

Introduction

In response to indications that the MetroWest region would experience unprecedented growth in its older adult population over the next twenty years, in 2010 the MetroWest Health Foundation convened the MetroWest Commission on Healthy Aging. Made up of area community members with a professional or personal interest in aging, the Commission was charged develop a vision of what healthy aging should look like in the region and identify the steps necessary to achieve that vision. In January 2011, the Commission issued its report and recommendations. The report, including recommendations, is available from the MetroWest Health Foundation at mwhealth.org.

The Commission defined “healthy aging” as “the development of optimal mental, social and physical well-being and function in older adults”, and emphasized that healthy aging was both an individual and community responsibility (2011). Their recommendations were in four broad categories related to this definition:

- **Physical Health**
 - e.g. “Encourage, promote, and support evidence-based programs and practices including those related to disease prevention and chronic disease management.”
- **Behavioral Health**
 - e.g. “Mental health and substance abuse services need to be part of a larger menu of generic health care services.”
- **Community Building & Social Well-Being**
 - e.g. “Encourage consumer-driven, neighborhood-based activities of enrichment and social support that combine activity with social connections.”
- **Transportation**
 - e.g. “Seek ways to develop and support the replication of successful regional older adult transportation approaches in the MetroWest region.”

The Foundation began funding programs designed to address one or more of the Commission’s recommendations in the Spring 2010 grant cycle. As of 2012, the Foundation has funded 12 unique programs, involving 15 different agencies, over the past three grant cycles. The agencies and programs funded are:

- Advocates, Inc.: BRITE at Marlborough Hospital
- BayPath Elder Services, Inc., in collaboration with the Latino Health Insurance Program: Aging Well Together

- Framingham State University, in collaboration with the Framingham Public Library: Lifelong Learning Program
- Franklin Council on Aging, in collaboration with the Medway Council on Aging: Fall Prevention Program
- ITN/Greater Boston¹
- Jewish Family Services of MetroWest, in collaboration with Southboro Medical Group: Managing Diabetes in Seniors: A Community/Medical Partnership
- Justice Resource Institute: Healthy Aging with HIV
- Medfield Council on Aging: Adult Respite Care
- Natick Recreation & Parks Department: Senior Exercise Classes
- Natick Service Council: Living Well Project
- Sherborn Fire Department: Elder Wellness and Awareness/Frail Elder Program
- Tri-Valley Elder Services : Healthy Aging Program MetroWest Area

More information on each of these grants is available on the Foundation’s website, mwhealth.org

The Foundation chose to evaluate this portfolio for a number of reasons. First, as the Foundation creates its next five-year strategic plan, we wanted to examine the impact to date, as well as find areas where we could improve. The Foundation is using this information to guide its strategic planning as well as its grantmaking activities. Second, final outcome results are now available from the earliest grants, giving additional evidence in determining success to date. Finally, as the Foundation, along with other regional partners, moves forward in the area of healthy aging, we wanted to examine what leads to success, in order to add to the knowledge base for others focusing on healthy aging in the region.

Methods

The evaluation was designed to be a formative evaluation of a diverse portfolio, including 12 programs, 15 agencies, and varying grant outcome measurements. Additionally, while impact on larger public health indicators related to aging, such as number of hospitalizations from falls, is expected in the future, this data is not available yet. The evaluation is a cluster-level evaluation of multiple grants, rather than an evaluation of each individual grant (Straw and Herrell, 2002; W.K. Kellogg Foundation, 2008), and focused on the following questions:

- What impact has this initiative already had?
- What has worked well, for both our grantees and the Foundation?

¹ Funded in partnership with Tufts Health Plan Foundation.

- What has not worked well for grantees and the Foundation, and can be done differently?

Accordingly, we used a mixed-methods approach, using both record reviews and qualitative interviews. This allowed us to capture both the quantitative data available from the reports, such as numbers served, as well as the qualitative impact data that is not always included in formal write-ups, such as participants reporting a personal, positive change in their lives that they attribute to participating in the program.

The record reviews focused on all available records related to each of the grants made under this initiative, including the original grant applications, grantee mid-year and final reports, site visit reports, and any supplemental materials available.

From September through November, 2012, we also conducted 16 interviews, ranging from 30-60 minutes each, and including 28 key informants. Key informants were program staff, as well as community members and program participants. We chose a full sample of program staff, including those who did not write the grantee reports used in the record review. Of the 15 agencies, staff from 12 agreed to be interviewed. We then chose a maximum variation sample of program participants and community members, due to the large number of participants. Participants and community members related to 4 programs were interviewed.

Interview questions were based on the evaluation questions and similar published evaluations and evaluation research. The interview notes were analyzed and coded using latent content analysis, including codes suggested by the evaluation questions and codes that emerged after the initial interviews.

Key informants were informed of the reasons for the evaluation, how the information would be used, and promised anonymity in their responses, so as to not influence the Foundation's future funding of their agencies.

Key Findings

- 1,314 program participants as of November, 2012.
- 67% of programs funded are meeting their stated outcome objectives to date. Each of the four categories used by the commission has at least one program meeting its outcomes.

Programs Meeting Outcomes To Date

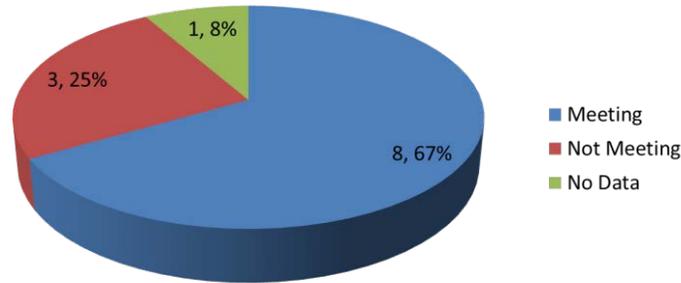


Figure 1: Percentage of programs funded that are meeting their stated outcomes to date. N=12.

- 67% of programs funded to date are focused on the physical health recommendations of the Commission.

Programs Funded by Area

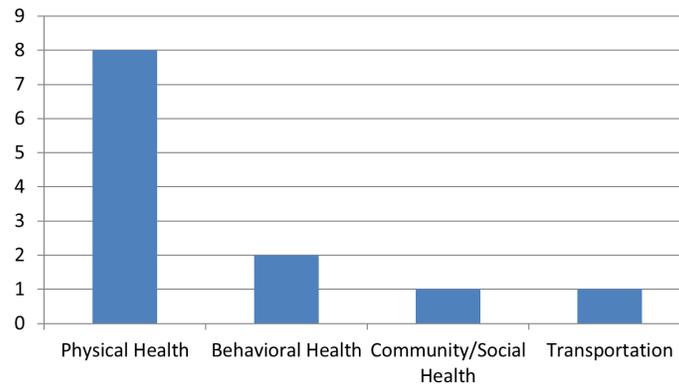


Figure 2: Number of programs funded by the Foundation sorted by the recommendation category of the Commission on Healthy Aging. N=12.

Impacts

As can be expected with any qualitative evaluation, there were myriad impacts. In order to organize and analyze them, the impacts were categorized in four broad areas, based on work done by the Center for What Works and the Urban Institute (2012). These categories are:

- Individual impacts
 - E.g. changes in knowledge, learning or attitude, or changes in behavior
- Organizational impacts

- E.g. changes in financial model or programming changes
- Community impacts
 - E.g. propagation of the program beyond the initial target audience
- Policy impacts
 - E.g. new community or organizational policies

Individual impacts

While seeing impacts on broad public health measures, such as number of hospitalizations from falls, will take some time, many of our programs have already seen positive health impacts.

50% of the 8 programs designed to address the physical health recommendations have already seen measurable improvement on health indicators tracked. Examples include decreased A1C levels for people with diabetes in the program, or decreased levels of re-hospitalization for program participants. One program reported that “93% of [their] participants are now adhering to their routine care visits.”

“I never knew I had to take my medications 12 hours apart. Now I started them and I feel great.” – Program Participant

Additionally, 75% of physical health programs report their participants changing their behavior, and engaging in more behaviors associated with improved health. These include participants changing their diets, continuing with the exercise programs on their own after the funded program ends, and improving their own management of their chronic disease, including increased medication compliance. Multiple participants reported that they were feeling better after having participated in their programs.

“Now I have a reason to get up in the morning.” – Program Participant

A particularly striking finding was that 58% of all programs funded had participants report that their social isolation was decreased. These included participants reporting that they had made new friends, or that they had “more to talk about with [their] grandchildren.” Only one program funded was explicitly designed to improve community and social well-being.

Organizational Impacts

There were also a number of organizational impacts found. Some of the most significant include the staffing changes that organizations underwent as a result of their funding. 4 of the organizations hired new staff members, and 4 additional organizations reorganized their staffing structure. These changes included department reorganizations, increased organizational cohesiveness, and a new director overseeing the program area.

Number of Organizations Reporting Collaboration Changes

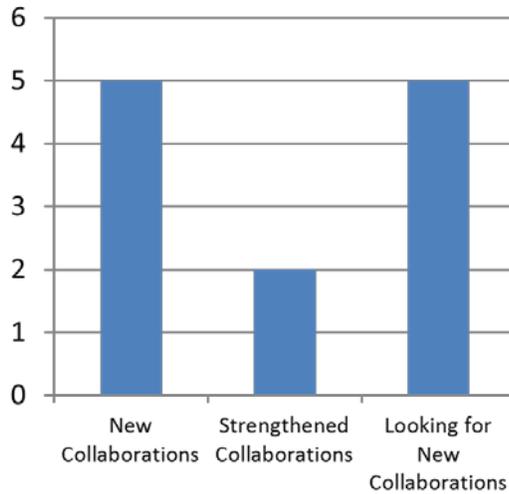


Figure 3: Number of organizations reporting various impacts on collaborations. N=15.

33% of the organizations funded engaged in new collaborations, many of which were non-traditional. These included a partnership between a social services agency and a medical provider.

Additionally, 33% of the organizations funded reported that they were actively seeking out new collaborations, especially non-traditional opportunities. 2 organizations reported that a relationship with an existing collaborator was strengthened as a result of the funded program.

“We’ve had people tell us ‘I’m not aging’ or ‘I’m not old’, so we’ve had a lot of talks about what language to use and how to not alienate or stigmatize people.” – Program Staff

57% of all programs – and 100% of the programs that are currently meeting their outcome measures – report actively engaging in organizational learning. Some of the most commonly reported ways organizations did this include applying the lessons learned from the elder health programs to other areas in the agency, and making continued adjustments and improvements to programs. Organization staff also reported finding new,

unexpected needs and underserved groups, and increasing their understanding of evidence-based programming.

Community Impacts

The key impact in this area is the propagation of the programs beyond the initial people who participated. 33% of all programs funded reported this type of impact. These include participants bringing their friends and family members to the programs, or sharing information they have learned with them. Some participants also reported sharing information with their doctors and other medical providers.

“My doctor didn’t even know some of the things I learned here.” – Program Participant

Another impact mentioned by a majority of participants was that they appreciate the new resources in their community as a result of this initiative. Many of them highlighted that programs similar to what were funded exist in or nearer to Boston, but are not offered as frequently, if at all, in the

MetroWest area. Moreover, even if another community in MetroWest offers a program, that community may not be easily reachable for people in another community.

“I hear there are other excellent programs like this in MetroWest, but the location isn’t always the best.” – Program Participant

Policy Impacts

Of all of the impacts noted in interviews and records, this category had the fewest responses, even when the people interviewed were asked specifically about this area. However, there are a few to report.

3 organizations reported changing their internal policy, including changing their financial model or their program planning process. One organization specifically noted that as a result of this initiative, they now have increased their emphasis on strategic, organized planning of programs.

Additionally, 3 organizations reported that they were either planning to or in the process of sharing their own models and evaluations with other organizations, to propagate the best practices they noted. Methods noted were participating in a recent forum on healthy aging in Massachusetts, as well as sharing findings with future collaborators.

Finally, one of the funded programs resulted in an organization adding four additional handicapped parking spaces to better accommodate program participants – that are regularly used by people with handicapped permits.

Strategies Leading to Success

Program staff members were also asked about what they and the organization had done well and lead to increased success. They were also asked about what actions the Foundation had taken that had led to success.

At Organizations

The most frequently reported successful strategy used by organizations was outreach. 10 organizations – 66% - reported using significant, wide-spread outreach. Staff members interviewed particularly drew attention to word-of-mouth outreach, as well as outreach via “non-traditional” channels, beyond the usual reach of an agency. Examples included providing materials and presentations in churches, community centers, and senior housing developments.

“Use all methods of outreach – you never know”. – Program Staff

60% of organizations reported that “putting elders first” was another successful strategy they used. Examples of this included having a welcoming, accessible space, as well as starting programs on time. One program in particular was highly praised by its participants for always starting exactly on time. Additionally, organizations frequently drew attention to transportation for elders, and the importance of planning programs around the existing limited transportation options.

Finally, 33% of programs explicitly named organizational learning as a strategy leading to their success. As with the organizational impact outlined above, organizational staff frequently mentioned using cross-departmental collaboration and expertise. Other examples mentioned include utilizing the existing knowledge base on the issues presented, as well as learning directly from participants and each case encountered.



Figure 4: Number of organizations reporting use of the most common successful strategies. Organizations may report more than one of these.

At the Foundation

Organization staff also named a number of actions taken by the Foundation as contributing to their programs' successes. However, two broad categories were cited most frequently.

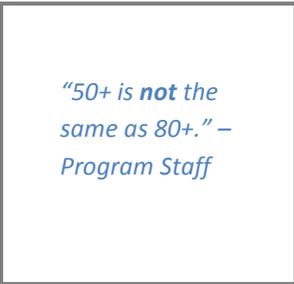
58% of organizations mentioned that the Foundation's provision of information helped lead to their success. Examples included the Foundation's publications, such as data books, the Foundation's training sessions provided to organizations, and providing organizations with information about other resources.

The second most common Foundation action cited involves the staff. Staff were explicitly mentioned as being collaborative and accessible. Finally, some organizations mentioned the investment of the Foundation's board in success of organizations as especially helpful.

Unsuccessful Strategies

At Organizations

Organizations also reported a number of strategies they had tried and found to be unsuccessful. While there was less convergence in this area, there are a few that stand out and were reported somewhat more often.



*"50+ is **not** the same as 80+." –
Program Staff*

Three organizations mentioned the need to change their planning so as not to treat elders as a monolith. While elders are treated as a large group, these organizations called attention to the fact that there are age and generational differences between, for example, a 65-year-old and an 85-year-old. These organizations mentioned that the type of programs that appeal to different groups of elders are not always the same, and that it is important to be clear about who your expected participant group is.

A related unsuccessful strategy highlighted by two organizations was insufficiently addressing cultural and language differences and barriers for some elders. While MetroWest as a region is largely white, there are significant numbers of people of color, and people who do not speak English as a first language. These organizations highlighted the need to take these in to account, especially by providing in-language services. They also mentioned that cultural preferences regarding who should be elder caretakers, or dietary preferences, need to be taken in to account when planning programs, as these may make it more difficult to reach out to some elders and limit their participation.

At the Foundation

While organizations had a number of suggestions for actions they would like to see the Foundation take, including providing more funding for their program or a similar funding, there was only one current Foundation action specifically highlighted as limiting success. Two programs highlighted the Foundation's limits on funding to three years in total, as well as the frequent need to submit annual renewal applications, as a barrier to their success. Staff cited the fact that submitting renewal

applications took time away from the program, as well as the challenges in implementing a sustainable program in a short time span.

Recommendations

Based on the findings of this evaluation, in the context of the original recommendations of the Commission on Healthy Aging, there are a number of recommendations to be made. These are grouped according to audience.

For Organizations

There are five recommendations for organizations serving elders arising from this evaluation. The first is to address culture and language barriers faced by some elders. This will increase the number of elders who may benefit from a program. Strategies for doing this include providing more in-language outreach and support, as well as planning programs that are culturally relevant, keeping in mind that not all elders share the same culture.

Related to the first point, when planning programs, be clear about who the target group of elders is, recognizing that there are generational differences among elders.

Next, we recommend that organizations engage in extensive outreach, as much outside the “four walls” of the agency as possible. While intra-agency outreach and marketing are important, expanding the reach through marketing in other places will also increase the number of elders who may utilize the program.

Additionally, consider the location of the program, and consider hosting programs at new locations. Many elders report that they are not comfortable using the senior center, or that they feel it is not relevant to them. Relatedly, a building that is not accessible to people with disabilities, or in a remote location, may discourage some elders from participating. Some of the organizations funded have reported increased success and participation by holding programs closer to where elders live, including in senior housing complexes, rather than hosting all programs at the senior center or the agency.

Finally, we recommend that organizations reach out to new collaborative partners, especially non-traditional partners that may not have been considered before. Many of our grantees have reported these types of collaborations to be especially fruitful.

For Funders

One of the most-cited ways that funders can help their grantees succeed was to assist them in marketing their programs. Examples of this include:

- Market grantee programs through funder newsletters, websites, social media, etc.
- Convene groups of grantees to allow for cross-promotion of programs
- Connect grantees to other organizations in or near the area doing similar or related work.
- Provide ideas for marketing to underserved, isolated, or otherwise difficult-to-reach elders.

A second recommendation to funders is to consider changes to their funding structure. This includes considering collaborating with other area funders to fund programs, especially those that are especially large, or serve elders in multiple catchment areas. Additionally, consider funding programs for five years or more, to allow more time for programs to develop, become sustainable, and show significant impact.

Finally, funders should expand the ways that grantees can learn and improve. As noted above, many of the organizations funded in this cluster cited the Foundation's information-providing efforts as leading to success. However, 42% of the organizations funded reported that one or more of the following actions would increase their success:

- Communicate lessons learned from grantees and programs to other funders and agencies.
- Encourage more frequent train-the-trainer sessions for evidence-based programs grantees are using.
- Assist grantees in combining referrals and resources.

For Policymakers

As outlined by the Commission on Healthy Aging, healthy aging is both a community and an individual responsibility, and therefore policy has a role to play.

Both the commission and the organizations funded recommend an emphasis on transportation accessibility. 42% of organizations explicitly mentioned lack of transportation as a barrier for their program participants. Public transportation improvements, including increasing frequency of service and number of areas served, would help remove this barrier.

Secondly, it is important to explicitly consider the needs of aging adults and elders in community planning efforts. These include plans and strategies such as safe sidewalks, mixed-aged communities, and availability of resources such as stores, medical offices, and social support programs. Many of the Commission's recommendations for community and social well-being relate to community planning as a way to decrease the social isolation faced by many elders.

Finally, we recommend that policymakers support town-and region-wide coordination of services in support of healthy aging. The current landscape of services, even with the collaborations entered in to by organizations in this cluster, is frequently a patchwork. Notably, more could be done to foster coordination between local Councils on Aging and private organizations. Supporting coordination and collaboration can strengthen the network of services and make them more accessible to more elders.

Acknowledgements

The author wishes to thank the program staff, program participants and community members who graciously agreed to share their experiences and insights for this evaluation.

The author would also like to thank the board and staff of the MetroWest Health Foundation for their support and assistance during this evaluation.

References

Straw, R.B. & Herrell, J. M. (2002). A framework for understanding and improving multisite evaluations. *New Directions for Evaluation*, 94, 5-15.

W.K. Kellogg Foundation. (2008). *Designing initiative evaluation: A systems-oriented framework for evaluating social change efforts*. Battle Creek, MI: W.K. Kellogg Foundation.

About the Foundation

The MetroWest Health Foundation meets the health care needs of the region's residents by supporting community-based and community driven programs. From preventative and responsive care, to programs that serve infants to elders, the Foundation provides over \$5 million in annual financial support that helps residents and their families lead healthier lives. Through its work on issues such as youth substance abuse, nurse recruitment and retention, racial and ethnic disparities in health, and childhood obesity, the Foundation looks to develop and support programs that have a positive impact on the health of the twenty-five communities in the MetroWest area of Massachusetts.

The Foundation encourages and fosters leadership on critical healthcare issues. It works to cultivate and support health care professionals through scholarships, capacity building initiatives and formal leadership development programs. The Foundation regularly convenes organizations and individuals to identify priorities and share solutions to health care issues. It serves as a committed partner to its grant recipients long after awarding of grants, serving as a resource for area health data, technical assistance and training, and in tracking grant outcomes to further improve programs and results.

More information can be found at our website: www.mwhealth.org