USC Leonard Davis
School of Gerontology

How Should We Measure Area Agency on Aging Success?

Summary

Area Agencies on Aging (AAAs) in California are as unique as the communities they serve. Their diverse organizational structures, geographies, access to resources, and client demographics make it challenging to establish indicators of success that are not simply compliance-focused. The California Department of Aging (CDA) should build on a nationwide consensus study in an attempt to measure AAA successes and innovations. To achieve this goal, CDA should create a AAA working group to establish metrics of success, balance standardization and flexibility, and allocate financial and technical support.

Haley Gallo, PhD
hgallo@usc.edu

Background

Despite federal, state, and local efforts to enhance data collection and outcome measures, the Aging Network—including CDA—relies primarily on measures of compliance, internal assessment, and billing to assess AAAs.[1] Representatives from California AAAs describe CDA's compliance measures as "redundant and overly bureaucratic," and state that the measures do not allow them to demonstrate "the real impacts that AAAs are making" for the older adults and communities they serve. As CDA implements the Master Plan for Aging and considers a restructuring of AAAs in the Hub and Spokes Initiative, the Department must determine whether these changes result in better client outcomes for more than 8 million older Californians and more effective service delivery for the AAAs. As the State attempts to redesign aging services, many local AAAs have indicated that they feel left out of decision-making. It is imperative to include input from AAAs about how to best measure their success in this new stage of aging service delivery in California. Changes to assessments must allow AAAs to demonstrate their impact and innovations without placing undue burden on the staff attempting to measure them.

"I think you do need to measure your innovations for success. You can't just put out the money for something whether it fails or doesn't. There has to be some measurability there. You have to determine the impact on the program and the clients, in my opinion." — AAA employee

About the Study

This study used a modified Delphi technique to build consensus over three rounds:

1. Idea Generation

51 Aging Network experts (20 from California) identified more than 100 potential indicators of AAA success.

2. Assessing Peers' Recommendations

At least 70% of the 67 participants in Round 2 (22 from California) agreed that 30 indicators from the first round could be used to measure AAA success.

3. Interpreting Results

15 Aging Network experts (10 from California) assessed the 30 indicators in terms of impact, feasibility, and measurability on a scale of 1-5. Seventeen people participated in a Zoom group discussion over five days to interpret results and make recommendations.

Table 1 (pages 3-9) lists the indicators that participants identified in Round 1 and the percent of participants in Round 2 that believed those indicators should be used to measure AAA success.

1. Case, J., Laws, J., & Dotson, I. (2021, December 7-10). The Intersection of Person-Centeredness & Data-Driven Decision Making [Conference presentation]. HCBS Conference, Baltimore, MD, United States.

Table 1. Percent of respondents that believed each indicator should be used to measure AAA success (N=67)

* Recommended by participants in Round 1

≥70% agreement
60-69% agreement
≤60% agreement

Topic	*Indicator*	*Percent (%)*
Compliance	Abiding by regulations set by the state and Older Americans Act	88.1
	Financial responsibility and audit results*	83.6
	Achieving community needs assessment goals listed in the area plan	79.1
	Measuring compliance of subcontractors/service providers*	76.1
	Using qualitative measures to determine whether community needs assessment goals listed in the area plan are met*	62.7
	Abiding by local guidelines and policies set forth by the AAA or local government*	61.2
	Earning National Accreditation which sets compliance and best practice standards*	20.9
Evidence-Based Program Use and Development	Client outcomes of evidence-based programs (e.g., depression reduction)	74.5
	Client completion rates for available evidence-based programs*	70.9
	The # of evidence based programs in relationship to available funding, staff, and volunteers*	63.6
	The # of evidence-based programs a AAA provides	50.9
	Program evaluation to assess fidelity*	49.1
	The # of evidence-informed programs a AAA provides	43.6
	Efforts to expand capacity and train more people*	41.8
	The # of clients referred to evidence-based programs*	30.9
	The # of programs that are in the process of becoming evidence-based *(did not reach consensus in Round 1; 38.1%)*	

Topic	*Indicator*	*Percent (%)*
Resource Management	Efficient budget management (e.g., go over goals and objectives quarterly, tie the budget to program planning in the area plan, efficient financial data submission)*	75.9
	Cost efficiency	75.9
	• Consider the community when measuring number of people served (e.g., cost of services in that area, whether it is rural)*	70.5
	• Number of people served with available funding	68.2
	• Cost per unit of service for each program	61.4
	• Cost per outcome (e.g., reduced falls, number of people kept out of nursing homes)*	59.1
	• Return on investment*	47.7
	• Cost of staff; Outsourcing/contracting rather than providing direct services*	40.9
	• Number of units per client*	31.8
	• Economies of scale*	31.8
	Leveraging in-kind resources with community partners (e.g., housing and legal services, universities)*	65.6
	Ability to draw in outside resources (e.g., funding)	60.3
	Using resources to address emerging needs not anticipated in area plan*	58.6
	Using resources to target hard-to-reach groups*	58.6
	Number of services provided	39.7
	Allocations to subcontractors (e.g., % of contract dollars going to culturally specific services, % of budget going to staffing vs contracts)*	36.2
	Amount of unused funds returned to the funding sources *(did not reach consensus in Round 1; 37.5%)*	

Participants explained that if they were solely assessed on cost efficiency, this would reflect negatively on AAAs that spend additional resources to serve hard-to-reach groups, who often need services most. Participants thought that it would be difficult to compare cost efficiency for AAAs run under various auspices, as county-run AAAs have more bureaucratic limitations, and service delivery expenses vary between regions.

"Instead of being able to spend our time doing thoughtful planning for that [COVID-19 relief] money we expect to be coming in, we're spending hours upon hours collecting documentation and completing monitoring tools to prove compliance. So, while I think compliance is important, I think the methodology that CDA uses to measure that compliance is redundant and overly bureaucratic."
— AAA employee

Topic	Indicator	Percent (%)
Client Outcomes	Reductions in isolation*	87.1
	Reduced malnutrition/improved food security*	85.5
	Assess outcomes through satisfaction surveys, client assessments, pre/post tests*	80.6
	Fewer medical encounters/reduced nursing home use*	74.2
	Improved mental health (e.g., reduction in depression)*	74.2
	Improved mobility and independence*	67.7
	Use person-centered outcomes*	67.7
	Assess program impacts on caregivers*	66.1
	Improved health and medication reduction*	61.3
	Improved economic security*	41.9
	Assess client outcomes through improved databases (e.g., link to healthcare data)*	40.3
	How many clients “fall through the cracks” vs how many accept referrals*	35.5
	Client mortality rates*	12.9

Many of the indicators for client outcomes received the highest impact scores in the study, yet they had some of the lowest feasibility and measurability scores. This underscores how challenging it will be to improve assessments of AAAs without holding them to unrealistic standards or placing undue burdens on staff as they attempt to demonstrate their impact.

"We should be measuring health outcomes, but we need some standardized process for pre and post, and we need to be paid for that. We can’t do that without funding. We can’t ask [providers] to measure one more thing."
— AAA employee

Topic	*Indicator*	*Percent (%)*
Equity	Greatest economic need	91.2
	• Assess clients' income and resources*	73.1
	• Determine economic need through intake and surveys*	69.2
	• Community needs assessments*	63.5
	• Partnerships with organizations who serve low income populations*	63.5
	• Determine economic need based on clients who receive Medicaid, SNAP, or other benefits*	55.8
	• Use qualitative measures of how well low income clients are served*	48.1
	• Examine how low income groups are targeted in the state's Intrastate Funding Formula*	46.2
	• Compare the number of clients below poverty to the total estimated older population below poverty*	40.4
	• Use alternative ways to measure economic need (e.g., Elder Economic Index, Area Median Income)*	36.5
	Greatest social need	93.0
	• Determine social need through intake and surveys*	75.5
	• Offer culturally diverse programming*	71.7
	• Enable people in immediate crisis to receive expedited access to services*	69.8
	• Prioritize clients in neighborhoods with the greatest needs*	67.9
	• Supporting clients who don't speak English (e.g., offering services in multiple languages)*	66.0
	• Prioritize rural areas*	58.5
	• Prioritize LGBTQ+ clients*	50.9
	• Prioritize minority clients*	50.9
	• Prioritize older adults who have experienced discrimination or hate crimes*	47.2
	• Compare the number of clients with social needs to the total estimate older population with social needs*	34.0

"The OAA is rooted in racial equity issues. ... The Civil Rights movement was in high gear [when it was passed], so there's a heavy emphasis in the act on serving minorities and low-income people. ... You're never gonna serve them unless you're coming to them with programs that were grown from within their communities."
— AAA employee

Topic	*Indicator*	*Percent (%)*
Community Linking	Number of partnerships formed	76.3
	• Ability to connect community organizations to one another*	73.3
	• Number of task forces, working groups or committees the AAA is involved in	68.9
	• Number of contracts with CBOs	62.2
	• Strength of partnerships*	60.0
	• Agency-specific partnership goals*	57.8
	• Number of informal partnerships*	55.6
	• Number of public sector partnerships *	55.6
	• Number of MOUs	46.7
	• Number of health insurance or hospital partnerships	44.4
	• Number of partnerships with Medicaid or managed care providers	40.0
	• Satisfaction scores from community partners*	35.6
	Making referrals	76.3
	• Number of clients referred to the AAA	77.8
	• Number of clients the AAA refers to another department	73.3
	• Ease of making referrals	73.3
	• Types of referrals made*	60.0
	• Whether the AAA follows up to ensure the hand-off continues to work*	57.8
	• Number of clients referred by the AAA to their own services*	55.6
	• Whether the referral results in receipt of service*	53.3
	• Client surveys about referrals*	51.1
	Outreach measures (e.g., number of community presentations)*	69.5
	Leveraging help from multiple sources*	52.5
	Developing a resource data bank*	40.7
	Community events (e.g., social and fundraising events)*	39.0
	Number of trainings the AAA leads or participates in*	35.6
	Number of meetings with a coalition*	25.4

Topic	Indicator	Percent (%)
Visibility	Outreach touches and attendance at community events*	71.4
	Track how clients find the AAA*	66.1
	Check if referral points and community organizations are aware of AAA services*	64.3
	Name recognition*	62.5
	Web search results and media outreach*	58.9
	Target relationships with community partners to increase visibility*	57.1
	Surveys to determine visibility and community awareness*	55.4
	How the agency is perceived in the community*	51.8
	Number of community partnerships formed*	46.4
	Advertisements and public service announcements*	42.9
	Number of clients who contact the AAA*	42.9
	Determine availability of services, not just visibility*	42.9
	Conduct random phone calls to the general public*	5.4
Accessibility	Multiple ways to get in touch with the AAA*	88.3
	Service accessibility*	78.3
	Services are accessible to minority groups*	71.7
	Physical accessibility of the AAA building*	70.0
	Whether the AAA has convenient office hours*	68.3
	Whether the AAA serves people with disabilities*	68.3
	Number of languages services are offered in*	65.0
	Visual accessibility of material (brail, audio, size of font)*	60.0
	Partnerships with local disability departments*	60.0
	Physical accessibility of the surrounding neighborhood*	56.7
	Conduct surveys or focus groups to determine accessibility*	50.0
	Whether American Sign Language interpreters are available*	40.0

"We are a collection of aging experts. ... Our job is to be the voice and the advocate for the people that need it most. ... Why shouldn't we be on billboards and on the radio and advocating for older adults in our community?"
— AAA employee

"If you go to a member of the public they're not gonna know who the AAA is. They're gonna go to the automobile club. But if you go to a provider in the senior services world and they can talk about the AAA, then you're in the right direction."
— AAA employee

Topic	*Indicator*	*Percent (%)*
Leadership	AAA leader is recognized and respected*	73.5
	AAA leader is innovative*	71.4
	AAA leader is adaptable*	71.4
	AAA leader is able to maximize available resources and funding*	69.4
	Staff retention and performance*	65.3
	Leader embodies AAA's values*	65.3
	AAA leader effectively communicates AAA vision*	63.3
	AAA leader has roles in interagency committees and forms partnerships*	61.2
	Surveys of staff, stakeholders, subcontractors, and clients*	61.2
	AAA leads initiatives such as No Wrong Door or Aging and Disability Resource Center*	57.1
	Success in meeting grant requirements and program requirements*	53.1
	Whether the programs are successful*	51.0
	State or Administration on Aging should set standards and requirements for leaders*	20.4
	Number of leadership awards received	8.2
Proportion of the Population Age 60+ Served *(did not reach consensus in Round 2; 65.7%)*	Number of clients age 60+ divided by Census population age 60+*	70.5
	Use unduplicated service counts*	65.9
	Use surveys and intake data to determine client demographics*	52.3
	Number of clients divided by the population with high need (e.g., age 80+, frail, living without social supports)*	52.3
	Compare characteristics of clients to Census data (gender, age, race, ethnicity, etc.)*	50.0
	Use a statewide data collection system*	45.5
	Examine the populations served with help from academic partners, the state, or the Administration on Aging*	43.2
	Differentiate between actual services received vs information provided to younger adults requesting information*	27.3

Include Input from AAAs

To improve assessments of AAA performance beyond compliance-focused metrics, CDA should consider adopting the indicators identified in this study, while also examining the indicators that AAAs deemed unsuitable. While some of the indicators may simply be aspirational goals for California AAAs, the more measurable indicators could be included as metrics tracked in the Data Dashboard to support the goals of the Master Plan for Aging. Measuring AAA performance can help to enhance accountability and compliance, assess programs and operations, and improve decision-making.[2] Just as the California Association of Area Agencies on Aging has recommended with the Hub and Spokes Initiative, any changes to AAA assessment must be preceded by an evaluation to ensure that this new model will be beneficial for programs, finances, and clients.[3]

2. Becerra, N., House, L., Schwartz, R., Wiatr-Rodriguez, A. (2021, December 7-10). Enhancing Older Americans Act State Plans with Evaluation and Evidence [Conference presentation]. HCBS Conference, Baltimore, MD, United States.
3. California Association of Area Agencies on Aging (n.d.). C4A Input on the State Plan on Aging and Changing the Structure or Number of Area Agencies on Aging (AAA 2.0). California Department of Aging.

"The process data that we collect on units served and persons served, it doesn't tell the story that all of us have shared during this conversation about the real impacts that AAAs are making. I want to be able to tell that story better."
— State Unit on Aging employee

Recommendations

Based on findings from the consensus building study and focus groups with 10 representatives from California AAAs, there are several steps CDA can take to improve its assessments of AAAs:

1. Create a AAA working group to establish metrics.

This temporary working group should establish new metrics of AAA compliance and performance, as well as identify metrics that should not be used. Similar to CDA's other working groups, this group should include AAA representatives and service providers who represent the diversity of the Aging Network within California. The working group should use its members' on-the-ground expertise to identify the most appropriate ways to measure AAA compliance and performance—both for the existing service delivery model, and with the goals of the Hub and Spokes Initiative and Master Plan for Aging in mind.

2. Balance standardization and flexibility.

CDA should collaborate with the Administration for Community Living (ACL) and AAAs to develop baseline standards for success, but continue to promote the community-specific flexibility that became essential during the COVID-19 pandemic.

3. Allocate financial and technical support.

CDA should support AAAs' needs for more funding, staff, and technical assistance. California AAAs explained that their "staffing remains stagnant" while their work is "growing exponentially." AAAs need more "money and staff time," as well as explicit guidelines and templates from CDA. This will be especially true if AAAs are expected to measure additional indicators of success or client outcomes.

With these actions, CDA can achieve its goals of supporting every Californian to enjoy wellness, longevity, and quality of life. Including AAAs in these efforts is essential to establish and implement the State's priorities.

Across the U.S., AAAs, State Units on Aging, and the ACL can use these findings as a foundation to identify future priorities regarding AAA assessments and innovations.

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