

The ADVANTAGESM

Improving Communities for an Aging Society

Initiative UPDATE

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The AdvantAge Initiative

The *AdvantAge Initiative* is a community-building effort focused on creating vibrant and elder-friendly, or "AdvantAged," communities that are prepared to meet the needs and nurture the aspirations of older adults.

Is your community "AdvantAged"?

- Does it help older residents maintain their health, live independently, and lead productive and satisfying lives?
- Does it engage older adults as resources, tapping their civic and social strengths?
- Is it able to meet the changing needs of the frail, disabled and homebound?
- Do older residents consider it an elder-friendly environment?
- Is planning for a growing older population a priority in your community? Does it have reliable data to inform planning?

CONTRIBUTORS

- Mia Oberlink
Esther Zuckerman
Elisabeth Simatov
Center for Home Care Policy and Research – VNSNY
- Jane Clay
Bridget Edwards
Phil Stafford
Evergreen Institute on Elder Environments
- John Beileson
Strategic Communications and Planning
- Jon Burkhardt

The AdvantAge Initiative

held its second all-community meeting in New York City from June 9th through June 11th. Two representatives from each of the ten AI communities were invited to attend as well as our funders and other special guests. Over 40 people attended each day. The goals of the meeting were to provide a forum to share AI community successes to date, and discuss challenges; enhance skills in understanding, interpreting, and communicating about survey data; practice ways to define problems and opportunities and set priorities; and generate ideas for action strategies and desired outcomes.

Our agenda was tightly packed, though there was some time for the community liaisons to get to know one another better and to enjoy a taste of New York (literally and figuratively). We kicked off the meeting with a Sunday brunch cruise around the lower tip of Manhattan, and for three hours, we had a chance to talk and gaze at the New York City skyline.

The official meeting began on Sunday night with a "poster session." Each community had been asked to create a poster presentation about a successful aspect of the work it had accomplished during the last year. First, half of the posters were set up and manned by the corresponding community liaisons, while the other half of the group walked around, viewed the posters, and asked questions, learning a little more about the communities' work in the process. Then the two groups switched. In this way, everyone had a chance to present and to view everyone else's accomplishments.

Monday morning started with a presentation by Jon Burkhardt from Westat, the survey research company that conducted the AI survey in all ten communities. Jon offered us an introduction to Westat and a step by step overview of the survey methodology.

Next, Elisabeth Simantov, the chief data analyst for the *AdvantAge Initiative*, spent the remainder of the morning helping the group understand how the AI survey questions relate to the AI indicators, and going over sample charts and graphs. A summary of the survey methodology and the ways

that survey questions are being translated into indicators is included on pages xx, along with a complete listing of the 33 AI indicators.

Keeping with the theme of understanding and interpreting data, Phil Stafford, from the Evergreen Institute on Elder Environments, engaged participants in a discussion about critical questions to consider as they interpret data and plan action steps in their communities (See page x). An exercise involved four breakout groups, each of which was given a set of mock indicators to digest and discuss and asked to pretend that the charts were actually about their own communities. Much to everyone's surprise, the indicators were not so simple to interpret and the multiple voices and ideas in each room made it challenging for the groups to agree about the relative importance of the various indicators. This gave participants a taste of what their own decision making process might be like when they and their task forces have real indicators in hand.

Tuesday began with a session entitled Consultancy Community Challenges and Feedback: moderated by John Beilenson, President of Strategic Communications and Planning. This group problem-solving activity gave each of the community liaisons a chance to present a community-specific challenge to the whole group and receive feedback. Participants were not at all shy about sharing ideas, offering advice, and providing support to colleagues!

The remainder of the session focused on the concept of "communication as engagement" with a special emphasis on expanding communities' repertoire of ways to communicate with a variety of constituents. John's article on page x recaps some of the main points of this part of the program. Finally, another breakout session allowed the community reps to brainstorm about next steps to take in their communities when they return home and when they begin to receive the indicators from the AI team.

All in all, it was a very productive meeting that laid the groundwork for the indicator reports, which will be sent out to the communities starting in September.

Mia and Esther

WORKING WITH THE AI SURVEY DATA:

Identifying and Framing Issues

by Phil Stafford, *Evergreen
Institute on Elder Environments*

One of the objectives of our June meeting was to discuss the use of survey data and indicators to address community issues and problems. We all place great stock in numbers and, indeed, they can be of real use as your task force begins to set priorities and plan strategically for the future. The survey results, as they come in, will help your community identify major issues. Some issues will appear to affect a broad spectrum of the community. Others may affect only a small segment, but you may discover that this segment is especially vulnerable due to poverty, race, isolation, or some other factor, based on “cross-tabulating” the results.

Once you receive the data from the survey, the hard part really begins. What are you going to do with this information? What appears to be simple data may not be so simple. The numbers you are looking at might be subject to wide interpretation by many different people with different perspectives, each valid in its own way.

There are several critical questions that you and your task force can ask yourselves to help you explore and understand the character of the data and the real problems and issues that the data represent. As you begin to receive and review the indicators with your task force, ask yourselves the following questions (*) for each analyzed indicator:

- What is the real issue here? How can we simply “name it” or re-state it in literal terms?
- Is this issue at some kind of crisis proportion in our community?
- Does this affect a broad or narrow cross-section of our community?
- Who is most affected and how are they affected?
- Who is least affected by this issue?
- Is there a quick, technical solution to this problem?
- Is this an issue someone or some group is already working on?
- Is this a multi-sided, complex issue (as opposed to a simple black/white issue)?
- Is this issue connected to things people really care about?
- Is the solution to this problem relatively clear?
- Is this an issue that will require further study to better understand?
- Is this an issue that will require lots of political will to address?



*Phil Stafford
of the
Evergreen
Institute on
Elder
Environments*

Once you have clearly identified the issue and have reached consensus with your task force that the issue represents a significant problem in your community, you and your colleagues must frame this problem in language that is clear and easily understood by a variety of audiences.

Try writing a problem statement describing the issue in such a way that anyone who considers the issue will have the same or similar image in mind. This problem statement is a way to frame the issue so that it can be addressed by a variety of stakeholders.

A sample template of a simple problem statement could look like this:

“_____ is a growing issue that affects _____ individuals by _____ and affects communities by _____.”

At the June meeting, we experimented with this method in our breakout sessions, using data from a mock community. After reviewing the indicators provided, one group decided that transportation was a significant issue. They wrote their problem statement in the following way:

“Access to transportation is a growing issue that affects frail and disabled adults by decreasing independence and “connectedness” to their community. This affects communities by increasing the need for individualized transportation options.”

This problem statement highlights the notion that frail and disabled older adults are most affected by lack of access to transportation. By pinpointing the problem in this way, the

group actually begins to suggest where the solution(s) may lie—in individualized transportation options for a specific population. No one is suggesting that we try to solve all of the community’s transportation problems for all of its citizens—an impossibly complex task! Instead, this targeted problem statement helps keep the issue and its solution manageable.

Another group focused on the indicator that reported the percentage of people who volunteer. Instead of saying “32 percent of seniors volunteer in the community,” they stressed the percentage of seniors who do not volunteer and included some of the consequences of this inaction:

“Sixty-eight percent of seniors do not participate in volunteer work. This affects individuals by limiting their opportunities to use existing skills and learn new ones, and may limit their opportunity for a range of meaningful life experiences. It affects communities by limiting the potential contributions of a talented segment of the population.”

Written in this way, the problem statement actually dictates how the reader or listener should process the message—when we realize how much we may be missing because the vast majority of seniors do not volunteer, we are more likely to want to act to remedy the situation right away. The article by John Beilenson in this issue on “Communications as Engagement” goes into more detail about communicating in ways that get people involved.

Each of the sample problem statements above names the problem, the population of people affected, and how the community at large is affected. Ultimately, the investment you make in framing issues in this way will pay great rewards in finding solutions that actually match the identified problems and in attracting others to your cause. In later articles, we will discuss further how to move from reading and interpreting data to individual and community action.

** adapted from Framing Issues: Building a Structure for Public Discussions, 1995, Kettering Foundation.*



Donna Payne of Santa Clarita, CA; Paulette Geller of Orange County, FL; Jon Burkhardt of Westat and Amy Ernharth of Jacksonville, FL discuss mock data during breakout session



(LtoR) Betty LeClare, Indianapolis, IN (not facing camera); Mary Holte, Yonkers, NY; Danyelle Rudin, AI Consultant; Michal Bursen, Advantage Initiative; and Phil Stafford during break out session



(LtoR) Duane Etienne, Indianapolis, IN; Brad Berens, Santa Clarita, CA; Cathy Elser, Yonkers, NY; and Stephanie Pinder, Lincoln Square Neighborhood, NYC; discuss mock data during breakout session

The Advantage

The AdvantAge Initiative Survey Process

The *AdvantAge Initiative* (AI) survey was conducted in the ten AI communities by Westat, an internationally known survey research company based in Rockville, MD. Westat is an employee-owned research firm with almost 40 years of experience in conducting surveys, statistical consulting, and program evaluation for federal agencies, research foundations, and other clients. The firm's experience in surveying older people includes the National Health and Nutrition Examination Survey, Women's Health and Aging Study, Performance Outcome Measures for the Administration on Aging, and others.

With over 1,300 professional and managerial employees, Westat utilizes a wide range of technical expertise to conduct its work. Using the latest technology, including advanced CATI (computer-aided telephone interviewing) software, nine telephone centers throughout the country, and 860 telephone interviewers, the firm ensures that data are accurately and efficiently collected and compiled.

Working closely with the AI staff, Westat helped develop the AI survey questionnaire. They fine-tuned the survey instrument further by pre-testing it with a group of seniors and incorporating their feedback into revisions of the questionnaire. Westat hired and trained the survey interviewers, conducted all the survey interviews in English or Spanish in the ten AI communities, and compiled and sent the data to the AI team for analysis.

In order to create a statistically valid sample of survey respondents, names and addresses of Medicare beneficiaries living in the ten pilot communities were obtained from the Centers for Medicare and Medicaid Services (CMS), a government agency that administers the Medicare and Medicaid programs. Westat then matched the information received from CMS with telephone numbers obtained from national telephone directories.

Initial contact with potential interviewees was made through a letter from CMS printed on CMS letterhead and signed by the CMS Administrator. The letter informed recipients about the legitimacy of the survey and its value in helping researchers learn about older adults' perceptions of and experiences in their



Jon Burkhardt, Westat

communities. It also assured them that participation in the survey process was completely voluntary.

This letter was followed by a postcard from Westat stating that recipients may be called to participate in the survey. It also invited them to phone Westat should they have any questions. In many of the communities, a letter from a known and trusted source followed the postcard. This

letter again validated the legitimacy of the survey and confirmed the importance of recipients' participation.

The interviewing process began on January 7, 2002, with 45 Westat interviewers who were specially trained to work on the AI project. Calls to seniors were made in the daytime, evening, and on weekends. On average, it took 1.57 interviewer hours to complete each 30-minute interview (this includes an initial call and several call backs if the respondent wasn't home, couldn't finish the survey in one sitting, and so on). Ninety-three percent of the surveys were completed within the first two calls from Westat interviewers. At times, however, many more calls were necessary to reach interviewees.

Between 500 and 600 telephone interviews in each of the ten pilot AI communities were completed (with the exception of Lincoln Square, which only has approximately 600 people aged 65 and older). Once the survey data were received from Westat, they were cleaned and readied for analysis by AI analysts. Analysis of the data is now underway, and over the next several months, each of the AI communities will receive survey results expressed as a set of 33 indicators devised by the AI team and used to define the elements of an elder-friendly community.

AI analyst Elisabeth Simantov, PhD, explains how the survey data are translated into indicators in the article on next page.

Initiative Survey

Analyzing the Results of the AI Survey

How We Translate Survey Questions and Responses Into Indicators

by Elisabeth Simantov

The *AdvantAge Initiative* (AI) survey has been administered to over 5,000 people age 65 and older in the ten AI communities. The survey questionnaire was designed to help the AI team measure the various components, or indicators, of an elder friendly community within the four broad domains we developed:

- Addresses basic needs
- Optimizes physical and mental health and well being
- Maximizes independence for the frail and disabled, and
- Promotes social and civic engagement

The full complement of indicators will enable us to understand older peoples' perceptions of and experiences in each of their communities. They will also help the AI communities assess their current capacity to promote the health, well being, and independence of their older residents and to plan and measure the effectiveness of interventions they design to improve their elder friendliness.

Now that the surveys are completed, one of our most important tasks is to translate the questionnaire responses obtained from survey participants into indicators of community



Elisabeth Simantov of the AdvantAge Initiative

elder-friendliness. Of the thirty-three indicators on the list, six correspond directly to survey questions. These questions can be translated into indicators simply by looking at the responses in the data file. For other indicators the process is more involved. We might need to combine multiple responses to a

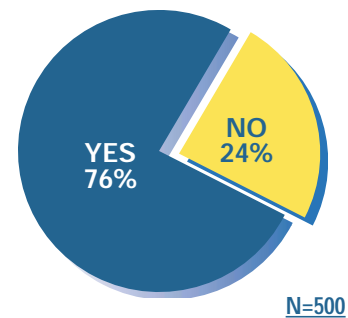
single question or answers from two, three, or more questions to create a specific indicator. In this article, we outline the different methods used to translate survey questions and responses into indicators and illustrate each with an example.

Translating responses to a single yes/no survey question into an indicator

The process of transforming one survey question into an indicator is straightforward. For example, if we would like to know *the percentage of people age 65+ who attended movies, sports events, clubs, or group events in the past week*, we would simply look at the responses to that particular survey question, and calculate the percentage of people who said “yes.”

Figure 1, for example, shows that 76% of those surveyed answered the question with a “yes.” One could then extrapolate from this chart that over three-quarters of those responding engaged in some kind of social activity in the last week.¹

Figure 1:
Percentage of people age 65+ who socialized with friends or neighbors in the past week



Combining multiple responses to a single survey question

Other indicators correspond to single questions in our survey as well. However, some of these questions have more than two response categories (as opposed to the question in Figure 1, which has only two response categories: “yes” or “no”). For example, if we would like to know *the percentage of people age 65+ who participate*

¹ The data presented in this article are not real and do not represent any particular community. The charts have been created for illustrative purposes only.

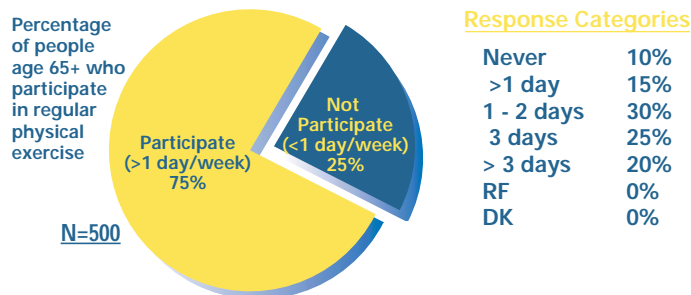
Analyzing the Results of the AI Survey

in regular physical exercise, we would look at the related survey question and note that responses fall into five categories, not including the categories “don’t know” (DK) or “refused” (RF).

Using percentages, we can present the results several ways. We can show each response category separately in a pie chart split into five pieces, or we can combine categories to present responses in just two or three groups.

In Figure 2, for example, response categories were combined and shown as two pieces of the pie: the percentage of people

Figure 2: In a typical week, how often do you engage in physical exercise, such as walking, exercising, swimming, or going to the gym or exercise class?



who participate in regular physical exercise one or more days a week (75%), and the percentage of people who participate in regular physical exercise less than one day per week (25%).

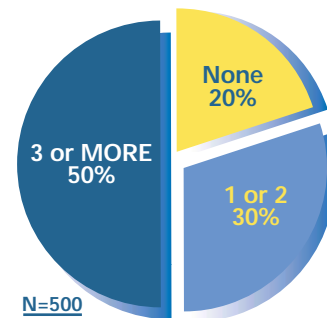
Creating an index to present an indicator

Several indicators are based upon a series of related questions. A response to each of the questions provides information about one issue or activity. For example, if we would like to know the rate of vaccination and screening for various conditions among people age 65+, we would first look at the answers to the corresponding survey questions that ask respondents if they had each of the following preventive/screening measures in the last year:

Complete physical exam, blood pressure check, hearing test, eye exam, flu shot, mammogram (for women), and prostate cancer screening (for men). We can simply display the responses one by one, in a six-bar chart, or combine responses and create an index ranging from zero to six (including either a mammogram or prostate screening).

The values of the index represent the number of preventive screenings that each respondent obtained in the last year. This

Figure 3: Preventive/Screening Measures: Number of Services Received

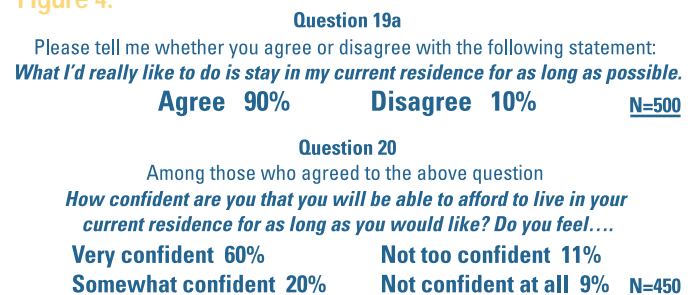


allows us to calculate the percentage of respondents who did not receive any preventive screenings and those who received one or more of them. For example, Figure 3 shows that 50% of respondents had three or more screenings, 30% had one or two, and the remaining 20% of this sample had none. (Note that the actual screening measures are not named in this chart.)

Combining two questions to create an indicator:

Some indicators should not be generalized to the whole sample of respondents, but should be used for only a certain sub-group of those respondents. For example, if we would like to know the percentage of people age 65+ who want to remain in their current residences and are confident they will be able to afford to do so, we need to analyze the responses to two questions (Fig 4). After first

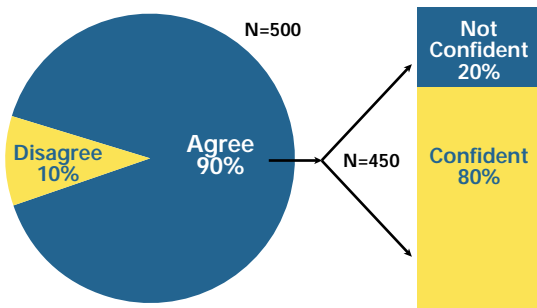
Figure 4:



determining the percentage of respondents who agreed with the statement in Question 19a, (the subgroup of interest) we can then calculate the percentage of people who feel confident that they will be able to afford to remain in their current residence (Question 20). Note that there are four response categories in Question 20: Very confident, somewhat confident, not too confident, and not confident at all. In our example (Fig. 5), we collapsed the first two response categories

into one that simply reads “confident;” everyone else is “not confident.” Figure 5 shows that 90% of respondents initially agreed with the statement in Question 19a, and of this subgroup, 80% are confident that they will be able to remain in their homes, and 20% are not.

Figure 5: 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



Combining several questions to create an indicator:

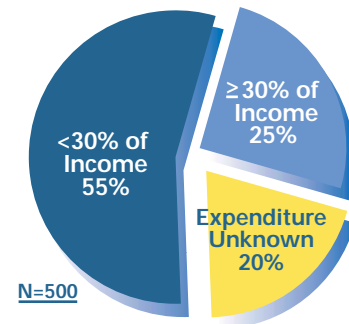
There are times when we may need to combine responses from many different questions in order to create an indicator. For example, to find the percentage of people age 65+ who spend $\geq 30\%$ / $<30\%$ of their income on housing, we combine responses to ten different questions, and perform numerous calculations (Fig. 6). First we calculate the annual household expenditure by

Figure 6:
Combining Several Questions to Describe an Indicator

Household Expenditure	Annual Income
Q. 15: Owns/Rents/Others	Q. 97-98: Reported annual income
Q. 16a: Total Rent	
Q. 16b: Contribution to household expenses	
Q. 17a: Mortgage	
Q. 17b-c: Real estate taxes	
Q. 17d: Association/condo fees	
Q. 18: Utilities	

combining outlays on rent or mortgage, real estate taxes, association or condo fees, and payment for utilities. (For people who live with their children we calculate the amount they contribute to household expenses.) We then classify respondents into the two categories ($\geq 30\%$ / $<30\%$) based on their annual household expenditure in relationship to their income (Fig. 7). Respondents who did not provide enough

Figure 7:
Percentage of people age 65+ who spend $\geq 30\%$ / $<30\%$ of their income on housing



information to calculate household expenditure as a percent of income are included in a third category – expenditure unknown.

The examples above provide a general idea on how we transform survey questions into indicators and the different levels of complexity of this task. While a few indicators can be translated directly from responses to corresponding survey questions, others require complex manipulation of answers to several questions and numerous calculations to obtain results. As we release the results of our survey analyses, we will always include detailed descriptions of the methods used to construct the indicators.



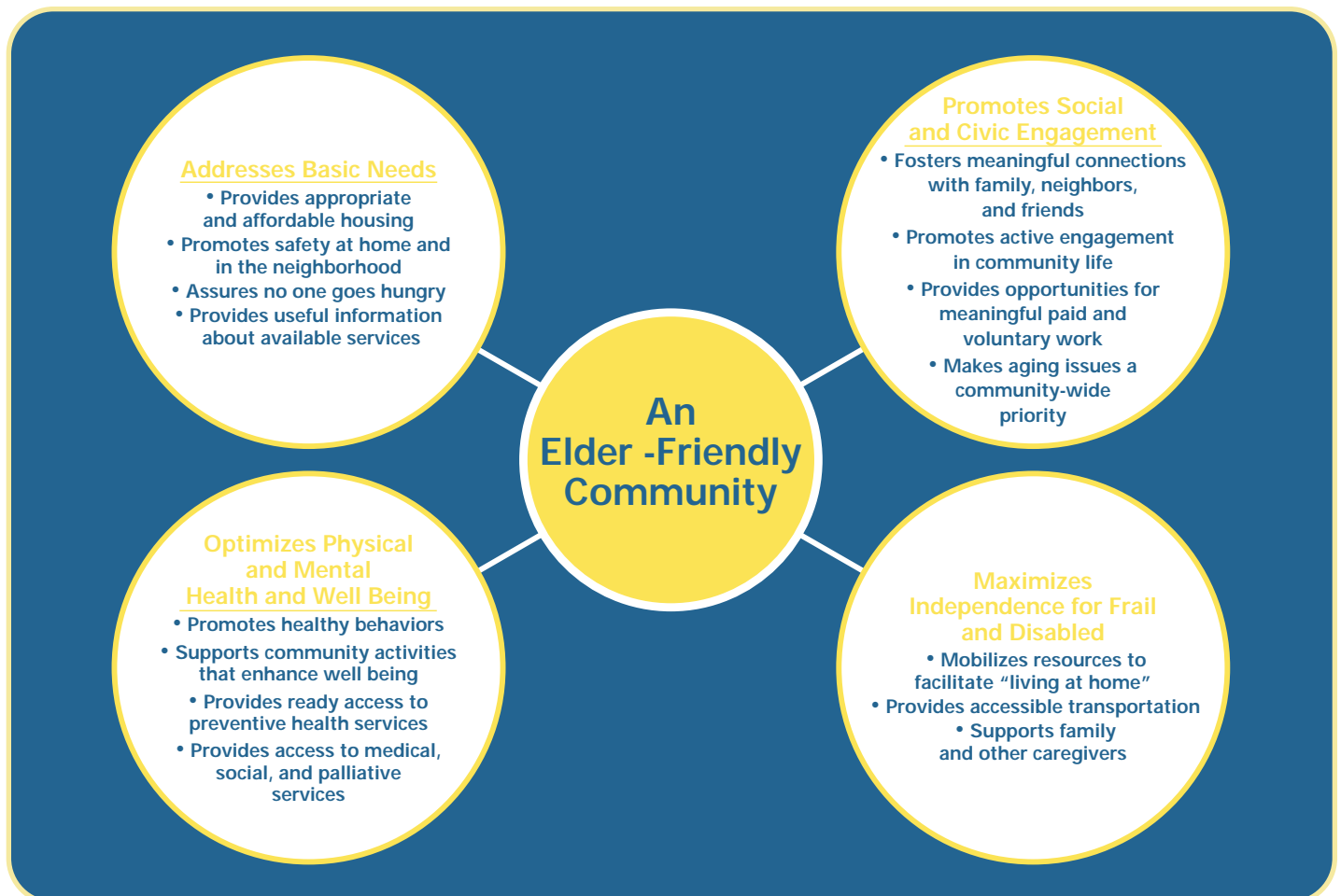
Wayne Parker of Maricopa County, AZ interprets chart displayed during Elisabeth Simantov’s session

Essential Elements of an Elder Friendly Community

Percentage of people age 65+ who report their community is a good place to live

ADDRESSES BASIC NEEDS

- Affordable housing is available to community residents
- Percentage of people age 65+ who spend >30%/<30% 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 met/unmet 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 of selected services in their community
- Percentage of people age 65+ with adequate assistance in basic daily activities



OPTIMIZES PHYSICAL AND MENTAL HEALTH AND WELL-BEING

- Community promotes and provides access to necessary and preventive health services
- Rate of vaccination and screening for various conditions among people 65+ (e.g., breast cancer, glaucoma, hypertension, prostate cancer, etc.)
- Percentage of people age 65+ who felt depressed or anxious and have not seen a health care professional (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 (due to cost, transportation, etc.)
- 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 obtaining dental or vision care
- Palliative care services are available and advertised
- Percentage of people age 65+ who have used or know how to access palliative care services

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 (e.g., toileting, dressing, eating, mobility, and transferring)
- Percentage of people age 65+ with adequate assistance in instrumental activities of daily living (e.g., cooking, shopping, taking medications, light housekeeping, and transportation to medical visits and recreation)
- 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 are able to get respite/rest 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

Communications as Engagement

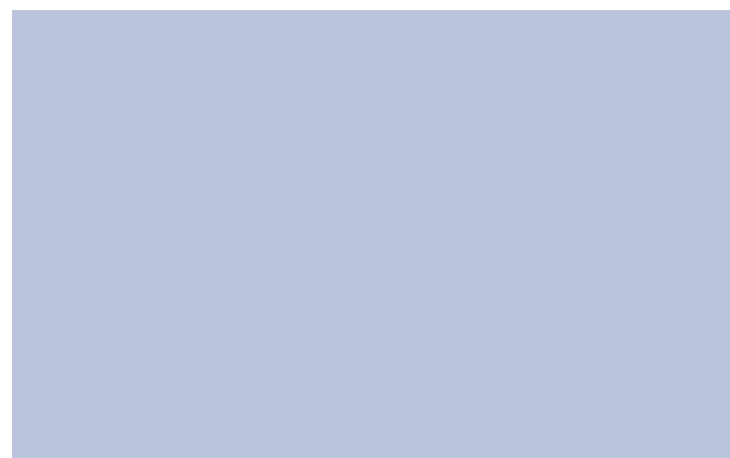
By John Beilenson, President
Strategic Communications & Planning

In the coming months, the availability of the data from the *AdvantAge Initiative* survey will likely energize the public discussions you are already having about how to make your communities better places for people of all ages. In this exciting phase of the Initiative, communications must continue to build awareness about our efforts—as we did in promoting the *AdvantAge Initiative* survey. However, we must also do more, actively broadening the reach of, and building momentum for, sustained community action.

“Communications as engagement” can help. During the 1990s, Millennium Communications Group, a small consulting firm in Washington, DC (since dissolved), began promoting this idea with many of its nonprofit and foundation clients, particularly in the education field. This idea encouraged people to think about communications and public relations (PR) in a dramatically different way.

Engagement in Theory

Many traditional PR strategies are premised on an all-too-straightforward conception of communications. We distribute a newsletter to our key stakeholders and assume they perfectly ingest all (or at least part) of what we are writing, just as we meant it. We make a speech, and people welcome our message. We speak, they understand, and then act.



David Hanson (left) and David Jensen (right) of Puyallup, WA discuss action plan for their community

Of course, real communication doesn't work that way (if you have a teenage son or daughter, you know what I mean all too well!). Communications as engagement seeks to make sense of this more complex reality. It is premised on a conception of communications that runs more like this:

- They (meaning your stakeholders) speak; we (meaning you or your organization) listen.
- We speak; they listen.
- Together we make meaning, and together we act.

In a 1998 publication, *Reasons for Hope, Voices of Change*, created with the Annenberg Institute for School Reform, Millennium defined communications as engagement as “purposeful or strategic communications that promote collaboration and dialogue in the service of social change.” Engagement strategies, the report suggested, are based on candor and trust, characterized by inclusive dialogue, committed to dynamic partnerships, and focused on what is best for the whole community, not just a particular or parochial interest.

In practice, communications as engagement demands we eschew top-down strategies that seek to talk to or tell (generally like-minded) audiences what we think they need to hear. Instead, we must look for ways to talk or deliberate **with** people, especially those who don't agree with us, hoping to develop a mutual understanding, a common ground from which we can act together.

Engagement in Action

At its most basic, communications as engagement begins with listening. In that way, the *AdvantAge Initiative* survey is a powerful tool for creating engagement strategies. The results of the survey will provide an aggregate understanding of how older adults feel about the places in which they live, how elder-friendly they consider their communities.

Some *AdvantAge Initiative* communities have also sought a more qualitative take from older adults. The Yonkers Elder-Friendly Initiative (YEFI) in Yonkers, New York, for example, conducted listening sessions with groups of 10-150 older adults in senior centers in the community. The Senior Initiative of United Way of Northeast Florida held focus groups with older adults and their caregivers in the Jacksonville area to help the Initiative narrow down the issue areas in which it might concentrate its work.



Cathy Elser (standing) of Yonkers, NY with Mary Hotte (seated left) of Yonkers and Cathy Lieblich (seated center) of Orange County, FL and Kum Paulock (seated right) of Chicago, IL look on.



From left to right: John Beilenson; Carol Kratz, Maricopa County, AZ; Perry Feldman, Advantage Initiative; Karen Burkhardt, Jon Burkhardt, Westat; Amy Ernherth, Jacksonville, FL (not facing camera)



Bridget Edwards, Evergreen Institute on Elder Environments; Doug Beach, Orange County, FL

These kinds of listening strategies are critical to engagement, but they are not engagement per se. Communications as engagement seeks to use opportunities for listening, or indeed any communications activity (e.g., a one-on-one or group presentation, a new Web site or a newsletter) to promote greater involvement, to create or drive a common, inclusive agenda, or to engage broader support for that agenda.

A good example from the Annenberg Institute's work with engagement in public education provides a clearer picture. In the Pattonville School district, near St. Louis, Missouri, administrators had tried and repeatedly failed to pass needed bond issues, in part because of a lack of support among the growing number of older adults in its community. So in the mid-1980s the district interviewed several groups of older people (as well as others in the community) to understand their concerns more fully. They then invited several of the most interested of these people to take part in district committees charged with developing plans for a new administration building and needed school upgrades. Ultimately, these older adults were crucial in communicating about the plan and an associated bond referendum—ultimately approved by the electorate—which included extra space in the new building for senior services and other community activities. Since then, additional bond measures have passed, and older community members continue to be involved, many serving as dedicated volunteers in classrooms throughout the district.

Get Engaged

Here are some quick ideas about how you might transform your traditional communications efforts into engagement strategies:

Newsletter: Instead of writing your newsletter yourself, develop a group of 10-15 community reporters (e.g., older adults from local senior centers) representing a wide range of viewpoints and constituencies. These people will not only help you create a more vibrant publication, but can also serve as vehicles for listening and communicating with the broader community

Speeches or community presentation: Flip the normal dynamic where you speak for 3/4 of the time and 1/4 of the time is left over for questions. Cut down your talk and leave 3/4 of the time for discussion or questions. And not just “Any questions?” Develop a set of queries beforehand that will enable you to

Communications as Engagement:

(continued from page 10)

learn from the people in the audience. Also make sure you have a clear call to action, and that there are ways that people can get involved easily with your work following the presentation.

Web site: Create and then nurture online discussion forums to get a sense of how your constituents feel about your efforts. Work out an arrangement with key health care, social service and other organizations to post information from their newsletters on your site. Use the community reporter strategy mentioned in the newsletter section above. Provide ways for people to “join” your initiative (participate in a focus group, submit content to the Web site, give money, etc.) on the home page of your site.

Data announcements: Ready to announce the results from the *AdvantAge Initiative* survey or some other information? Gather a range of community actors for quarterly or even monthly breakfast briefings. At each, present a set of data related to a key community issue (e.g., housing), then allow each table to talk about the numbers and what they mean. Let them present what they talked about to the larger group, and then conduct a broader conversation about the issues raised or even action steps that might be taken. Hold follow-up meetings, if warranted. Engage the media to publicize the issue (not the event) beforehand to build community awareness and legitimacy for your efforts.



Jacksonville, FL poster Presentation

About Us

Established in 1993, the Center for Home Care Policy and Research-VNSNY works to advance knowledge that will promote the delivery of high quality, cost-effective care in the home and community, and support informed decision-making by policy makers, providers, and consumers.

The
ADVANTAGESM
Initiative

Improving Communities for an Aging Society

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Center for Home Care Policy and Research
Visiting Nurse Service of New York
107 East 70th Street
New York, NY 10021
212.794.6300
www.advantageinitiative.org