date of the program; provided by the program’s management; not verified by RWJF.)

Methodology for the AdvantAge Initiative Survey

The AdvantAge Initiative strategy of using consumer-derived data to inform community planning and action requires surveying the age 65+ population to learn about their experiences in and perceptions of their communities.

The AdvantAge Initiative team contracted with Westat, a survey research firm in Rockville, Md., to conduct a random-sample 30-minute telephone survey of adults aged 65 and over in the 10 AdvantAge Initiative communities and oversample people aged 85 and over. Statistically valid samples of individuals were drawn from Medicare enrollment lists of elders, which capture approximately 98 percent of the age 65+ population in the United States. The names and addresses of the individuals were matched with telephone numbers, and each potential respondent received two mailings describing the purpose of the survey and assuring them of confidentiality. Potential respondents were also given a toll-free number to call if they had additional questions about the survey process.

Designed specifically for the project, the questionnaire was used in each of the 10 community surveys. Survey questions correspond to the AdvantAge Initiative's framework of an elder-friendly community and the 33 indicators project staff had developed. Representative from each of the 10 communities also had the opportunity to add five questions to the questionnaire that were specific to their own community. Over 5,100 people in the 10 communities completed interviews. The AdvantAge Initiative team then analyzed the results and presented them to the communities in the form of the 33 indicators.

AdvantAge Initiative Framework and Indicators

Early in the project, the AdvantAge Initiative, with the help of Axiom Research of Cambridge, Mass. (now Cogent Research), conducted focus groups with older people and community leaders in various parts of the country. Focus group participants were encouraged to critique their own communities and describe an ideal community for "aging in place." Regardless of where participants lived, their responses were similar. People said they wished to remain active and engaged in community life. To them, that meant maintaining independence, avoiding isolation and not becoming a burden to others.
Focus group responses were then synthesized into a framework that defines the components of an "elder-friendly" community. These components were organized into four broad categories (or "domains") that would help describe and assess how elder-friendly a given community is. An elder-friendly community is one that:

- Addresses Basic Needs.
- Optimizes Physical Health and Well-Being.
- Maximizes Independence for the Frail and Disabled.
- Promotes Social and Civic Engagement.

Each of the four domains is divided into a number of dimensions that describe the domain in more detail. These domains and dimensions are reflected in the 33 indicators that communities can use to measure how well they are meeting the needs and nurturing the aspirations of their older residents. The AdvantAge Initiative survey data provide values for these indicators.

**The AdvantAge Initiative Indicators List**

**Essential Elements of an Elder-Friendly Community:**

**Addresses Basic Needs**

- Affordable housing is available to community residents.
  - Percentage of people age 65+ who spend more than 30 percent/30 percent or less than 30 percent of their income on housing.
  - Percentage of people age 65+ who want to remain in their current residence and are confident they will be able to afford to do so.

- Housing is modified to accommodate mobility and safety.
  - Percentage of householders age 65+ in housing units with home modification needs.

- The neighborhood is livable and safe.
  - Percentage of people age 65+ who feel safe/unsafe in their neighborhood.
  - Percentage of people age 65+ who report few/multiple problems in the neighborhood.
  - Percentage of people age 65+ who are satisfied with the neighborhood as a place to live.

- People have enough to eat.
— Percentage of people age 65+ who report cutting the size of or skipping meals due to lack of money.

• Assistance services are available and residents know how to access them.
  — Percentage of people age 65+ who do not know whom to call if they need information about services in their community.
  — Percentage of people age 65+ who are aware/unaware of selected services in their community.
  — Percentage of people age 65+ with adequate assistance in activities of daily living (ADL) and/or instrumental activities of daily living (IADL).

Optimizes Physical and Mental Health and Well-Being

• Community promotes and provides access to necessary and preventive health services.
  — Rates of screening and vaccination for various conditions among people age 65+.
  — Percentage of people age 65+ who thought they needed the help of a health care professional because they felt depressed or anxious and have not seen one (for those symptoms).
  — Percentage of people age 65+ whose physical or mental health interfered with their activities in the past month.
  — Percentage of people age 65+ who report being in good to excellent health.

• Opportunities for physical activity are available and used.
  — Percentage of people age 65+ who participate in regular physical exercise.

• Obstacles to use of necessary medical care are minimized.
  — Percentage of people age 65+ with a usual source of care.
  — Percentage of people age 65+ who failed to obtain needed medical care.
  — Percentage of people age 65+ who had problems paying for medical care.
  — Percentage of people age 65+ who had problems paying for prescription drugs.
  — Percentage of people age 65+ who had problems paying for dental care or eyeglasses.

• Palliative care services are available and advertised.
  — Percentage of people age 65+ who know whether palliative care services are available.
Maximizes Independence for the Frail And Disabled

- Transportation is accessible and affordable.
  - Percentage of people age 65+ who have access to public transportation.
- The community service system enables people to live comfortably and safely at home.
  - Percentage of people age 65+ with adequate assistance in activities of daily living (ADL).
  - Percentage of people age 65+ with adequate assistance in instrumental activities of daily living (IADL).
- Caregivers are mobilized to complement the formal service system.
  - Percentage of people age 65+ who provide help to the frail or disabled.
  - Percentage of people age 65+ who get respite/relief from their caregiving activity.

Promotes Social and Civic Engagement

- Residents maintain connections with friends and neighbors.
  - Percentage of people age 65+ who socialized with friends or neighbors in the past week.
- Civic, cultural, religious and recreational activities include older residents.
  - Percentage of people age 65+ who attended church, temple or other in the past week.
  - Percentage of people age 65+ who attended movies, sports events, clubs or group events in the past week.
  - Percentage of people age 65+ who engaged in at least one social, religious or cultural activity in the past week.
- Opportunities for volunteer work are readily available.
  - Percentage of people age 65+ who participate in volunteer work.
- Community residents help and trust each other.
  - Percentage of people age 65+ who live in "helping communities."
- Appropriate work is available to those who want it.
  - Percentage of people age 65+ who would like to be working for pay.
APPENDIX 4

Project Working Groups (Grant ID#s 036955 and 040564)

(Current as of the end date of the program; provided by the program’s management; not verified by RWJF.)

**Working Group 1**

**John A. Cutter**  
Journalist  
Clearwater, Fla.

**Penny Hollander Feldman**  
Center for Home Care Policy and Research  
Visiting Nurse Service of New York  
New York, N.Y.

**Robert M. Francis**  
Executive Director  
RYASAP (Regional Youth/Adult Substance Abuse Project)  
Bridgeport, Conn.

**Hal Freshley**  
Planning and Policy Coordinator  
Minnesota Board on Aging  
Minnesota Department of Human Services  
St. Paul, Minn.

**Laura Lowenthal**  
Program Associate  
The Robert Wood Johnson Foundation  
Princeton, N.J.

**Len McNally**  
Program Director  
New York Community Trust  
New York, N.Y.

**John Meunier**  
Principal  
Axiom Research Co.  
Cambridge, Mass.

**Mia Oberlink**  
Center for Home Care Policy and Research  
Visiting Nurse Service of New York  
New York, N.Y.

**Barbara E. Raye**  
Executive Agent  
Center for Policy, Planning and Performance  
Minneapolis, Minn.

**Robert A. Rosenblatt**  
Los Angeles Times  
Washington Bureau  
Washington, D.C.

**Danylle Rudin**  
Consultant  
Plainview, N.Y.

**Janet S. Sainer, MSW**  
Special Consultant to the Brookdale Foundation Group  
New York, N.Y.

**Philip B. Stafford, PhD**  
Executive Director  
Evergreen Institute on Elder Environments  
Bloomington, Ind.

**Gillian Steel**  
Project Director  
Axiom Research Co.  
Cambridge, Mass.

**Alexis Stern**  
Center for Home Care Policy and Research  
Visiting Nurse Service of New York  
New York, N.Y.

**David Stevenson**  
Center for Home Care Policy and Research  
Visiting Nurse Service of New York  
New York, N.Y.

**David Swain**  
Associate Director  
Jacksonville Community Council, Inc. (JCCI)  
Jacksonville, Fla.
Elizabeth Heid Thompson  
Sutton Social Marketing  
Washington, D.C.

Working Group 2

Craig A. Hill, PhD  
Director, Survey Research  
Research Triangle Institute  
Chapel Hill, N.C.

Karen Donelan, ScD  
Associate Professor  
Department of Health Policy and Management  
Harvard University  
Cambridge, Mass.

Working Group 3

Robert Adsit  
Vice President, Planning  
CICOA The Access Network  
Indianapolis, Ind.

Vivian Fenster Ehrlich  
Executive Director  
DOROT  
New York, N.Y.

Penny Hollander Feldman  
Center for Home Care Policy and Research  
Visiting Nurse Service of New York  
New York, N.Y.

Barbara R. Greenberg  
President  
Philanthropic Group  
New York, N.Y.

Lamont J. Hulse  
Executive Director  
Indianapolis Neighborhood Resource Center  
Indianapolis, Ind.

Jane Isaacs Lowe  
Senior Program Officer  
The Robert Wood Johnson Foundation  
Princeton, N.J.

Laura Lowenthal  
Program Associate  
The Robert Wood Johnson Foundation  
Princeton, N.J.

David A. Jensen  
Good Samaritan Community Healthcare  
c/o Celebrate Seniority  
Puyallup, Wash.

Dana Johnson  
Puyallup City Council Member  
Puyallup City Council  
Puyallup, Wash.

Sherry Leach  
Community Programs Coordinator  
Boulder County Aging Services Division  
Boulder, Colo.

Mia Oberlink  
Center for Home Care Policy and Research  
Visiting Nurse Service of New York  
New York, N.Y.

Kim Pavlock  
Manager, Senior Programs  
Mather LifeWays  
Evanston, Ill.

Danylle Rudin  
Consultant  
Plainview, N.Y.

Philip B. Stafford  
Executive Director  
Evergreen Institute on Elder Environments  
Bloomington, Ind.

Alexis Stern  
Center for Home Care Policy and Research  
Visiting Nurse Service of New York  
New York, N.Y.

David Stevenson  
Center for Home Care Policy and Research  
Visiting Nurse Service of New York  
New York, N.Y.

David Swain  
Associate Director  
Jacksonville Community Council, Inc.  
Jacksonville, Fla.
APPENDIX 5

Project Consultants (Grant ID#s 036955 and 040564)

(Current as of the end date of the program; provided by the program’s management; not verified by RWJF.)

Axiom Research Company (now called Cogent Research)  
Cambridge, Mass.

Craig Hill, PhD  
Research Triangle Institute  
Chapel Hill, N.C.

Westat  
Rockville, Md.

John Benson  
Harvard School of Public Health  
Boston, Mass.

John Beilenson  
Strategic Communications & Planning  
Malvern, Pa.

Sutton Social Marketing  
Washington, D.C.

Philip Stafford, PhD  
Evergreen Institute on Elder Environments  
Bloomington, Ind.

International Communications Research (ICR)  
Media, Pa.

APPENDIX 6

Best Practices Selection Criteria (Grant ID# 038482)

(Current as of the end date of the program; provided by the program’s management; not verified by RWJF.)

According to the project report, Best Practices: Lessons for Communities in Supporting the Health, Well-Being and Independence of Older People, the research team sought initiatives that would:

- Help older individuals with one or more of the following:
  - Remaining active in their communities.
  - Living in a place of their own choosing for as long as possible.
— Obtaining care and support when needed.

- Facilitate and encourage collaborative partnerships across:
  — Social service, health care and other delivery systems.
  — Government entities.
  — Funders.
  — Advocacy groups.
  — Policy and planning organizations.

- Track a program's outcomes by measuring:
  — Numbers served.
  — Ability to reach new constituencies or participants.
  — Efficiency.
  — Effectiveness.

- Demonstrate sustainability in at least one of the following ways:
  — Foster local leadership and community ownership.
  — Become integrated into existing activities or networks.
  — Influence the development of state and/or local policies that better support older adults.

- Have the potential for one or both of the following:
  — Replication.
  — Generalization of results.
APPENDIX 7

Communities with Best Practices Community Initiatives (Grant ID# 038482)

(Current as of the end date of the program; provided by the program’s management; not verified by RWJF.)

Champlain Long-Term Care Coalition
Burlington, Vt.

Creating an Aging Prepared Community
Capital Region of New York State

Elder Alliance
Waynesboro, Va.

Elder Friendly Communities Project
Calgary, Alberta, Canada

Elderhostel Pittsburgh Program Series
Pittsburgh, Pa.

Gatekeeper Program of Multnomah County
Portland, Ore.

Heritage Harbour Health Group
Annapolis, Md.

Independent Transportation Network™
Westbrook, Maine

Just1Call
Mecklenburg County, N.C.

Lapham Park Venture
Milwaukee, Wis.

Mather Café Plus
Chicago, Ill.

Millennium Project
Tompkins County, N.Y.

Novato Independent Elders Program
Novato, Calif.

Plan 2000: Visions for the Future
Baltimore County, Md.

Planning for Elders in the Central City
San Francisco, Calif.

Project Access (Med-ZIP)
Nashville, Tenn.

Rothsay PARTNERS Program
Rothsay, Minn.
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(Current as of date of the report; as provided by the grantee organization; not verified by RWJF; items not available from RWJF.)

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Reports


Simantov E and Oberlink MR. *When Older Adults Are Involved in the Community, the Benefits Are Mutual*. New York: Center for Home Care Policy and Research, Visiting Nurse Service of New York, March 2004. Also available online.

Simantov E and Oberlink MR. *The Great Information Divide: Where Do Older Adults Turn for Help?* New York: Center for Home Care Policy and Research, Visiting Nurse Service of New York, March 2004. Also available online.

Simantov E and Oberlink MR. *Staying Healthy, Living Longer: Gaps in Preventive Care Among Older Adults*. New York: Center for Home Care Policy and Research, Visiting Nurse Service of New York, March 2004. Also available online.


Survey Instruments


Grantee Websites


Sponsored Conferences

"AdvantAge Initiative All-Community Meeting," April 2–3, 2001, New York. Attended by 26 registrants, including representatives from six potential pilot communities, funders and other guests. Examples of organizations represented include the Santa Clarita Valley Committee on Aging, United Way, CICOA The Access Network (the largest Area Agency on Aging in Indiana), Mather LifeWays and the Community Planning Council of Yonkers. Eight presentations and discussion.

"AdvantAge Initiative All-Community Meeting," June 9–11, 2002, New York. Attended by 40 participants, including representatives of the 10 pilot communities, funders and other guests. Examples of organizations represented include the Lincoln Square Neighborhood Center, United Hospital Fund, Santa Clarita Valley Committee on Aging, United Way, Mather LifeWays and the Community Planning Council of Yonkers. Seven presentations, two breakout sessions and one poster session.