

# Florida's Elder Population

**By:**

JERRY ENDRES M.S.W.  
Director, Institute for Community Collaborative Studies  
Senior Research Scientist and Lecturer  
Department of Health, Human Services and Public Policy  
California State University Monterey Bay  
831.582.3624  
831.582.3899 Fax  
jerry\_endres@csumb.edu  
<http://hhspp.csumb.edu/community/>

## TABLE OF CONTENTS

Title Page and Acknowledgements.....	
Introduction.....	
Elder Centered Philosophy.....	
The AdvantAge Initiative.....	
The Matrix Outcomes Model in Central Florida.....	
Importance of Beginning With an Outcomes Approach.....	
What is the Matrix Outcomes Model? .....	
Matrix Outcomes Model Planning Process .....	
Indicators and Status Level Measures within each Matrix Category .....	
Collaboration and Design Process With Five Programs .....	
Testing the Matrix Outcomes Model .....	
Training to Use the Matrix Outcomes Model .....	

Older Adult Work Group Priority Area Interventions and Program Descriptions .....  
    Community Partnerships for Senior Services  
    Florida Pioneer Network  
    Older Teachers Training Early Readers  
    Wisdom Works: Meaningful Service and Employment  
    Winter Park Public Library Lifelong Learning Institute

Matrix Outcome Designs for Winter Park Health Foundation Older Adult Programs.....  
    Community Partnerships for Senior Services  
    Florida Pioneer Network  
    Older Teachers Training Early Readers  
    Wisdom Works: Meaningful Service and Employment  
    Winter Park Public Library Lifelong Learning Institute

Bibliography.....

# THE ELDER POPULATION

*Age is opportunity no less  
Than youth itself, though in another dress,  
And as evening twilight fades away,  
The sky is filled with stars, invisible by day.*  
-Henry Wadsworth Longfellow

## ELDER CENTERED PHILOSOPHY

All too often people view aging as a time of loss or in decline. Although life is indeed complex, elders bring a wealth of experience and other strengths to it. Chronological age does not dictate specific characteristics in the older adult. The wide age range within the culture means that some people have been retired for some time, while others will be in the work force for 15 or 20 or more years; some

are isolated, but others have active social lives. Some are great-grand parents, and others do not have any children.

The question today, in the 21<sup>st</sup> century, “How do we find outlets to cultivate and express elders’ wisdom?” “How do we understand ourselves as ‘wise elders’ in a society that does not recognize the characteristics of this role?” And, “How do we assist each other to better understand the power of our minds in bringing ourselves to the present moment?” Albert Einstein suggested, “The real valuable thing is intuition.”

The development of this “inner elder concept” was influenced by the work of Swiss psychologist Carl Jung, who

wrote we are granted an extended lifespan for a reason. Jung urged us to use this period of our lives to honor and develop parts of our selves we may have neglected because of the demands of career and family, to honor what lies hidden in our souls, to develop what he called psycho-spiritual wholeness. Wayne Muller, author of *How then shall we live?*, presents the inner elder as our essential nature. Our essential nature is simply there waiting to be listened to, waiting to be uncovered. Muller says, “I carry a deep fundamental identity. It is unique and unchanging. It is my own particular spiritual essence. It is trustworthy, whole, wise, and a source of true safety. It is home.”

This identity forms the concept of the inner elder.

Our ageing population offers an opportunity for identifying and then utilizing the elder's experience, opportunities and strengths. Carl Jung believed in the last third of life we are most open to and available for reflection. It requires only that we be quiet from time to time, that we consciously and deliberately pay careful attention so that we can connect to the wisdom inside. The elder evangelist, Billy Graham has described his greatest challenge in these years, "I have always helped others and myself prepare to meet the divine, but no one has taught me how to deal with the aging process." One of the reasons the aging process is so disconcerting to many people is they feel as if they have been stripped of their roles. Rather than wonder what singular role we

can now invent, Ram Dass in his book *"Still Here"* suggests, "How can we, as aging people, make our wisdom felt in the world?"

Values of the older adult population can be an inspiration for the future and the generation to follow them. If things are to change it could be the older population to advocate and make it happen. Many in the "Baby Boomer" generation have been raised to not be irrelevant, but to represent their interest, personally and politically. This population has an intuition for identifying and meeting its needs. This is brought forward and utilized by experience, an identification of opportunities and strengths. Being able to analyze how to use this experience from the past and bring it into the present and apply it for future actions represents an elder's challenge in the 21<sup>st</sup> century.

## FACTS

Today, 35 million persons in the United States are 65 years of age or older, counting for 13% of the population. This is the fastest growing segment of the population, as older people are living longer and baby boomers advance in age. By the year 2020 there will be 52 million persons in this age group, representing 16% of the population (The Health Status of Older Adults, Outcomes Research, Pfizer). The Healthy Community Initiative of Greater Orlando, Florida states nearly 90 thousand people, 10% of the population in Orange County, are 65 years or older; 24% of this group are over the age of 80. The projection is an additional 200,000 people age 65 or older will live in Orange County within the next 30 years (AdvantAge Initiative, Fall 2003). By 2025, the Census Bureau estimates the number of elders

living in Florida will nearly double from 2,755,000 to 5,453,000 making it the oldest state in the union. With the population aging, America's communities must prepare to ensure we are ready to provide services that help older adults remain independent and foster an elder's creativity and dreams.

About 80% of the elder population remain healthy enough to engage in their normal activities. Elders have already been adaptable to children leaving home, widowhood, moving to a new home, and so on. Marc Freedman, President of Civic Ventures, says the gift of longevity is behind the new shift in the way people think about retirement. In 1900, the average age American lived to age 47. Today that number is 77, and rising. As a result, people are seldom thinking of retirement as

a final stage of life but rather as an interlude between stages. Freedman reports a central, defining feature is emerging. It is work. According to a recent study by the AARP, nearly 80% of boomers are planning to continue in paid labor during their 60's and 70's. The majority of older workers can continue to work and are not so set in their ways or unable to change. Freedman concludes, this new generation of aging boomers seem poised to swap that old dream of the freedom from work for a new one built around the freedom to work, in new ways, on new terms, to new ends.

Civic Ventures, in their blue print for the Next Chapter, maps the idea of retirement as being dramatically redrawn as a period of life with exciting choices. As much less about age and much more about what individuals choose to do and

accomplish the next quarter century or so. In recent years, study after study has shown that as Americans get closer to their 60<sup>th</sup> birthday they are viewing the next stage of their lives as a new chapter and not the winding down for an end of the story. Civic Ventures describes this next chapter as older adults in search of purpose and productivity and a new force for civic engagement.

## THE ADVANTAGE INITIATIVE

The Winter Park Health Foundation and their Older Adults Work Group has followed the strategies brought forth by Civic Ventures. Through the AdvantAge survey of 610 older adults (2003) each issue related to their lives from the perspective of elders was discussed and recommendations were developed. This community-based information

has become the force for dialogue from which paradigms and systems have begun to shift locally. The Foundation reached out to the community seeking elders' input to gain a deepened community knowledge and understanding of older residents' needs and goals. The process also involved community leaders and secured the support of the major philanthropic and senior programs in Orange County, Florida.

The AdvantAge Initiative is the first comprehensive study conducted to assess older adult's self-perceptions about their overall health and wellbeing. The purpose of the study was to strategically establish priorities, develop interventions and commit resources, which would enable the community to make a difference in the lives of its older citizens. As a result, Orange County

vision is "To create a community for a lifetime"; a place where people of all ages can thrive and prosper; an elder-friendly community that empowers older adults through choices that allow them to support and maintain their independence within their home community (AdvantAge Initiative, Fall 2003). This study serves as a foundation and benchmark for the Winter Park Health Foundation's older adult initiatives. The study was conducted in collaboration with the Orange County Commission on Aging and the Delta Leadership Council of the Senior Resource Alliance. As a planned result the Winter Park Health Foundation and its Older Adult Work Group initiated a systems change approach for strategic planning to identify future success in community terms with key factors and core strategies to achieve the set vision. Their effort

has resulted in a set of outcomes and specific programmatic actions to ensure successful implementation.

To establish an action plan a frame-the-issues process was used to develop recommendations. The results found a majority of older adults in Orange County are thriving, in good health, connected to friends and families, generally satisfied with their communities. Against this backdrop of general health, wealth and satisfaction, there is a second, not so happy story. A sizable minority "the frail fraction" are struggling despite a lifetime devoted to work, family and country. The challenge according to Paulette Geller, Senior Program Officer, is to increase the fortunate majority and decrease the frail fraction. She is an advocate for collaboration across the community as a program response

to this challenge. Utilizing a team leadership model, Paulette Geller and the Older Adult Work Group clarified goals, established structures for program development, made funding decisions and ensured standards are set for measuring program progress and impact.

The vision: “Creating Our Community For A Lifetime” focuses on four domains:

- a. Addressing basic needs
- b. Optimize physical and mental health and well being
- c. Promote social and civic engagement
- d. Maximize independence for its frail and disabled members

The Older Adults Work Group extended these domains into priority areas for intervention. With an overall goal to create the

healthiest elders in the United States by promoting physical and mental health and well being through an elder friendly environment. The priority areas include: promote healthy behaviors, encourage lifelong learning and enhance well being, foster meaningful connections with family, neighbors

and friends, provide opportunities for meaningful paid and voluntary work, and making aging issues an community wide priority. To realize and refine their vision and plan, The Foundation began to build, test and phase

in programs and to lay the foundation for long term sustainability. Using multi-year strategy in agreements with existing elder-serving and community-based

programs, the Foundation began in 2003 with investments in implementing the Advantage recommendations and building Orange County’s “Next Chapter.”

## The Matrix Outcomes Model in Central Florida

*The purpose of an outcome-based approach is to focus the impact of a program or agency on the well being of elders and their community.*

Questions to answer:

- How can program outcome progress be measured?
- Do we have good data to determine how changes took place? With elders?
- How can we use the information for making program changes? Improvements?
- Can we analyze the results at the same time as they are implemented?

The Winter Park Health Foundation chose the Matrix Outcomes Model (Matrix) because it fit their philosophy of a 21<sup>st</sup> century planning and evaluation tool. The Matrix is what Abraham Wandersman writing in “Efforts to Outcomes” refers to as empowerment evaluation; “An evaluation approach that aims to

increase the probability of achieving program success by, (a) providing program stakeholders with tools for assessing the planning, implementation and self evaluation of their program, and (b) mainstreaming evaluation as part of the planning and management of the program and organization”. Developed by the Institute for Community Collaborative Studies at

California State University Monterey Bay, the Matrix Outcomes Model provides such a set of complimentary planning, assessment and evaluation tools. The Director of the Institute for Community Collaborative Studies contracted with the Foundation to facilitate the design of a Matrix Outcomes Model to measure program and population outcomes for the Foundations’ new initiatives. The process used was a series of structured design steps that guide the customization a Matrix model to fit the specific programs and the elder population, to train staff to use the tool for assessment and planning programs.

## Steps in the Matrix Outcomes Model process

The following steps were completed for each of the five programs in the initial cohort of programs during the period from January 2003–2006:

- A. Creation a program philosophy including the outcomes vision, values and roles for leaders to achieve results.
- B. Identification of Matrix outcome categories, indicators and measurement status levels.
- C. Tests for validity through field–testing assuring that indicators would measure the desired outcomes and sufficient indicators were in the Matrix design to achieve a comprehensive outcome analysis.

- D. Maintain reliability through identification of evidence needed to score indicators.
- E. Train staff to use the Matrix model and provision of a how–to manual with a set of procedures for assessments and planning.
- F. Provide access to the Institute’s Matrix Creator database for data storage and retrieval.

### **IMPORTANCE OF BEGINNING WITH AN OUTCOMES APPROACH**

For years, elder–serving programs have tracked and reported how funds were used to provide service, with little or no documentation of what long–term changes the service accomplished. Now, private and government funders and elder–serving agencies alike are looking

toward outcome evaluation to answer the question: “What difference did the services delivered make?” This outcome focus represents a shift in thinking from what the programs are doing (process) to what was accomplished (outcome). With a philosophy of local community empowerment, The Foundation has taken on the role of being a social entrepreneur. The job of the social entrepreneur is to recognize when a part of a system is stuck and to provide new ways for it to get unstuck. The social entrepreneur has a committed vision and inexhaustible determination to persist until the entire system is transformed. More and more grant makers are becoming social entrepreneurs where grants are focused to achieve strategic system change goals based on outcomes. Grant makers typically ask for outcomes. They want to know what

is to happen if they make this investment. Grant recipients are expected to design programs that assist populations to achieve these specific outcomes. Program activities need to have outcomes that are measurable, and demonstrate changes in knowledge, skills, behavior and conditions affecting the population. Funded programs and projects are also expected to collect and analyze data in such ways as to demonstrate results. Foundation boards are the stewards for the funds they manage and invest in the community, and, therefore are required to be accountable. The Foundation needs to feel confident their investments are creating gains. Such is the case of the Winter Park Health Foundation when it embarked on a five-year initiative to use an outcomes approach to plan and measure progress toward becoming

the healthiest community in the United States.

**“Success is defined as improvement as measured against the baseline”**

- *Mark Freedman*

## **WHAT IS THE MATRIX OUTCOMES MODEL?**

The Matrix Outcomes Model measures performance and establishes results accountability. It is a comprehensive and strength-based assessment tool that tracks outcomes information. The evaluation process begins with the collaborative design of indicators by potential users of the tool to identify the conditions of the older adult population as well as the program requirements that serve them as context for measurement of change. The Matrix design and assessment

process helps position the role of the program leaders to answer the questions, “What positive changes do we want to see in outcomes for elders?” The Matrix outcome indicators provide data to determine where the population and the program has reached in terms of outcome change. A Matrix comprehensive assessment helps to identify how well the elder population is progressing across a set of outcome indicators and how the data can chart these changes for the program, the community and for funders.

## **MATRIX OUTCOMES MODEL PLANNING PROCESS**

### **Organizing the evaluation**

The Winter Park Health Foundation leads with ideas. They invite existing community programs to improve outcomes for elders and improve

service systems and delivery. Paulette Geller was in a good position to serve as the social entrepreneur between community groups, bringing organizations and similar interests together in creating a dialogue for the Matrix planning process. Sharing results of the AdvantAge survey, Paulette established interprofessional connections and a common knowledge base across a diversity of community based programs. The collaborative, outcome design process facilitated by the Institute for Community Collaborative Studies accomplishes the following objectives:

### **Bring the necessary parties to the table.**

Involve individuals with decision-making authority in their own programs.

### **Be organized.**

The meetings are arranged to use a facilitated, step-by-step design process, serving food, preparing materials, and providing agendas.

### **Clarify and define roles for leadership**

Clear roles for participants enable them to contribute their knowledge and skills and provide leadership as needed throughout the three-four month design process. Unique to this effort, after completing one program's outcomes design, the other program design processes were co-facilitated by Foundation and/or program staff who already completed their Matrix outcomes model. The result of role sharing is to enable program leaders to replicate the Matrix design process for future initiatives.

### **Become results and outcomes oriented.**

An immediate shift of focus from a program model to an outcomes model. Outcomes are defined as changes in condition, competency, systems, or other characteristics influenced by a particular intervention, program activity or event. The outcomes approach establishes elder and community-based definitions of desired results.

### **Identify a common philosophy and develop clear goals.**

Once an orientation to the outcomes process is completed, create a program vision and philosophy to guide the design process. The design group was asked to answer three questions:

- How do you envision the conditions and aspirations of

elders in their community environment by the year 2010?

- What are the values and beliefs of the elder population that should be incorporated into our program planning process?
- What are our group's leader roles to collaboratively help achieve the vision and values?

The design group's ideas are integrated and written into a single philosophy statement that reflects the vision, values and leadership roles for program development or improvement and systems change. Using a consensus building process each design group is able to answer the question, "What is going to change as a result of the work?" The philosophy provides common language through which to measure

this progress.

The philosophy statement achieves:

- A widely shared view of elders in the context of their community
- A standard the community expects to accomplish
- Unity across diverse groups to pursue commonly held program objectives
- The emergence of leadership among community stakeholders

The philosophy describes the vision, values and leadership roles for program development and is created by people who shape the organization. Included are core values and a vision that focuses on how leaders intend to effect their community. It is communicated in a dynamic statement, and, as it is followed, builds capacity for collaborative planning and program development in the context of

systems and community change.

The philosophy defines a great deal of what will, in the future, go on in the organization, its dynamic goals, planning for action and its message for the broader community for all these aspects. The philosophy is as much of a goal yet to be realized, as it is a position to be held and readily translated into action.

## Design Elements necessary to move toward this philosophy

Design is a process of identifying and organizing desired elements into areas of common space or sequences. We ask each of the design team members to write their ideas for the desired population and program elements they identify as important, in their own words, on large index cards. The index cards with a single element printed in bold letters are posted on a wall covered

with newsprint. Then, design team members move these elements around to organize into similar or like clusters. Thus, they are rearranged, sequenced and clustered on the wall in a way the group agrees makes sense at the time. Each cluster is given a name that represents the Matrix category.

### **INDICATORS AND STATUS LEVEL MEASURES WITHIN EACH MATRIX CATEGORY.**

*The Matrix Outcomes Model is an evidence-based measurement tool*

The Matrix outcomes model is a ladder and scale instrument that helps a program document progress. Indicators are located within each category to describe the content and depth of circumstance or conditions (evidence) for the assessment of progress. In Addition,

within each indicator are a set of (4) status level measures for scoring the actual situation. Status levels are simply a continuum of scales that describe different states or conditions. Each indicator's status levels has a beginning point and an ending point, with increments in between. Thermometers and mileage charts on a map are other examples of a similar instrument. Building the steps of this ladder for Matrix status levels is a group design process. The more stakeholder groups, elders, and program staff become involved in the design process, usually the better the results because the indicators are more reality based. As the design group is generating statements for the status levels, the following factors need to be considered:

- Think long-term, what is coming up in the future that could change the picture?
- Consider relevant external factors such as the local cost of housing, public policy barriers, service systems, etc.

Matrix outcomes data documents a story of an elder's journey, an agency or program's results and the community's perspective of its current conditions. These measures create a baseline of information from which, after subsequent assessments, one can see changes in indicators over a period of time. An overall purpose of the Matrix evaluation is to collect information to strengthen programs and institutions. The assessment process actively seeks to involve people, organizations and institutions in the community to improve programs by measuring the results of their

activities. Through the measurement of performance and progress indicators the Matrix Outcomes Model establishes results-based accountability.

A major purpose for involving individuals, organizations and communities in the Matrix Outcomes Model is to develop strategies for community programs that focus on the special needs and opportunities for the older adult population. The strategy building process begins with the development of a philosophy that integrates the varying perspectives into the common goals of elders, program staff and community leaders. Based on this philosophy, Matrix outcome indicators are designed leading to specific program objectives and to data collection for measuring results. A program action plan draws a map or model that best describes

how the outcome-based approach strategically would work to support the older adult population in their own environment.

## **COLLABORATIVE DESIGN PROCESS WITH FIVE PROGRAMS**

The Institute for Community Collaborative Studies and the Winter Park Health Foundation facilitated the outcome design process and program development with five older adult organizations working with design teams organized interprofessionally across traditional lines of programs, agencies, disciplines and communities. Local leaders and elders utilized the AdvantAge study and their own experience to identify issues elders were facing in Orange County.

The collaborative process brings the necessary parties to the table, builds cooperation, coordination, and ultimately, the integration of activity and resources for a common effort towards mutually agreed upon outcomes. At the most complete level of collaboration, in the design of outcomes, the program partners jointly develop and agree to a guiding philosophy, a common set of outcome categories, a core set of indicators and their measures. The process leads them to program results that are outcome driven. Older adult programs need to establish collaborative relationships across elder-serving organizations to accomplish outcomes. It is important to share and understand a philosophy of collaboration describing strategically how they plan to work together with elders in the community.

Outcomes are designed to reflect the success of a collaborative mission. By shifting the focus from the program activities to its results and outcomes, community leaders help ensure the available program resources are aligned with desired changes. Using a team-building process one they are able to identify barriers, accept challenges and seek opportunities for change and results based on the resources that are assembled. It takes both time and attention to a collaborative process whether it is a Matrix outcomes design process or the development of new program relationships. The Matrix design process accomplishes both objectives.

### **Collaborative partners bring assets to the effort**

Each program's collaborative partners experience the process of building a core set of outcomes.

Once they know where they are headed, they are able to recruit and sustain additional design members over the time it takes for the planning of programs. Had the Matrix philosophy and outcomes not been clearly articulated early in the process, it could easily turn the best intentions into following the whims of special interest groups or the limited direction that programs believe they need to travel. Rather, each program developed a core set of outcomes through which they used to guide and manage the evolution of program development and built a resource support network of community partners who are willing to invest resources in these desired results.

Collaborative partners bring these assets to the Matrix design:

- Champion the partnership with their credibility and personal commitment;
- Network and open doors to facilitate the accomplishment of specific objectives;
- Organize the resources to sustain the partnership throughout the design of outcomes and program implementation stages;
- Provide leadership and advocacy skills as requested by the partnership;
- Help form the agenda and do the work to carry it out;
- Recruit new members whose organizational missions address the partnership's vision.

Partners agree to develop and maintain at least the following:

- A philosophy that addresses issues in common and builds

vision, values and leadership roles;

- Diversity of member representation to avoid similar organizations and programs simply reflecting their own makeup;
- Orientation to new members;
- Clarity of member roles and responsibilities for the specific design tasks;
- A communication system that promotes information sharing and coordination;
- A focus on participation within specific time periods;

Design partnerships are more effective when they:

- Have face-to-face communications that build a working relationship;
- Use a facilitator to make decisions that address all the

program issues within the partnership;

- Use exclusionary planning and evaluation that uses the assets and resources of the partnership.

## Be Inclusive in Defining the Community and Program Outcomes

At the heart of a collaborative approach is inclusiveness and a spirit of cooperation. By including elders, program staff and community leaders in the design and development of an outcomes-based plan, the design process creates a powerful set of shared expectations and feelings of ownership for the program and its results. Such inclusion also helps ensure the program's goals and operations are compatible with the culture of the

community, including its approach to solving problems.

- When partners' expectations for change are brought together, they often discover common concerns;
- Typically, community partners want their participation to be active rather than passive;
- Community partners frequently profit from educational and other activities such as learning to use a team approach when making decisions;
- To reduce the risks of agency powerbrokers domination, it is imperative to choose community partners who truly represent the needs and views of community residents, especially elders who represent their own views.

## TESTING THE MATRIX OUTCOMES MODEL

An evaluation of the Matrix Outcomes Model is essential before it is used with the profiled elder population and the programs serving them.

### Test One: Validate the Matrix Outcomes Model

Field tests with the elder population, program staff and community leaders test the initial draft Matrix Model with others across the community. We gain feedback to determine if the outcome indicators measure what is intended (face validity) and that we have a comprehensive set of indicators to gain all the necessary measures needed (criterion validity).

The purpose of this evaluation

exercise is to achieve agreement with the design group and stakeholders that the categories are the correct ones, that measurement indicators are sufficient to gain the information needed for planning and evaluation, and the status levels are accurate as possible; that is, they measure the actual situation of the population from the elder's perspective.

To begin the validity test, print the Matrix Outcomes Model with its draft categories, indicators and status levels in alphabetical order. Next, distribute the document to a number of potential Matrix users in agencies, community leaders and to members of the elder population who potentially will be assessed. Ask each person to individually perform the exercise below. During the exercise each person prints their comments for improvements onto

the draft Matrix Outcomes Model. These comments are subsequently used in a design group discussion to make revisions to the draft model.

Both the reviewers and design team members should answer the following questions:

- For each category are there sufficient measurement indicators? If missing, what needs to be added? What should be combined? Any deletions?
- Look at each set of status levels. Do they together describe an appropriate ladder of circumstances and conditions that truly represent the reality of the elder population? Or the program elements? If not, make changes to become consistent with the views of the

reviewers, so they will recognize the statements as being realistic.

- Is the status level language understandable? To all reviewers? Rewrite new language as appropriate.
- Are the status levels measuring what is intended? If not exactly, what evidence could be used to know that it is the appropriate status level to score?

## Test Two: Assure scoring reliability through tests with case scenarios and identification of evidence.

It is important that all Matrix Outcomes Model users select the same or very close to the same status level when they are

conducting an assessment after being exposed to equal information. The following exercise is designed to identify indicators and their status levels that are:

- Consistent or reliable when assessed by a number of testers, and
- Identify the indicators and status levels that are neither consistent nor reliable by the same set of test persons. (Inter-rater reliability)

In a scheduled meeting with the design team the facilitator reads a prepared case scenario and asks participants (raters) to score the status levels for each indicator in the Matrix Model. Based on the information in the written case scenario, and a question from a rater for each indicator, answered by the facilitator to enlarge the body of

information, each rater uses the Matrix Model to score (appropriate to the case) status levels. When finished, the facilitator compares the rater scores for each indicator. If the grouped scores from all of the raters are the same (all scores=second status level (2), for example) then reliability is considered excellent. If scores are close to each other (scores of 1&2, 2&3, or 3&4 status levels) reliability is reasonably good and the design team may choose to make some changes or leave the status levels as they are written. However, where there are larger differences in rater scores (1-3, 2-4, or 1-4) across the test takers this signifies some real work needs to be done with a Matrix indicator's status levels to make it more reliable. These indicators are the ones that become a redesign priority for the design team.

It is important to discuss with participants the rationality behind their scoring decisions on those particular indicators that show a wide variance in scores. The purpose is to share perspectives and gain agreement on changes that should be made to the Matrix Model to achieve more consistent scoring. The design team should then make these changes and follow the same test procedure again until a consistent model is determined.

### Test Three: A pilot test in the field conducted by Matrix Model users.

As a third test, the Matrix Model and its potential users should experience the instrument's actual use as an assessment tool. All potential users should walk through the entire set of categories and indicators with at least two members of the older adult

population and/or two program staff. The purpose of the pilot test is to:

- Experience and learn from a complete assessment;
- Determine the appropriate ways to introduce the Matrix Model;
- Gather information to make final revisions to the indicators and status levels.

Usually the design team will revise the Matrix Model after each of these evaluations:

- 1) Validity test
- 2) Reliability Test
- 3) Pilot Test

Upon completion of the evaluations and revisions the Matrix Model is ready to be introduced to potential users in a training session.

## TRAINING TO USE THE MATRIX MODEL

*Training Objective: Complete a baseline and subsequent Matrix assessments.*

Assessment is the exploration and analysis of the actual situation. The objective of a Matrix Model assessment process is,

- 1) to better understand the elder's circumstances and their external environment including their relationship with elder-serving programs, and,
- 2) 2) help clarify problem areas and identify strengths followed by a change-based plan for action.

*The first order of business is to listen to the Matrix responder's story. What are the areas of concern? How does the elder or program staff see the issues affecting them? Ideally the answers will emerge as the elder or program staff tells their story while the interviewer guides them through the Matrix assessment.*

*(The term elder is used throughout this section but it could also apply to program staff, policy leaders, consumers of services or any desired responder to the Matrix assessment)*

To build a relationship it is important the interviewer listen carefully during the Matrix assessment. Asking a battery of questions without really taking the time to listen and understand the

responses puts the focus on the interviewer, not the participant.

- a) The elder will be more empowered when they are the expert of their own situation. Give the highest value to the elder's understanding of their situation.
- b) The Matrix indicators should be restated and checked for understanding with the elder, so the interviewer clearly understands the current situation.
- c) The most accurate information is reached when there is mutual agreement on the status level selection for each indicator.
- d) The interviewer and the participant will check a single status level that best applies at that particular moment.

The following are questions to keep in mind each time the Matrix is completed:

- 1) A key to success is to be familiar with the meaning of each outcome category and the status levels. Thorough explanations make more accurate assessments of the current situation.
- 2) Do I have the Matrix categories and their status levels in front of me? Scoring the Matrix on a computer or a paper format works in either case.
- 3) Did I guide discussion through the Matrix categories and reflect back what the

participant has said by using the status levels?

- 4) Am I making each scoring decision together with the participant as objectively as possible, depending upon the actual conditions rather than a personal definition of the levels? Ask yourself and the participant “How do we know this status level is the correct one? What is the evidence that leads us to select one over the others?
- 5) Did I ask enough questions to cover the status levels and indicators in each of the Matrix categories?
- 6) Have we assessed when sufficient progress is

made so it can be reflected in a change of status levels?

- 7) Has completing the Matrix assessment helped in planning next steps with the participant? Did I reinforce strengths when I heard them stated?

### Training Objective: Subsequent Assessments and Measuring Family Progress Over Time

After the initial or baseline assessment, revisit the Matrix assessment to document change in the status levels. After reviewing all categories and reflecting upon the progress (or lack thereof), the participant can select indicators they want to work with to improve the situation. This systematic review

develops a supportive partnership, increases a person’s ownership for making progress, and builds decision-making skills all the while documenting progress over time.

The Matrix is frequently used in a three-step assessment process:

- A) Baseline Assessment. The interviewer and responder determine initial scores for each of the outcome categories.
- B) Additional Assessments. Subsequent assessments take place depending upon the duration of services and in line with the program’s procedures. The Matrix "scores" established at the previous assessment are revisited, and another assessment with new scores is completed.

- C) A plan is established using the baseline assessment, reviewed again and re-planned with subsequent assessments.

### Training Objective: Establishing Guidelines for Use

Most guidelines regarding a protocol for Matrix assessments are agency specific, though there are some important guiding principles.

- A) The responder's situation drives the Matrix scoring, not the other way around. The tool is meant to reflect their story, not to fit the responder into a particular status level.
- B) With each category it is important to find the indicator and status level that represents the actual situation of the participant. This is

called "best fit". For example, if you are working with the elder on issues regarding their physical health, and he or she has major medial health coverage, the focus of the category "Health and Safety" would be on the status of physical health, not ability to afford health care.

- C) If you don't have enough information to complete an assessment, ask more questions to clarify the participant's situation. Then, check for understanding and agreement.
- D) The specific indicators are standards, where words such as "most" or "all" are important to set levels for measurement. Never average an individual responder's scores. Averaging puts things

where they really aren't, so the picture of the situation becomes unclear.

- E) Use the Matrix to build relationships. Reflect back what participants said and reinforce their strengths.
- F) Regularly review the criteria for each status level in each outcome category, so that you grasp the meaning of their content and seek evidence for making the appropriate score.

Work with the design team to answer the following questions.

1. Who is the participant responder? Elder? Family? Program? Define.
2. When to use the Matrix? First meeting time? How often after the first time? When?

3. How to integrate Matrix assessments into program activities? Crisis situations?
4. Who completes Matrix assessment? elder? Worker? Both?
5. What if the elder scores self differently than the worker?
6. What if the elder falls into more than one status level?
7. How much do you explain to the participant what Matrix indicators mean?
8. Which categories do we use consistently for assessments?
9. How do we “frame” (introduce) Matrix to the client?
10. How do we use assessment scores for goal setting and planning?
11. Who coordinates the assessments and enters scores in a database?

# Older Adult Work Group Priority Areas of Intervention and Program Descriptions

## Make Aging Issues A Community-wide Priority

*Name of Program: Community Partnerships for Senior Services*

### Demographic Profile

Date of Program Design April 2005

Number of Years One

#### Description of community program serves

The senior services network, including consumers, caregivers, service providers, funders, hospitals and other senior advocates and professionals.

#### 1) **A Statement of Program Vision/Philosophy:**

The elder care system of the future will:

- Present an easily understood, consistent and visible message to the community
- Be easily accessible from any entry point and provide technology-based tools that facilitate movement in, through, and out of the system

- Emphasize independence, respect, choice and personal responsibility in delivering timely, person-centered care
- Offer a variety of service and payment options for people at all need and income levels
- Utilize technology to expedite timely delivery of appropriate services and build trust among diverse network partners

#### 2) **Program Goals statement**

The goal of the CPSS project is for all segments of the elder services network to work together to improve the long-term care system and to better meet the needs of the growing number of older adults in our community.

#### 3) **Community Associations and Organizations involved. Roles and contributions to-date**

The primary stakeholders in this project have been the Senior Resource Alliance, Winter Park Health Foundation, Dr. Phillips, Inc., and Florida Hospital.

Many other organizations have been involved in planning and oversight, including organizations represented on the Delta Leadership Council and the SRA Advisory Council. Numerous organizations also participated in the Matrix sessions and completed the surveys.

**4) Identification of Community Leadership. Leaders that support and participate**

The primary leaders involved in this program have been: Doug Beach, CEO, Senior Resource Alliance; Paulette Geller, Program Officer, Older Adults, Winter Park Health Foundation; Ann Manley, Executive Director, Dr. Phillips, Inc.; and Steve Pacquet and Rich Morrison of Florida Hospital.

**5) Program Participation Opportunities for Elders**

A representation of elders and caregivers participated in the Matrix design sessions and responded to the consumer surveys.

Leadership roles for elders in your program. A number of elders participate in various ways in aspects of the Community Partnerships project.

**6) Assets present in the community as a result of your program's existence**

The senior services network now has a unified vision of what the network should aim to become in the future. The Matrix sessions helped to foster collaboration among new and diverse partners. The baseline survey data, based on the Matrix, gave us, not only current perceptions of the network and its weaknesses, but priorities for goal setting.

**7) Continuing Elder Issues as identified by the community organizations, leaders, elders and others**

Key issues continue to be ease of access and navigation through the senior services network, person-centered care that emphasizes consumer choice, and multiple payment options that enable all elders to make use of services, regardless of their ability to pay.

**8) System Reforms that the program is helping to change**

The Matrix results are helping to create a sense of urgency to change, but also a sense of direction for

how to change. Changes are in the areas noted above.

#### **9) Collaboration Processes**

We identified and had participation from all the major segments of stakeholders: consumers and caregivers, nonprofit and for-profit service providers, hospitals and mental health agencies, educational institutions and philanthropic organizations. One of our Matrix participants was so impressed with what we are trying to do that she volunteered to do the data entry and analysis of our surveys.

#### **10) Collaborative Planning Process**

This project has been, by definition, a major collaborative effort, involving a broad spectrum of organizations and individuals dedicated to improving the wellbeing and independence of older adults.

#### **11) Facilitation Process for establishing Matrix Outcomes**

Jerry Endres facilitated our first session; Paulette Geller and Laura Capp co-facilitated the second session.

#### **12) How Program Overcame Obstacles for Success**

One of the biggest challenges was the broad scope of the subject for this Matrix—a system wide look at the elder care network. It became clear that we needed to gather data from our three primary stakeholder groups—consumers/caregivers, service providers, and a general category we called advocates/professionals. The collection, entry and analysis of all those surveys represented another challenge; we were fortunate to have someone volunteer to start that and then later to bring on a college intern who finished the work.

#### **13) Strategies for Maintaining a Partnership and Program Sustainability**

The work of this project is supported by the Delta Leadership Council, which includes several foundations. A 3-year business plan for continuing the work begun in 2005 has been presented to Delta, and some interest has been expressed in funding portions of this effort in the future.

#### 14) Current Strengths of the Program

The value of the project has been validated by some of the legislative and economic changes affecting the elder services network. The groundwork has been laid for major changes in the system that will be inevitable, but can be informed by the groundbreaking work we've accomplished.

#### 15) Areas of Concern

Because the goals are so expansive, it will take time to show measurable progress in reaching the vision. This could prove discouraging to some stakeholders.

#### 16) Reflections on Learning from this project

The Matrix process, coming early on in the planning stage of the project, helped to set us on an organized path. The process also helped build a shared vision among stakeholders that generated momentum. It is hoped that fully analyzing and reporting on the results of the Matrix data will restart the momentum and lend credibility to the business plan.

#### 17) Funding Plans

We will continue to utilize volunteers, interns and support staff for future administrations and tabulation of surveys.

The Institute for Community Collaborative Studies facilitated the Delta Leadership workshop in April 2005. A strategic planning process was designed during the workshop that assisted the development of a three-year plan for CPSS.

#### Learnings: Community Partnerships for Senior Services

##### Snapshot of Perceived Strengths & Weaknesses Central Florida Elder Services Network

The following data represent the strengths and weaknesses of the Elder Services Network as a whole, as rated by local elder services providers and non-provider professionals\* involved with elder services. A mean rating of 3.5 or higher (on a 5 point scale) was considered a strength. A mean rating of 2.5 or lower was considered a weakness.

Top 5 Strengths of the Network		Top 5 Weaknesses of the Network	
According to Providers	According to Professionals	According to Providers	According to Professionals
<p>Our clients have reported that they are generally satisfied with our services. (3.6)</p> <p>Information about my organization is posted on the Internet. (3.4)</p> <p>In providing services to our clients, we emphasize prevention and independence. (3.3 tie)</p> <p>My organization's materials for seniors emphasize consumer choice, good health practices, independence and the value of HCBS. (3.3 tie)</p>	<p>My organization shares information and strategies with others in the network to increase efficiencies in the system. (3.2 tie)</p> <p>When my organization communicates with seniors, we use language and terminology that they can understand. (3.2 tie)</p> <p>My organization has a process for reaching out to caregivers or responding to their questions and concerns. (3.2 tie)</p>	<p>Clients rarely fall through the cracks. (1.3 tie)</p> <p>The capacity of the senior services network is adequate to meet the current consumer demand. (1.3 tie)</p> <p>Communications within the senior services network have a consistent look and content, making them easily recognizable. (1.4 tie)</p> <p>My organization offers clients multiple payment options for all levels of affordability. (1.4 tie)</p>	<p>The senior services network is able to respond quickly and appropriately to changing consumer demand. (1.3)</p> <p>Seniors understand how to access services and navigate through the network. (1.4)</p> <p>There are sufficient financial resources in the network to meet the needs of most consumers. (1.6)</p> <p>The capacity of the senior services network is adequate to meet the current consumer demand. (1.7 tie)</p>

Top 5 Strengths of the Network		Top 5 Weaknesses of the Network	
According to Providers	According to Professionals	According to Providers	According to Professionals
My organization monitors the quality of programs/ services we provide and note areas for improvement. (3.2 tie)	My organization engages in cooperative activities with other organizations in the network. (3.2 tie)	There are sufficient financial resources in the network to meet the needs of most consumers. (1.5 tie)	Communications within the senior services network have a consistent look and content, making them easily recognizable. (1.7 tie)
My organization attempts to communicate with seniors (in print or other media) throughout our county or service area. (3.2 tie)	My organization attempts to communicate with seniors (in print and other media) throughout our county or service area. (3.2 tie)	The senior services network is able to respond quickly and appropriately to changing consumer demand. (1.5 tie)	

**\*PROVIDERS ARE NONPROFIT AND FOR PROFIT AGENCIES THAT PROVIDE SERVICES DIRECTLY TO SENIORS AND/OR CAREGIVERS. NON-PROVIDER PROFESSIONALS REPRESENT A MIX OF INDIVIDUALS WHO ARE INVOLVED WITH ELDER ISSUES, SUCH AS EDUCATORS, RESEARCHERS, FOUNDATION REPRESENTATIVES, ADMINISTRATORS, ETC.**

# Older Adult Work Group Priority Area of Intervention and Program Descriptions

## Foster Meaningful Connections with Family, Neighbors and Friends

*Name of Program: Florida Pioneer Network: Promoting Quality of Life in Long-term Care, Culture Change Coaching Pilot Project*

### Demographic Profile

Date of Program Design March 2004

Total Funding Amount \$130,000

Number of Years One

### Description of Community Program Serves

Nursing homes interested in beginning their culture change journey.

#### 1) A Statement of Program Vision/Philosophy

To promote improvement in the quality of life and work in long-term care facilities in the State of Florida.

#### 2) Program Goals statement

To encourage and support individuals and organizations to be involved in the culture change journey.

#### 3) Community Associations and Organizations. Roles and contributions to-date

The culture change, coaching project is overseen by the Florida Pioneer Network (FPN) steering committee. FPN is a statewide coalition of organizations for culture change in long-term care. The steering committee includes representatives from: Winter Park Health Foundation, Florida Health Care Association, Florida Association of Homes for the Aging, Florida Association of Nurse Assistants, Florida Medical Quality Assurance, Florida Southern College, Institute for Caregiver Education, Hospice of the Comforter, Florida Lutheran Retirement Center, Health Central Park, and Westminster Services.

#### 4) Identification of Community Leadership

The representatives from the organizations above provide oversight of FPN activities and serve in an

advisory capacity. They also contribute to the activities through task forces.

**5) Program Participation Opportunities for Elders**

The culture change coaching project centers around the elders living in the nursing homes in which we are working. The change that we are enabling is to empower the residents to make their own decisions about how they live their daily lives and to develop meaningful relationships and roles within the home.

**6) Assets present in the community as a result of the program's existence**

Culture change expertise, educational and networking opportunities, advocacy for systems change.

**7) Continuing Elder Issues as identified by the community organizations, leaders, elders and others**

Elders who are well and those who need care deserve to live with dignity, respect and have opportunities for meaningful roles and relationships in the communities in which they live.

**8) System Reforms that the program is helping to change**

The coaching project is helping to reform the way individual nursing homes are organized and involve their residents, families, staff and volunteers in the life of the home. The Florida Pioneer Network is helping to change regulations that do not support resident-centered care and quality of life. For example, FPN was instrumental in getting a law passed to enable nursing home residents to have their bed against the wall in their room if they so choose. This experience illustrates the power of coalitions.

**9) Collaborative Planning Process**

The Culture Change in Long-term Care Matrix Outcomes Model was developed by steering committee members and representatives from the pilot facilities.

**10) Facilitation Process for establishing Matrix Outcomes**

The first few Matrix development meetings were facilitated by the Institute for Community Collaborative Studies. Subsequent meetings were

facilitated by the FPN Coordinator and WPHF-Director for Older Adults.

#### **11) How Program Overcame Obstacles for Program Success**

There have been many obstacles to culture change coaching project success. The first was that two of the homes did not have “buy in” from the top decision makers to begin their culture change journey. As a result, these homes are no longer participating. One home is truly on their culture change journey. Even so, progress is very slow so, to date, a baseline assessment has been conducted (April 2005). The pilot project is continuing into 2006, so the second assessment was conducted in March 2006. The data from this assessment was reviewed with the home’s culture change steering committee in April 2006 to assess their progress during the past year.

#### **12) Strategies for Maintaining a Partnership and Program Sustainability**

The FPN Steering Committee has a 3-year business/strategic plan. Culture change coaching will be offered to nursing homes as a fee for service

program; grants to support this project will also be sought.

#### **13) Current Strengths of the Program**

The culture change coaches have learned much from the experience of the past year so the service that is provided is of higher quality than when we began.

#### **14) Areas of Concern: Sustainability**

Convincing Florida nursing homes that this service is worth paying for and convincing funders that it is worth supporting.

#### **15) Reflections on Learning from this project**

Each home must have “buy in” from the top; must establish a culture change steering committee; the steering committee must be provided with culture change education and training and leadership/team development training; the steering committee must also develop action teams. The culture change in long-term care Matrix needs to be revised due to lessons learned from experience.

#### **16) Funding Plans**

A business plan has been developed for strategic planning and sustainability of the Florida Pioneer Network and its services.

## 17) Recognition and Awards

### West Orange Times article

*“Residents are already talking about the meals they want to cook for their families in the new kitchen coming to Health Central Park. Doris Arnold's son and daughter-in-law routinely take her out for dinner at local restaurants, and she's ready to show her appreciation with a home-cooked meal for them. This kitchen is just one of the many innovative changes taking place at HCP on North Dillard Street in Winter Garden.*

*There's more in store for the Park, which has adopted a Culture Change Program that helps “deinstitutionalize” nursing homes and “move from the traditional nursing home to more of a home” for the residents, said Julie D. Morris, Continuing Care liaison for community relations. It is part of the Florida Pioneer Network.*

*HCP no longer refers to the residents' room halls as wings or units. They are neighborhoods, and the*

*names were chosen by the residents who live there.*

*A number of veterans live on Patriot Circle. The secured dementia unit is called Circle of Friends. The short-term rehabilitation unit, where residents are called guests because they are only visiting, has been named Garden Terrace. And there's also Paradise Lane and the Rose Garden.*

*Each neighborhood schedules block parties, where residents, family members and staff members bring in food, games and music.*

*And there are the big monthly theme parties held for everyone at HCP; residents select the menu and the theme. Imagine an auditorium full of geriatric bobby-soxers dancing to '50s music while “Elvis” gyrates around the room; or a hoedown with country-and-western singers and appropriate chow.*

*On Garden Terrace, residents requested a spa, so that is what they got. The calming retreat has aromatherapy, lower lighting and spa towels.*

*There's a lot of family involvement in the Rose Garden.*

*Residents have fixed Southern and Italian meals and, most recently, a Caribbean spread.*

*A Red Hat Society meets each month at HCP, and the members call their chapter the Park Red Hat Angels.*

*They only made a few requests: tea and desserts and no men.”*

### **Learnings: Culture Change Coaching Pilot Project**

In its first eight years the impact of the Pioneer Network has been experienced throughout the country. Regulators are taking notice of and developing interest in long-term care transformation. The Center for Medicare and Medicaid Services has produced a video about the Pioneer Network values, principles and practices for surveyors in the country. Providers are reporting improved retention of direct care workers and are reporting positive outcomes in resident quality of care and quality of life.

The Florida Pioneer Network was established by the Senior Resource Alliance in Orange County. A Strategic Business Plan for the Florida Pioneer Network was prepared for the Winter Park Health Foundation in December 2003 and the initial Matrix planning process began in March 2004. The process for building the Matrix Outcomes Model for Long

Term Care was completed in July 2004. An interesting adaptation to the structure of the tool was initiated changing the four status levels to “Blooming, Budding, Wilting and Dormant.” A how-to guide was provided by the Institute for Community Collaborative Studies for the implementation of the Matrix Model. In addition to baseline and subsequent measurements conducted within long-term care facilities the Matrix Outcomes Model serves as standards to establish the culture change coaching plan and an assessment of needs and strengths for quality improvement using Pioneer practices. For example, each facility has its own size and culture. There are staff persons who are focused on specific tasks without interacting with others, yet each has an impact on the overall quality of the facility.

### **Impact Of Long Term Care Culture Change**

*131 staff members of Health Central Park completed the Culture Change in Long-term Care Matrix the first time and 51 completed it the second time. In comparing the two assessments, in 2005 only 5 categories of facility practices stood out as exemplary and in 2006, that number is 14. In 2005, 8 categories of facility practices stood out as needing improvement and in 2006, that number is 1.*

# Older Adult Work Group Priority Area of Intervention and Program Descriptions

## Foster Meaningful Connections with Family, Neighbors and Friends

*Name of Program: Older Teachers Training Early Readers (OTTER)*

### Demographic Profile

Date of Program Design January 2004

Total Funding Amount \$100,000

Number of Years Two

### Description of Community Program Serves

Adults aged 50 and older in the Central Florida Area, and 4-year-old children in preschool programs

#### 1) A Statement of Program Vision/Philosophy

Our philosophy is to promote intergenerational experiences that are mutually beneficial to children and adults. Our program includes these values: Sharing Knowledge, Recognizing Competencies, Showing Respect, Embracing Unconditional Acceptance, Providing a Safe and Secure Environment.

#### 2) Program Goals statement

Our goal is to create intergenerational programs in Orange County, Florida that assist children to enter kindergarten ready to read by engaging older adults as an integral and valued part of the learning team.

#### 3) Community Associations and Organizations involved in your project. Describe their roles and contributions to-date

Winter Park Health Foundation – provides funding and collaborates on program goals and strategy.

Foster Grandparent Program of Central Florida – Provides program and fiscal agency support and planning.

Kinneret Apartments – provides transportation for OTTER volunteers living at the facility, and meeting space for volunteer meetings.

R.S.V.P. of Central Florida – Assisted with recruitment of OTTER volunteers.

Seminole County Public Schools – Currently working in close collaboration with OTTER to set up sites in the Seminole Public Schools.

**4) Identification of Community Leadership. Leaders that support and participate Roles in the community and contributions**

Sherry McInvale, Florida State Representative – Assisting OTTER with networking and funding ideas.

Dr. Patricia Spalding Retired Head Start Director– Assisted OTTER with initial program planning and recruitment of volunteers.

Jane Lane, Seminole County Public Schools/Foster Grandparent Program Advisory Council – Assisting with integration of OTTER into Seminole County Public Schools.

Lisa Fineman, Kinneret Activities Director – Assisted with organization, problem solving and recruitment of OTTER volunteers.

Carol McNally, ECLC Director at the Jewish Community Center – Assists with implementation of OTTER program.

Barbara Twatchman, ECLC Director Aloma United Methodist – Assists with implementation of OTTER program.

Cynthia Drayton, Principle Orange Center Elementary – Assists with implementation of OTTER program.

Maria Herring Gibson, Director Welbourne Avenue Nursery – Assists with implementation of OTTER program.

**5) Program Participation Opportunities for elders. Leadership roles for elders**

OTTER recruits older adults to work with preschool age children on literacy skills. Participants in the program are placed in volunteer positions commensurate with their skill levels. OTTER also organizes activities for volunteers such as volunteer meetings and recognition luncheons.

Leadership – When volunteers are assigned to a school site they are encouraged to become part of the site’s “learning team”. OTTER staff also work with the site to encourage teachers and staff to welcome the volunteer as part of the team. In addition, highly skilled volunteers are given opportunities to participate in the training of incoming volunteers.

**6) Assets present in the community as a result of your program's existence**

Older adults seeking to remain active and/or give back to the community are provided an outlet to do so through OTTER. Further, children in the community are provided with additional exposure to reading readiness activities.

**7) System Reforms that the program is helping to change**

Our society has a tendency to undervalue the potential contributions of older adults. One of the main goals of the OTTER project is to utilize the too often ignored skills of senior volunteers. It is also hoped that by exposing young preschool children to older adults who are still active in the community this young generation will learn to appreciate and respect older individuals.

**8) Collaboration Processes**

During pre-program planning and initial program start-up, the OTTER project worked closely with the Winter Park Health Foundation to solidly ground the project in the goals, philosophy and outcomes developed specifically to create the program.

**9) Collaborative Planning Process**

Periodic meetings were held with the Winter Park Health Foundation to pinpoint specific program outcomes. These meetings also led to the development of the Intergenerational Matrix outcomes used in program planning and evaluation.

**10) Procedures for establishing Matrix Outcomes data**

Classroom teachers evaluate children's skills three times during the school year (September, January, and May). Classroom teachers and site administrators evaluate OTTER as a whole and each individual volunteer twice per year (January and May). Volunteers evaluate their experience with the program twice per year (January and May).

**11) How Program Overcame Obstacles**

One of the largest obstacles the project overcame occurred during the period of program start-up. Initially, due to a variety of external factors, finding volunteers was difficult. In response to this obstacle OTTER partnered with the Retired Senior Volunteer Program of Central Florida. Through R.S.V.P's resources, an adequate number of quality

volunteers were recruited, and the program was able to commence.

#### **12) Strategies for Maintaining a Partnership and Program Sustainability**

The OTTER project is aggressively pursuing funding opportunities (see below) and building relationships with community leaders.

#### **13) Current Strengths of the Program**

Teachers and sites administrators consistently report that the children both benefit from and enjoy their time with OTTER volunteers. Moreover, volunteers report high levels of enjoyment in participating in OTTER activities. Additionally, the program continues to grow and expand due in part to demand from schools seeking to partner with OTTER.

#### **14) Areas of Concern**

Currently the program has multiple requests from schools wishing to participate in OTTER but the program: 1) lacks the funding to add many more additional sites and 2) has no already trained OTTER volunteers to spare. The program is seeking

funding to address this concern (see below) and continues with recruitment of new volunteers.

#### **15) Reflections on Learning**

In implementation of the OTTER project it became readily apparent that in order for OTTER to run smoothly a certain degree of flexibility needed be maintained. It is imperative that OTTER staff work closely with site staff and volunteers to facilitate functional operations of the program. The OTTER project must be willing to work around the expectations and needs of each individual site. Strict adherence to preconceived ideas of how that program should work is often unfeasible.

#### **16) Funding Plans**

Grant proposals have been submitted for the United Way New Programs Grant. Additionally, the program will be applying for the Governor's Family Literacy Initiative for Florida, and the Barbara Bush Foundation for Family Literacy National Grant. Moreover, the program is continuing its search for funding by networking with various local agencies and institutions, such as Seminole County Public Schools.

## 17) Recognition and Awards

OTTER received an award from Disney is called the "Bob Allen Outstanding Community Service Award" and is part of the "Disney's Helping Kids Shine Grants" program. The award was for \$60,000 and is to go toward expansion of OTTER into Seminole and Osceola Counties.

## Impact Results: OTTER

Summary of Matrix Data 2005–2006 school year

### Volunteers

Volunteers were administered the Matrix Outcomes assessment in both January and May of 2006. Additionally, classroom teachers were asked to evaluate the volunteers in both of the above months. In both assessments 100% of volunteers and teachers reported that OTTER was beneficial to both volunteers and children. Moreover, 100% of teachers reported volunteers were able to engage children in reading readiness activities. The classroom teachers felt that 100% of the volunteers had an understanding of roles and the abilities

to perform volunteer related tasks in both January and May. Finally, in both the January and May assessments 100% of volunteers reported that the OTTER project contributed positively to their personal life satisfaction and that they felt comfortable in the sites they were placed in.

### Children

Classroom teachers completed the “skill building for children” section of the Matrix in September, January, and May. Children were evaluated in the areas of vocabulary, comprehension (ability to retell a story), exposure to books, desire to read, and appreciation of intergenerational relationship (note: data for this variable not collected in September). In the area of vocabulary, teachers reported that only 68% of their students had a vocabulary in the expected range in September. In the May assessment, teachers reported 76% of the children had a vocabulary in the expected range. In the area of comprehension, teachers reported 74% of the children could retell a story capturing all of the basic concepts at the beginning of the year (September). At the end of the year (May) teachers reported 85% of the children could retell a story and at least capture the basic concepts. In

September, teachers reported that only 64% of the children were exposed to an adequate number of books on a daily basis. However, by May, teachers felt 100% of the children were being exposed to an adequate number of books. Teachers also reported that in September only 76% of the children showed an interest in books and reading, whereas by May, 100% of the children were interested in books and reading. Finally, in January and May, teachers reported that 100% of the children participated willingly in reading readiness activities with their volunteers.

### Learnings: OTTER

The OTTER program is successful because of initial funding support from the Winter Park Health Foundation and the commitment to incubate the growth of OTTER by the Foster Grandparent Program. Additionally, the extent of community collaboration and involvement into program design and implementation strengthened its initial growth. Inviting pre-school directors and older adult programs to form a Matrix program planning committee provided a steering balance for program design. Sharing information about needs, benefits, and resources with committee members helped to build a program

philosophy and develop a program framework based on Matrix outcome categories. The Matrix process provided a road map that organized the ideas, values, and consensus decisions of the collaborators into a program framework. The Matrix process provided standards to follow for program design and subsequently the ability to measure intergenerational program effectiveness, intergenerational relationship building, skill building for volunteers and skill building for children. Teachers and volunteers were oriented to the Matrix model to help them understand what the program wanted to achieve, while allowing “many roads to get there.” The four sites are in faith-based, community-based, and school-based pre-kindergarten programs in Orange County. Expansion to Seminole County is planned with the assistance of the Disney award.

An intergenerational program not only bridges a generational gap with meaningful interactions such as reading readiness, but also teaches children some positive aspects of being connected to those persons older than themselves. This experiential relationship provides a foundation for learning that builds on individual children’s competencies for learning, reading, and intergenerational relationships. The OTTER program uses the Early Learning

Literacy Model originating in the University of North Florida. The early literacy program materials enable older adults to read aloud to children introducing them to oral language, letter and sound language, phonological awareness, print concepts and promote imagination. Another strength of the OTTER program is the structured orientation and training that volunteers receive as well as how the program recognizes the volunteer accomplishments.

# Older adult work Group Priority Areas of Intervention and Program Descriptions

Provide opportunities for meaningful paid and voluntary work

*Name of Program: Wisdom Works: Meaningful Service and Employment of Older Adults, SENIORS FIRST, Inc.*

## Demographic Profile

Date of Program Design May 2004

Total Funding Amount \$152,000

Number of Years Three

### Description of Community Program Serves

The program serves the Orange County community of well elders, age 55 and up, who are mobile and wishing to work but experiencing challenges with the job seeking process.

#### 1) A Statement of Program Vision/Philosophy

Our philosophy is to create and sustain employment and volunteer service opportunities for the mutual benefit of older adults and organizations throughout the community. Our program encompasses these values:

- Promoting Individual and Community Renewal
- Recognizing the Value and Importance of Life Experience
- Promoting Self-discovery and Fulfillment
- Embracing collaboration
- Recognizing and Embracing Diversity

#### 2) Program Goals statement

Our goal is to develop effective, accessible programs for Orange County, resulting in gainful employment and/or meaningful service that improve productivity and return-on-investment for all.

#### 3) Community Associations and Organizations involved in your project.

##### Roles and contributions to date

Representatives from community associations and organizations participating during the early planning phases of the Matrix Evaluation development were from: Heart of Florida United

Way, Orange County Commission on Aging, Senior Resource Alliance, Foster Grandparent Program and AARP's Senior Community Service Employment Program.

Retired and Senior Volunteer Program of Orange County (RSVP) and Goodwill Industries of Central Florida were also primary participants who became major partners in further program planning and implementation due to their roles as service providers in volunteerism and employment. In Year 2, SENIORS FIRST, Inc. contracted with RSVP for program planning and coordination of program operations and with Goodwill Industries for program planning and provision of Job Clubs. Goodwill also contributed space and coordination of a Job Fair highlighting Wisdom-Works in the last quarter of Year 2. For Year 3, program operations responsibilities have been shifted to SENIORS FIRST, Inc. Goodwill Industries continues to partner in provision of Job Clubs and the offer of space for some special programming. Goodwill Industries also provides skill-building opportunities to seniors for self-paced computer training through their B.E.S.T. Program.

Other potential collaborations have been investigated and pursued throughout Year 2. Orange County Parks and Recreation have allowed room usage at the Marks Street Senior Center on specified days for coaching sessions. Wisdom-Works is currently still in negotiation with City of Orlando Parks and Recreation for permanent office space and coaching space at Beardall Senior Center to ensure a centralized downtown site locale. A partnership is being developed with the Winter Park Library through which the Lifelong Learning Institute agrees to provide Self-Assessment classes for interested Wisdom-Works program participants wishing to determine career interests.

Wisdom-Works has been networking with two major employment programs to determine appropriate collaborations. Workforce Central Florida provides employment resources, including a job bank, seminars, and computer classes. As a referral source for certain Wisdom-Works clients, they have provided training to Wisdom-Works staff and volunteers on client registration and access to the job bank. The Central Florida Employment Council

provides the program networking opportunities with area employers through their monthly council meetings. They also grant Wisdom-Works free booths at their bi-monthly community Job Fairs and access to their jobs database.

The program collaborates with the Senior Community Service Employment Program (SCSEP) as a referring agent for low-income clients who need on the job skills training. Wisdom-Works can also offer education through Job Clubs for SCSEP participants on a space available basis.

The Florida Regional AARP office has shown interest in the Wisdom-Works project and has provided literature for use with clients. Currently negotiations and networking are underway with 50+ Survival Guide for a partnership to include marketing of Wisdom-Works to potential clients and employers as well as potential employment classifieds and recognition of senior friendly employers.

Representatives from the following companies participated in a Focus Group to give input to

Wisdom-Works in June, 2005: Heart of Florida United Way, A Second Pair of Hands, Harcourt, Inc., Publix, Universal Studios, Florida Hospital, Darden, Walt Disney World, Winter Park Chamber of Commerce, Event Imaging Solutions, Inc., University of Central Florida, and Orange County Convention Center.

**4) Identification of Community Leadership. Leaders that support and participate? Roles in the community and contributions?**

Those who have participated in the Matrix Evaluation planning and the collaborative planning processes mentioned above are certainly considered leaders of their respective organizations and leaders in the aging services community of Orange County. As mentioned earlier, the regional and local leadership of AARP is aware and supportive of our project. We believe that this affiliation is crucial due to the interest and focus that AARP places nationally on promoting employment opportunities for its constituents.

Our planning group understands the need to broaden our scope of influence to inform

governmental leaders of the program's progress and the needs of the population it serves. As the program gets established, we intend to be proactive in educating politicians and business leaders about the program and the needs of the older adult population with regard to the importance of access to meaningful work opportunities.

**5) Program Participation Opportunities for Elders.  
Leadership roles for elders.**

Program participation of clients is offered to individuals 55 and greater of all socio-economic and skill levels. We are already serving clients from a wide range of work and life experience—from the lowest skill and experience level to the white-collar worker.

Elders in the community are encouraged to become involved in Wisdom-Works as volunteer peer coaches. Wisdom-Works recruits coaches who have had work experience affording skills in the area of interviewing, hiring, supervision, management, and human resources. Volunteers can work one-on-one mentoring and coaching clients or can assume

a leadership role in program planning or in areas such as recruitment of Featured Employers for program partnership.

New program staff, both the coordinator and administrative assistant, are representative of the population we are seeking to serve. Our coordinator is retired from a corporate career and has first-hand experience that will translate to strong promotion of program philosophy and values.

**6) Assets present in the community as a result of the program's existence.**

The program is now still in its formative stages, however, we are already observing that there seems to be a great demand in the community from seniors requesting help identifying jobs and from some employers wanting to hire them.

**7) Continuing Elder Issues as identified by the community organizations, leaders, elders and others.**

In these early stages we believe that our greatest asset is in helping to solidify what the needs are

with respect to job readiness and identification difficulties, to better prepare seniors for the job hunt and employment, and to match seniors with the opportunities available. Through one-on-one counseling, older job hunters are guided, encouraged, and linked to the resources that have already existed for employment seekers. Unmet needs will be addressed as we identify deficiency of resources for meeting the special needs of this population. We project that skill-building in the area of technology will be essential for preparing today's older adults for the workplace.

To begin to answer this question, we must go back to the study that led to this project. Researchers identified the barriers to meaningful employment as: scheduling conflicts, lack of availability for certain required shifts, lack of transportation, generational misunderstandings and misperceptions, inability to fit in with the existing workforce, health problems, and inability to perform certain jobs.

Many seniors need the extra income that work would afford, but poor health, extremely low skill

level, or lack of regular transportation impede success.

Discrimination against older workers and ageism will continue to be obstacles and challenges to overcome to assure employment success for the capable majority of the 55-plus population. On the other hand, some older workers lose desired opportunities due to appearing "overly qualified," when, in fact, they might be ready and perfect for a lower profile position with less responsibilities than in their earlier career.

#### **8) System Reforms that the program is helping to change.**

Initially Wisdom-Works is reaching out to employers who understand the value of hiring older workers and who are proactive in recruiting them. These employers will become Featured Employers with the program and partners willing to receive applicants from the program. In return they will give evaluative feedback and suggestions for program improvement. We hope to be able, through partnership, to open the door for interviews to

persons who might have been overlooked in the normal system of operation.

We believe, however, that Wisdom-Works, in its early stages, is part of a grander scheme to set the stage for the long-term visionary goals. The program hopes to address the ageism and discrimination addressed in the previous response. Moreover, we must maximize the strengths of today's older adults through skill-building as well as preparing for the large and incredibly talented cohort of Baby Boomers.

#### 9) **Collaboration Processes**

The process of holding the focus group for employers in mid-2005 was a positive experience and gave us feedback that the program was going to be welcomed by some employers in the community. We are using that platform to bring the appropriate employers into program affiliation as "Featured Employers."

We have spent much time in learning about the employment arena, networking and seeking out collaborations. All affiliations have begun with face-

to-face meetings with persons in positions of decision making influence within the organizations to give approval to the partnership, followed by consistent communication with front-line staff to develop the details of the program relationship.

We are hopeful that we can convince our clients to take advantage of the benefit of group experience by participating in our Job Clubs offered by our collaboration with Goodwill Industries. Similarly, we have plans to offer the self-assessment class through the Winter Park Public Library Lifelong Learning Institute. Our collaboration with the 50+ Survival Guide is also new but holds much promise for assistance with marketing and building our Featured Employer program.

Our partnership with Central Florida Employment Council has been effective in providing guidance in organizational development. Their Job Fairs have given us exposure to the population we are seeking to serve, and their networking meetings have offered exposure to discussion with employers. In return, we have supported them by provision of volunteers to assist at the job fairs.

#### **10) Collaborative Planning Process**

Collaborative planning began with the visioning workshops held to develop the Matrix Outcomes Evaluation. Detailed program planning followed in 2005 through weekly meetings, e-mails, and phone calls between SENIORS FIRST staff, RSVP staff, and Goodwill Industries staff. Tasks were assigned to the various partners with progress reports during the meetings. Two areas of challenge were dominant during the planning. One was the hindrance of program accessibility due to lack of a centralized program site space for coaching and the accompanying obstruction to resolution due to bureaucracy of government. The second was, and is, the construction of a process for assimilating and tracking job referrals from employers. With much of the planning accomplished, staff feels confident in now handling this last challenge in short order.

#### **11) Facilitation Process for establishing Matrix Outcomes**

The facilitation process for the Matrix Evaluation plan began in late 2004. Four Matrix Workshops

were lead by the Winter Park Health Foundation. Validity testing of the original Matrix instrument was completed through efforts of the most faithful participants and the staff of SENIORS FIRST during the latter part of 2004 and early 2005. During the program planning and design phases in 2005, Matrix indicators were revised, as planned program details became clearer and forms and surveys were designed. The Institute for Community Collaborative Studies reviewed the drafts and gave advice to their editing. Data collection began in late 2005 as the first clients were interviewed, assessed, and served. However, due to 2006 changes in leadership, program focus, and operations plans, the Matrix is currently again being revised to focus on the modified employment component and, if feasible, to encompass collection of needs assessment data.

#### **12) How Program Overcame Obstacles for Success**

The decision, with approval by the WPHF in late 2005, to focus the resources of the program on the employment component of Wisdom-Works will be instrumental in program success.

During planning in 2005 at implementation time, the program lost the coordinator hired by RSVP due to his obligations with American Red Cross. A key volunteer, who had been committed to the program and attending planning meetings, stepped in to take the lead for RSVP.

### **13) Strategies for Maintaining a Partnership and Program Sustainability**

A project such as this requires a clear understanding of community resources and a broad range of partnerships. We have observed that successful partnerships are built on defined roles, clear and consistent communication, negotiation, mutual follow-through on assigned responsibilities, integrity, and joint celebration of success.

Determining in advance the level of commitment and availability of resources that can be devoted to the partnership are integral to success. All partners must practice flexibility and be willing to try new approaches.

A strategy for program sustainability is continued networking with other employment programs as well as private and public stakeholders to expand

partnerships. We continue to learn from the trials of others, to advocate for support and pooling of resources, and to avoid duplication of service. We will continue to seek and nurture relationships with untapped community partners.

Keeping abreast of workplace trends and taking advantage of hot topics in the media to convey our program messages will be essential. We will continue to take advantage of the information and marketing available through AARP's employment focus. We must in the long run truly convince employers of the value that older adults bring to the workplace.

### **14) Current Strengths of the Program**

The current strengths of the program are the foundations that have been laid to implement the program. Much background work has been accomplished, including learning about and networking with employment providers. Procedures and forms are ready for implementation. A core group of volunteers are committed to the program and believe in the mission. New staff members (coordinator and administrative assistant) and an

intern are oriented to the program and energized to move the program forward in 2006. Employers are calling and interested in receiving applicants from the program. Intakes show that there is a huge need to fulfill for older adults seeking employment.

#### **15) Areas of Concern**

Challenges continue to abound, but Wisdom-Works staff and partners are optimistic about resolution. So far, many clients seem to be hoping for immediate identification of job options and very anxious for quick placement assistance. They seem to be somewhat reticent about employment preparation tasks and the action steps needed to ready themselves for job success. Coaches will be trained to encourage clients toward participation in Job Clubs and taking time to prepare resumes and practice interviewing skills. Processes are being put into place currently that will ensure the appropriate on-going follow-up with clients. It remains to be seen whether enough skill-building resources currently exist, especially in the area of technological training.

Employment preparation and job identification are rather complex issues requiring high levels of commitment and expertise from volunteer coaches. We are fortunate to have a core group of dedicated volunteers who seem willing to forge this new territory. These coaches will be gradually learning about the resources and job databases available to participants so that the coaching becomes more natural to them. We will need to continue to recruit additional volunteers of the caliber and experience necessary for successful coaching. Balancing program marketing to participants with adequate and trained coaching staff will be important.

Obtaining a central site for ease of access has been a challenge. We are encouraged that we may be on the verge of resolution of this issue. The system, tools, and equipment necessary for ease in job identification are at the top of our priority list for resolution.

#### **16) Funding Plans**

While solidifying our program and continuing to build collaborations, we are always exploring future funding options. Support may be garnered through

a combination of public and grant sources leveraged through private dollars. Staff and volunteers continue to hope that we are building a viable program that eventually will prove attractive and successful enough for employers to support financially through program fees. When communicating with employers, we are careful to note that our assistance is free of charge during this “pilot phase.” Meanwhile we may be able to attract support from a large community-minded and senior-focused employer or other company (i.e. investment) that has a particular interest in the senior market.

Our main focus in early quarters of the year will be to systematically and faithfully collect the appropriate data on needs and outcomes that will make a solid case for future funding. Simultaneously, we must perfect program processes in order to show employers the value of the relationship to Wisdom-Works, and more importantly, the value that older adults bring to their business productivity and success.

### **Learnings: Wisdom Works: Meaningful Service and Employment of Older Adults, SENIORS FIRST, Inc.**

It is our recommendation that for a project of this size and complexity, the timing and the organization of the Matrix planning be adjusted somewhat. Determining philosophy and values as a first step is helpful, but intense work on categories and indicators, and especially status levels, is difficult before the major program processes are determined by partners and/or stakeholders. It is essential during the Matrix planning process to have consistent participation by the stakeholders throughout the process in order to ensure understandings about the focus of the program, as determined in advance, and to maintain congruence throughout the process.

SENIORS FIRST staff involved in Wisdom-Works have grown tremendously through the process of project planning. The creation of such a complex project builds skills in organization, planning, interpersonal relations, diplomacy, and many other arenas.

Learning about existing resources and forming good partnerships are time-consuming and require intense focus and effort. Much of our learning on this topic was covered under partnership and sustainability strategies. We have learned that endurance is key to accomplishment.

From a client perspective, we now know that many seniors from all walks of life do, in fact, struggle with finding employment. It seems that some are desperate for jobs and have little time to spend in preparation. We will learn more about the needs as we collect data over time. Similarly, we are learning that some employers already value mature workers and, at least in this current economy, are anxious for a connection to Wisdom-Works.

# Older Adult Work Group Priority Areas of Intervention and Program Descriptions

## Encourage Lifelong Learning and Enhance Well Being

Name of Program: Winter Park Public Library Lifelong Learning Institute

### Demographic Profile

Date of Program Design January 2003

Total Funding Amount \$287,822

Number of Years Three

### Description of Community Program Serves

As an enterprise of the Winter Park Public Library, the Institute makes services available to residents of the City of Winter Park (population 24,090) & the surrounding communities.

#### 1) A Statement of Program Vision/Philosophy:

To create learning activities, individually and in partnership, with other organizations to promote healthy minds, bodies and spirits through shared knowledge and experiences. We believe in

encouraging elder individuals to achieve their maximum potential.

#### 2) Program Goals statement

To offer participant-driven, interactive programs that enrich each person, encourage individuals to value themselves, and result in a sense of ownership. We wish to provide a system that is accessible, comfortable and non-intimidating by offering programs that provide individuals with an opportunity to grow and expand their interests and capabilities and in so doing expand their understanding of the Lifetime Learning Institute in Florida.

#### 3) Community Associations and Organizations

Winter Park Health Foundation – funding for curriculum development and classroom facilities;  
Senior Resource Alliance – curriculum development;  
Project Imagination – training facilitation; Winter Park Tech – training facilitation

**4) Identification of Community Leadership. Leaders that support and participate? Roles in the community and contributions?**

Renee Aaronson, Arlene Ballinger, Joe Bunn, Laura Capp, Art Cross, Dee Field, Linda Grassa, Debra Hendrickson, Bob Hoenshel, Tom Kramlinger, Rebekah McCloud, Mitchell O’Rear, Becky Savill, Margaret Sanders, Diane Sandquist, Jean Siegfried, John Springer; all are volunteer members of the Institute Advisory Council and members of the Lifelong Learning Institute. They represent business, education and civic organizations that support the Institute with in-kind donations of volunteer time and resources. Several are active Institute instructors/facilitators and champions of the Institute in their circles of influence.

**5) Program Participation Opportunities for Elders**

We are actively working to develop a cadre of volunteers who can assist Institute staff by serving as host/hostesses for evening and weekend programs.

**6) Assets present in the community as a result of your program’s existence**

A defined place of learning for adults of all ages with targeted opportunities for intergenerational connections.

**7) Collaboration Processes**

Partnering with other organizations that serve the needs of elders. These are natural alliances Institute staff initiated in order to better serve our constituent populations.

**8) Collaborative Planning Process**

In 2006, the Winter Park Health Foundation presented the Institute with the opportunity to be the host site for “Next Chapters”. Through this venture, we will intentionally seek out new partners in the area of lifelong learning and improving quality of life for older adults.

**9) How Program Overcame Obstacles for Program Success**

We were initiating a culture change in terms of people’s expectation of what life options exist for adults past the age of 55. As the tide shifted in the

larger society and our community, we've been able to capitalize on the new vision of "life after retirement" and "life for those preparing to retire."

#### 10) **Strategies for Maintaining a Partnership and Program Sustainability**

We are initiating the "Next Chapter" venture with current partners and intentionally focusing on opportunities for these types of connections. With the assistance of the Library Director and new Development Director, we continue to seek out funding opportunities for programs like the Institute. Institute staff also target outreach opportunities that generate income for programs and services.

#### 11) **Areas of Concern** Sustainability.

12) **Reflections on Learning from this project**  
Cultural change takes time. There needs to be a method for demonstrating progress in the midst of change.

#### 13) **Planning for the future**

The Matrix Outcomes Model is being used to form program committee structures and guide the Institute toward desired outcomes. Below are current committee plans using Matrix indicators to develop action plans.

#### Administrative and Operational Effectiveness

Collaborative Partner Outreach plan:

- Approach Faith Communities to incorporate Institute programs in offerings to adult congregants
- Identify ways to connect Baby Boomers
- Get Faith-based listings and seek collaborative Faith-based funding
- Levels of Collaborative Partnerships:
  - Create new program for off-site delivery
  - Deliver existing program to off-site location
  - Advertise partner programs in Institute Program Guide
  - Provide space for partner programs at Library
  - Seek corporate opportunities

## Learning Community Committee

### Member Recruitment plan:

- Obtain referrals from current members
- Identify organizations/communities the Institute serves: who are LLI customers? (Senior centers, assisted living centers, churches, University Club, SeniorNet, Valencia, AARP, RSVP, Crosby YMCA, Rollins alum, UCF LIFE, The Plymouth, etc.)
- New Leaf Bookstore
- Announce at programs

### Member Retention plan

- Find out what members want and give it to them
- Conduct surveys (online, mail w/program guide) and focus groups
- Capture birthdays and send acknowledgements

### Volunteer Recruitment plan

- Ask at Institute classes, seminars, programs, etc.
- Add announcement in Institute brochure
- Put tag line at bottom of evaluation recruiting volunteers

- Recruit via announcement in Newsletter/Program Guide
- Flyer in Library lobby and at organizations we deliver programs to

### Intentional Inclusivity plan

- Continue reaching out to Hispanic, Jewish and West Winter Park communities
- Follow through on Member and Volunteer plans stated above

### Marketing Committee plan

- Marketing Creativity Session:
- Design surveys:
- Design Focus Groups
- Finalize Institute brochure

### Programming Committee plan

- Revise evaluation form to reflect Matrix outcomes – in progress
- Require objectives from facilitators – in progress
- Share evaluation w/facilitators – being done

## **Learnings: Winter Park Public Library Lifelong Learning Institute**

The Matrix Model evaluation process is extremely valued by Institute staff and Council members. They have experienced the benefit of designing the Matrix categories and indicators, establishing benchmarks and using these as a guiding tool for their strategic planning and Institute design. The Matrix has proven to be an excellent tool for establishing a program foundation and setting operational strategies. This was the original intent for using the Matrix design process. The stakeholders who participated in the Matrix design became the Institute Council. This

has turned into a great benefit because the people who designed the Matrix are advising staff on how best to accomplish Institute objectives.

Institute staff implement Council suggestions for realigning indicators and committees based on the realigned Matrix. Committees are working on their activities to improve indicators, as currently defined. Current other activities include a marketing plan for the Institute, developing a volunteer corps, strengthening program partnerships and working on Institute sustainability ... each the result of the Matrix evaluation.

# Matrix Outcome Designs for Winter Park Health Foundation Older Adult Programs

## Community Partnership for Senior Services

### Vision

*The goal of the CPSS project is for all segments of the elder services network to work together to improve the long-term care system and to better meet the needs of the growing number of older adults in our community.*

Communication	Collaboration	Access and Navigation	Quality Care	Payment System
<ul style="list-style-type: none"> <li>▪ Brand and Content</li> <li>▪ Communication Methods</li> <li>▪ Audience Impact</li> </ul>	<ul style="list-style-type: none"> <li>▪ Mutual Benefits</li> <li>▪ Capacity Improvement</li> <li>▪ Knowledge Transfer</li> </ul>	<ul style="list-style-type: none"> <li>▪ Service Awareness</li> <li>▪ Service Arrangement and Coordination</li> <li>▪ Service Delivery and Follow-up</li> </ul>	<ul style="list-style-type: none"> <li>▪ Choice of Service</li> <li>▪ Dignity and Independence</li> <li>▪ Caregiver Support</li> </ul>	<ul style="list-style-type: none"> <li>▪ Service Structure</li> <li>▪ Payment Options</li> <li>▪ Sustainability and Effectiveness</li> </ul>

## CATEGORIES, INDICATORS, AND STATUS LEVELS

### Category: Communication

#### *Sources of Data*

- Focused follow-up with specific consumers
- Follow a client through the system
- Follow people on waiting lists
- SRA web analytics
- Provider feedback

### Indicator: Brand and Content

#### Measures:

- Consumer survey/feedback
  - To include a way to determine consistency of message (what were you told about this service) asked of different consumers at different entry points
- Inventory of materials (for accuracy, clarity, multi-cultural sensitivity)
- Provider survey (what is your message, how do you describe this service and/or its eligibility)
- Mystery shopping
- # calls made for same questions/callbacks about same question

<input type="checkbox"/> Thriving	Multiple communication methods are used frequently and effectively, so that all communication needs and styles are accommodated. Electronic media are secure, interconnected and easy to use. Providers communicate regularly with clients and each other and “close the loop” before releasing a client.
<input type="checkbox"/> Succeeding	Multiple communication methods are used regularly so that many communication needs and styles are addressed. Electronic media are secure and interconnected. Providers communicate regularly with clients and each other.
<input type="checkbox"/> Surviving	Communication methods are limited to one or two media, limiting the number of communication needs and styles being addressed. Electronic media is generally reliable, but sometimes has “bugs” or is hard to use. Providers communicate haphazardly, occasionally “dropping the ball” with a client.
<input type="checkbox"/> Floundering	Communication methods are limited or unreliable, causing distrust, frustration and/or duplication in the system. Electronic media are compromised or complicate communication. Providers do not consistently communicate with clients or each other.

## Indicator: Communication Methods

### Measures:

- Consumer surveys (through what methods they receive communication and its efficacy)
- Provider surveys (what communication methods they use among each other and with consumers)
- Inventory on communication methods (# web hits, phone calls, psa's etc)
- Review of efficacy of HelpWorks and other software (who uses it, how is it working)

<input type="checkbox"/> Thriving	<p>A consistent and trusted brand makes communication within the network eagerly anticipated and easily recognized. All parts of the system, especially consumers, receive consistent and reliable information that is timely, relevant, accurate and clear. Information given is complete and includes explanation as well as facts. Consumer choice is emphasized in all messages. Language and terminology are consistently used and understandable to all, especially consumers, regardless of cultural background or age.</p>
<input type="checkbox"/> Succeeding	<p>The look and content of communications within the network are consistent, making them easily recognizable to consumers and providers. All parts of the system, especially consumers, receive consistent and reliable information that is timely and accurate. Consumer choice is included in all messages. Consistent language and terminology are used and are understandable by most consumers.</p>
<input type="checkbox"/> Surviving	<p>Content of communications is generally consistent, but lacks a recognizable brand. Information is shared with all parts of the system, but is sometimes unreliable, inaccurate or late. Consumer choice is deemphasized. Language and terminology vary and are sometimes misunderstood by consumers and/or other professionals.</p>
<input type="checkbox"/> Floundering	<p>Communication patterns are inconsistent and not easily recognized. Information is inconsistent, unreliable, inaccurate and/or late. Consumers do not get a sense of choice in the messages they receive. Language and terminology vary and are often misunderstood by consumers and/or other professionals.</p>

## Indicator: Audience Impact

<input type="checkbox"/> Thriving	Consumers and providers are able to easily interact with each other, supply and respond to information, and provide feedback to improve the system. Consumers and providers learn about each other by sharing information within the network. Consumers believe the information they received helped them consistently make better decisions, and avoid incorrect decisions.
<input type="checkbox"/> Succeeding	Consumers and providers are able to interact with each other and share information, including feedback, readily. Consumers believe the information they received helped them make better decisions.
<input type="checkbox"/> Surviving	Consumers and providers are able to interact with each other, but communication is perceived as difficult or cumbersome. Consumer feedback is sometimes used to improve the system. Consumers have mixed reaction to the information they received; only sometimes does it help them make better decisions.
<input type="checkbox"/> Floundering	Interaction and information sharing between consumers and providers is limited or inadequate. Consumer feedback is discouraged or dismissed. Consumers believe the information they received does not help them make better decisions, and is sometimes confusing or misleading.

## Category: Collaboration

### *Sources of Data*

- Pre and post knowledge tests
- “Secret shopper” surveys
- Track number of volunteers
- Reports from 2-1-1 /HelpWorks/SRA website
- Partner/provider feedback
- Number of collaborative projects/agreements increases

- Provider survey—perception of trust between providers/agencies

### **Indicator: Mutual Benefits**

#### **Measures:**

- Provider survey
- Inventory on collaborative relationships
- Minutes from collaborative meetings/conferences

<input type="checkbox"/> Thriving	<p>All stakeholders are actively engaged in building a shared vision that benefits all and fosters interdependence. Planned activities with shared goals build trust among stakeholders. Stakeholders actively share resources by engaging in strategies, such as co-location, cooperative purchasing arrangements, job shadowing and cross training, that increase the effectiveness of the system.</p>
<input type="checkbox"/> Succeeding	<p>Stakeholders are working together to reach a shared vision that benefits all. Cooperative activities are building trust, and stakeholders are sharing information and strategies that avoid duplication and increase the efficiency of the system.</p>
<input type="checkbox"/> Surviving	<p>Stakeholders share information and work together to achieve common goals, when those goals meet their own needs. Some cooperative arrangements are preventing duplication of effort, but inefficiencies persist due to lack of trust or cooperation.</p>
<input type="checkbox"/> Floundering	<p>Stakeholders do not work toward a shared vision and operate independently to achieve their own goals, rather than working toward the effectiveness of the system overall. Stakeholders hoard information and resources to the detriment of consumers and other stakeholders.</p>

## Indicator: Capacity Improvement

### Measures:

- 2-1-1 reports
- Provider surveys
- Best practices captured/shared through website and provider meetings

<input type="checkbox"/> Thriving	<p>The network has the capacity to deliver the right services to consumers at the right time. The network is flexible enough to respond appropriately to changing levels and types of demand. Capacity expansion at all levels is collaboratively planned and ready as the population increases over time. Quality is regularly monitored, evaluated and used for system improvements.</p>
<input type="checkbox"/> Succeeding	<p>The capacity of the network is generally adequate to meet consumer demand. Most of the time, the network is able to respond appropriately to changing demands. A plan for capacity expansion is developed. Quality is monitored and areas for improvement identified.</p>
<input type="checkbox"/> Surviving	<p>The network struggles to meet the demands of consumers, both in terms of services available and wait times. Quality of services is adequate, but no continuous improvement plan has been implemented. Capacity planning is delayed and/or overdue.</p>
<input type="checkbox"/> Floundering	<p>The network is overwhelmed by consumer demand, and consumers experience long wait times or lack of needed services. Quality is compromised, and no plan for capacity improvement exists.</p>

## Indicator: Knowledge Transfer

### Measures:

- Analysis of public/private resources in system
- Provider survey knowledge of best practices
- Replicability to other areas?

<input type="checkbox"/> Thriving	Replicable model service delivery system supported by all entities and sustainable over time. Successful strategies and best practices are captured and shared. A consumer education campaign emphasizes prevention, independence and the value of home and community-based services.
<input type="checkbox"/> Succeeding	Model service delivery system supported by all entities is operational, but long-term sustainability is not yet assured. Best practices are captured and shared. A consumer education campaign emphasizes prevention, independence and the value of home and community-based services.
<input type="checkbox"/> Surviving	New service delivery system is operational, but sustainability of the overall system is questionable, because only selected aspects are succeeding. Best practices have not been firmly established and shared. A nominal consumer education campaign exists, but the stigma associated with home and community-based services persists.
<input type="checkbox"/> Floundering	The system is disjointed and best practices have not been defined, making it difficult to replicate processes. Sustainability is highly unlikely, because the system has not been firmly established. No consumer education campaign exists, and the stigma associated with home and community-based services persists.

## Category: Access and Navigation

### *Sources of Data*

- SRA web analytics
- 2-1-1 & DOEA data
- Consumer feedback surveys

## Indicator: Service Awareness

### Measures:

- Inventory of outreach to neighborhoods (how many, how often)
- Web hits SRA/ others
- Consumer feedback 2-1-1 other access points
- Consumer survey re awareness of services

<input type="checkbox"/> Thriving	Communication and outreach efforts reach all neighborhoods in each county. Internet users can quickly locate information through popular web browsers. Community access points, including 2-1-1, provide consistent and speedy access to information about services and/or eligibility. Consumers understand how to access information and that services are for all seniors.
<input type="checkbox"/> Succeeding	Communication efforts reach most neighborhoods in each county. Internet users can locate information through popular web browsers. Community access points provide consistent information about services and/or eligibility. Consumers understand how to access information.
<input type="checkbox"/> Surviving	Communication and outreach efforts are generally effective, but spotty. Web-based information is available, but consumers have difficulty locating it. Community access points provide a consistent message, but consumers are unclear about how to access information or whether it applies to them.
<input type="checkbox"/> Floundering	Communication and outreach efforts are spotty and ineffective. There is little or no Web-based information available, and it is not easily accessible. Community access points do not provide a consistent message, resulting in confusion and frustration for consumers.

## Indicator: Service Arrangement and Coordination

### Measures:

- Evidence of existence of service coordination for all consumers
- Consumer survey
- # of consumers in which loop not closed
- Fee structure exists?

<input type="checkbox"/> Thriving	<p>Each client (or caregiver) has a contact person for service coordination, and the procedure for arranging services is clearly explained. The client (or caregiver) receives complete information on how eligibility will be determined, if appropriate, and/or the fees associated with various services. The client (or caregiver) is thoroughly informed about wait times, if any, before services can be delivered. Clients never fall through the cracks.</p>
<input type="checkbox"/> Succeeding	<p>Each client (or caregiver) has a contact person for service coordination, and the procedure for arranging services is clearly explained. The client (or caregiver) receives complete information on how eligibility will be determined, if appropriate, and/or the fees associated with various services. The client (or caregiver) is informed about wait times, if any, before services can be delivered. Clients rarely fall through the cracks.</p>
<input type="checkbox"/> Surviving	<p>Most clients (or caregivers) have a contact person for service coordination, but the procedure for arranging services is not usually explained. The client (or caregiver) often does not receive accurate information on how eligibility will be determined, if appropriate, and/or the fees associated with various services. The client (or caregiver) is usually not informed about wait times. Clients occasionally fall through the cracks.</p>
<input type="checkbox"/> Floundering	<p>The client (or caregiver) may have different contact people for service coordination, and the procedure for arranging services is confusing and inconsistent. The client (or caregiver) rarely receives accurate information on how eligibility will be determined, and/or the fees associated with various services. The client (or caregiver) is often not told about wait times before services can be delivered. Clients frequently fall through the cracks.</p>

## Indicator: Service Delivery and Follow-up

### Measures:

- Follow-up time
- Client satisfaction surveys
- Resolution policies

<input type="checkbox"/> Thriving	Each client has the essential services s/he needs and receives follow-up within 60 days, if appropriate. The client (or caregiver) is fully satisfied with the services received. Service problems are rare, but are resolved promptly and courteously, when they occur. Consumer ratings of service quality are consistently high.
<input type="checkbox"/> Succeeding	Each client has the essential services s/he needs and receives follow-up within 90 days, if appropriate. The client (or caregiver) is generally satisfied with the services received. Service problems are infrequent, but are resolved promptly, when they occur. Consumer ratings of service quality are medium to high.
<input type="checkbox"/> Surviving	Most clients have the essential services they need, but follow-up is late (over 90 days). Clients (or caregivers) are somewhat satisfied with the services received. Service problems occur occasionally, and are not always resolved promptly or courteously. Consumer ratings of service quality are low to medium.
<input type="checkbox"/> Floundering	The neediest clients have the essential services they need, but many problems are reported. Follow-up is late (over 90 days) or nonexistent. Clients (or caregivers) do not receive a consistent quality of service. Service problems occur frequently, and are not always resolved promptly or courteously. Consumer ratings of service quality are low.

## Category: Quality Care

### *Sources of Data*

- Consumer and caregiver feedback (survey and/or focus groups)
- Resource database (2-1-1 and HelpWorks)
- Communication materials, including online information
- “Mystery” shopper evaluations

## Indicator: Choice of Services

### Measure:

- Evidence of choice (consumer surveys, provider surveys, inventory of resources on 2-1-1 etc)

<input type="checkbox"/> Thriving	Consumers are empowered to self-select from a wide variety of services with three or more choices in every category of care in both public and private arenas. Consumers have access to the information and one-on-one counseling they may need to make wise choices about their care providers.
<input type="checkbox"/> Succeeding	Consumers may select from at least three choices in most areas of care in both public and private arenas. Consumers have access to the information they need to make choices about their care providers.
<input type="checkbox"/> Surviving	Consumers have limited choice in a few areas of care, especially in the publicly funded arena. Information is not readily available to consumers to make choices about their care providers.
<input type="checkbox"/> Floundering	Consumers have no choice or only one choice in several areas of care, both public and private. Information about care providers is either not made available or is biased.

## Indicator: Dignity and Independence

### Measures:

- Consumer survey
- # of prevention programs

<input type="checkbox"/> Thriving	All clients report that their individual needs are acknowledged and addressed, and they are treated with respect. Every effort is made to encourage independence and offer care in the least restrictive environment or form. Independence, choice, and prevention of disease or frailty are emphasized and encouraged.
<input type="checkbox"/> Succeeding	Most clients report that their individual needs are acknowledged and addressed, and they are treated with respect. Care in the least restrictive environment or form is offered, independence is facilitated, and prevention of disease or frailty is emphasized.
<input type="checkbox"/> Surviving	About half of clients report that their needs are acknowledged, and they are treated with respect. Half of clients are dissatisfied with how they are treated. Care offered is sometimes not suited to the individual needs of the client. Little emphasis is placed on independence and prevention of disease or frailty.
<input type="checkbox"/> Floundering	Over half of clients report that their individual needs were not addressed, and/or they were not treated with respect. Care offered is often not suited to the needs of the client, and no emphasis is placed on prevention. Circumstances discourage or impede independence.

## Indicator: Caregiver Support

### Measures:

- Consumer and provider surveys
- Cost of services
- Availability of information
- Satisfaction surveys

<input type="checkbox"/> Thriving	Financial, educational, social and medical supports are in place that sustain and renew caregivers. All caregivers know how to access these supports, and they utilize them when needed. Caregivers report a high degree of satisfaction with the services they receive.
<input type="checkbox"/> Succeeding	A variety of supports, such as financial, educational, social and medical, are in place for caregivers. Most caregivers know how to access these supports, and they utilize them when needed. Caregivers report a medium to high degree of satisfaction with the services they receive.
<input type="checkbox"/> Surviving	Some supports are in place for caregivers, but they are not comprehensive or broadly available. Some caregivers do not know how to access these supports. Caregivers report a low to medium degree of satisfaction with the services, which are often underutilized.
<input type="checkbox"/> Floundering	Some supports are in place for caregivers, but many caregivers are unaware of them or don't find them helpful. Caregivers report a low degree of satisfaction with the services, which are often underutilized.

## Category: Payment System

### *Sources of Data*

- Care plans
- Hospital discharge data
- Financial measures
- Consumer and provider survey feedback

### **Indicator: Service Structure**

<input type="checkbox"/> Thriving	Packaged services facilitate ease of purchase for consumers and result in consistently predictable payments. An effective, client-focused, retail structure offers choice to consumers and balances costs. Health and social service interventions are fully integrated and coordinated. Consumer and provider feedback is consistently positive.
<input type="checkbox"/> Succeeding	Packaged services facilitate ease of purchase for consumers and provide some predictability in payments. A client-focused, retail structure offers choice to consumers and helps to balance costs. Health and social service interventions are somewhat integrated and coordinated. Consumer and provider feedback is generally positive, although some improvement is needed.
<input type="checkbox"/> Surviving	Packaged services exist for some conditions, but not all. They facilitate ease of purchase for consumers, but predictability in payments is still elusive. Clients are offered choices, but an organized retail structure is not yet established. Health and social service interventions are just beginning to be integrated and coordinated. Consumer and provider feedback shows dissatisfaction, and significant improvement is needed.
<input type="checkbox"/> Floundering	No packaged services exist. The purchase of services is difficult for consumers, and there is no predictability in payments. Clients are sometimes offered choices, but an organized retail structure has not been established. Health and social service interventions are not integrated and coordinated. Consumer and provider feedback shows a strong degree of dissatisfaction.

## Indicator: Payment Options

<input type="checkbox"/> Thriving	Multiple payment options are offered, enabling consumers at all levels of income to afford needed services. An effective billing system is in place, such that multiple payers can be seamlessly billed in a timely way, providers receive timely, accurate payments, and paperwork for consumers is reduced. Consumer and provider feedback is consistently positive.
<input type="checkbox"/> Succeeding	Multiple payment options are offered, enabling most consumers at most levels of income to afford needed services. A billing system is in place, such that multiple payers can be billed in a timely way and providers receive accurate payments. Consumer and provider feedback is generally positive, although some improvement is needed.
<input type="checkbox"/> Surviving	Payment options are offered, however many consumers are unable to afford needed services. A billing system is in place, but billing is sometimes not done in a timely way, and providers occasionally do not receive accurate, timely payments. Consumer and provider feedback shows dissatisfaction, and significant improvement is needed.
<input type="checkbox"/> Floundering	There are few, if any, payment options offered. Many consumers are unable to afford needed services. There is no consistent, universal billing system. Consumer and provider feedback shows a strong degree of dissatisfaction.

## Indicator: Sustainability and Effectiveness

<input type="checkbox"/> Thriving	There are sufficient multiple payers in the system to meet 100% of costs and demands. Investment in system is balanced across public and private sources. 90% of consumers report satisfaction with the value of the care/services received. 90% of providers report satisfaction with the amount and timeliness of payment.
<input type="checkbox"/> Succeeding	There are sufficient multiple payers in the system to meet 90% of costs and demands. Both public and private investment in system, but private investment is lower than needed. 80% of consumers report satisfaction with the value of the care/services received. 80% of providers report satisfaction with the amount and timeliness of payment.
<input type="checkbox"/> Surviving	There are sufficient multiple payers in the system to meet 70% of costs and demands. Private investment lags public funding. 70% of consumers report satisfaction with the value of the care/services received. 70% of providers report satisfaction with the amount and timeliness of payment.
<input type="checkbox"/> Floundering	There are only enough payers in the system to meet 50% or less of costs and demands. Private investment is minimal, because perceived lack of sustainability fails to inspire funding. 50% or less of consumers report satisfaction with the value of the care/services received. 60% or less of providers report satisfaction with the amount and timeliness of payment.

# Matrix Outcome Designs for Winter Park Health Foundation Older Adult Programs

## Florida Pioneer Network

Living and Working Environment	Person-Centered Environment	Connectedness to Community	Communication	Governance
<ul style="list-style-type: none"> <li>▪ Homelike Environment</li> <li>▪ Bathing</li> <li>▪ An Environment that Promotes Independence</li> <li>▪ Cultural Diversity and Sensitivity</li> <li>▪ Dining</li> <li>▪ Healthy Environment/Wellness</li> </ul>	<ul style="list-style-type: none"> <li>▪ Emotional Well-being</li> <li>▪ Learning Opportunities</li> <li>▪ Inclusive Planning</li> <li>▪ Dignity</li> </ul>	<ul style="list-style-type: none"> <li>▪ Community Partnerships</li> <li>▪ Facility Involvement in Community</li> <li>▪ Community Recognition</li> <li>▪ Volunteerism</li> </ul>	<ul style="list-style-type: none"> <li>▪ Empowerment of Staff</li> <li>▪ Care Planning</li> <li>▪ Hiring Process</li> <li>▪ Evaluation</li> <li>▪ Group Meetings</li> <li>▪ Families</li> <li>▪ Visitors/Guests</li> </ul>	<ul style="list-style-type: none"> <li>▪ Management</li> <li>▪ Regulatory Compliance</li> <li>▪ Risk Management</li> <li>▪ Recruitment and Retention</li> <li>▪ Organizational Values</li> <li>▪ A Mechanism for Addressing Ethical Issues</li> </ul>

## CATEGORIES, INDICATORS, AND STATUS LEVELS

### Category: Living and Working Environment

#### Indicator: Homelike Environment

<input type="checkbox"/> Blooming	Resident rooms and common areas reflect individual preferences creating a personalized homelike environment.
<input type="checkbox"/> Budding	Appearance is warm, inviting, welcoming and purposefully made to make the facility more homelike.
<input type="checkbox"/> Wilting	Appearance is clean and comfortable.
<input type="checkbox"/> Dormant	Environment is unkempt and smelly.

#### Indicator: Bathing

<input type="checkbox"/> Blooming	Shower rooms have been transformed into bathing spas, residents look forward to their bathing experience and alternatives are available.
<input type="checkbox"/> Budding	Shower rooms are clean and respect for residents' dignity is observed.
<input type="checkbox"/> Wilting	Shower rooms are unpleasant and residents do not enjoy the bathing experience.
<input type="checkbox"/> Dormant	Shower rooms are cold, dark and dirty and the bathing experience is very unpleasant for residents and staff.

## Indicator: An Environment that Promotes Independence

<input type="checkbox"/> Blooming	Resident community life activities and adaptive devices encourage and support each resident's independence by promoting choices throughout the day.
<input type="checkbox"/> Budding	Residents participate in functional activities regularly and restorative program is not limited to residents that have had a decline in function.
<input type="checkbox"/> Wilting	Only residents on therapy driven restorative caseload receive restorative activity.
<input type="checkbox"/> Dormant	Residents are restrained and there is no restorative program in place.

## Indicator: Cultural Diversity and Sensitivity

<input type="checkbox"/> Blooming	Facility celebrates diversity on an ongoing basis.
<input type="checkbox"/> Budding	Facility promotes mutual understanding and respect with each other (residents, families and staff). Facility provides ethnic meals, education about various religions in a "safe" environment.
<input type="checkbox"/> Wilting	Cultural diversity is not addressed in a positive manner.
<input type="checkbox"/> Dormant	Lack of education allows for misunderstandings and biased behavior.

## Indicator: Dining

<input type="checkbox"/> Blooming	Fine restaurant style dining, social experience, quality of food choices, few complaints from residents.
<input type="checkbox"/> Budding	Staff responsive to requests; cafeteria-style service.
<input type="checkbox"/> Wilting	Meets regulatory requirements with alternative menus and food temperatures.
<input type="checkbox"/> Dormant	No meal choices; consistent complaints about temperature and food quality, lack of variety of response to resident concerns.

## Indicator: Healthy Environment/Wellness

<input type="checkbox"/> Blooming	Facility has a wellness coordinator that offers individualized exercise and health education programs for residents and staff and opportunities for community connectedness.
<input type="checkbox"/> Budding	Facility offers exercise and health education programs within the building.
<input type="checkbox"/> Wilting	There are few choices for exercise and health education.
<input type="checkbox"/> Dormant	Resident and staff wellness is not a priority for the facility.

## Category: Person-Centered Environment

### Indicator: Emotional Well-being

#### Staff:

<input type="checkbox"/> Blooming	Staff is supported as both workers and individuals.
<input type="checkbox"/> Budding	Staff works as a team and has pride in belonging to the facility.
<input type="checkbox"/> Wilting	Staff support system is lacking.
<input type="checkbox"/> Dormant	Staff is not valued for their work.

#### Residents:

<input type="checkbox"/> Blooming	Residents feel they are important to the facility community and think of staff as part of their extended family.
<input type="checkbox"/> Budding	Residents feel safe and secure.
<input type="checkbox"/> Wilting	Residents do not trust staff.
<input type="checkbox"/> Dormant	Residents do not recommend the facility to others.

## Indicator: Learning Opportunities

### Staff:

<input type="checkbox"/> Blooming	Many avenues and resources for learning are available for staff.
<input type="checkbox"/> Budding	In-service program ensures all mandatory requirements are tracked and met.
<input type="checkbox"/> Wilting	Mandatory in-services are done in batches to meet state requirements, tracking is sporadic and programs offered are thought of as boring or repetitious.
<input type="checkbox"/> Dormant	State minimums are not met.

### Residents:

<input type="checkbox"/> Blooming	The community is active in the education programs offered at the facility and residents are perceived as active learners.
<input type="checkbox"/> Budding	There is a structure for resident education that is facility driven and residents are participants in education activities.
<input type="checkbox"/> Wilting	Residents' education is primarily related to health problems and one on one patient teaching.
<input type="checkbox"/> Dormant	There is no patient teaching, as well as no other learning opportunities.

## Indicator: Inclusive Planning

### Staff:

<input type="checkbox"/> Blooming	All levels of staff are actively involved in strategic planning and evaluation and participation is promoted.
<input type="checkbox"/> Budding	Some levels of staff are involved in strategic planning; avenues for participation exist and are not promoted.
<input type="checkbox"/> Wilting	Strategic plan is mandated by executive decision without staff input.
<input type="checkbox"/> Dormant	Facility has no strategic plan and census is the major facility goal.

### Residents:

<input type="checkbox"/> Blooming	Residents are empowered to be involved in every aspect of their care and lives through planning for themselves and the facility.
<input type="checkbox"/> Budding	Residents are involved in their health care plan and their preferences are honored and supported.
<input type="checkbox"/> Wilting	The care plan review process is not flexible to encourage participation.
<input type="checkbox"/> Dormant	Care plan process is poor; goals are not set with the residents or families.

## Indicator: Dignity

### Staff:

<input type="checkbox"/> Blooming	Staff interaction with everyone is positive and shown by courtesy.
<input type="checkbox"/> Budding	Staff is treated with dignity and respect.
<input type="checkbox"/> Wilting	Administration does not treat staff as part of the residents' extended family.
<input type="checkbox"/> Dormant	The atmosphere is unwelcoming and staff would not recommend others to work at the facility.

### Residents:

<input type="checkbox"/> Blooming	Respect for the dignity of the resident is widespread.
<input type="checkbox"/> Budding	Facility continues to strive to meet each resident's requests and preferences.
<input type="checkbox"/> Wilting	Individual preferences are not usually honored and residents feel they have to fit in to get their needs met.
<input type="checkbox"/> Dormant	Residents can recall instances of feeling embarrassed and express feelings of depression generated by lack of personalized care.

## Category: Connectedness to Community

### Indicator: Community Partnership

<input type="checkbox"/> Blooming	The public views the facility as a resource for more than residential care.
<input type="checkbox"/> Budding	The facility offers activities that involve a partnership with another community organization.
<input type="checkbox"/> Wilting	The facility has minimal community involvement.
<input type="checkbox"/> Dormant	The facility is not available to the community as a resource.

### Indicator: Facility Involvement in Community

<input type="checkbox"/> Blooming	Facility regularly promotes and assists staff, residents, and families to participate in community programs.
<input type="checkbox"/> Budding	Facility provides opportunities for staff, residents, and families to be involved in a community event at least once a year.
<input type="checkbox"/> Wilting	Any community involvement that exists is not initiated by the facility.
<input type="checkbox"/> Dormant	There is no community involvement outside the facility.

## Indicator: Community Recognition

<input type="checkbox"/> Blooming	There is positive community recognition and/or there is a waiting list for residents and staff.
<input type="checkbox"/> Budding	There is community awareness and community involvement with the facility.
<input type="checkbox"/> Wilting	There is a lack of community awareness of the facility.
<input type="checkbox"/> Dormant	There is negative community view of the facility and census is low.

## Indicator: Volunteerism

<input type="checkbox"/> Blooming	There is a full formal volunteer program, which includes the involvement of residents, community members, and staff.
<input type="checkbox"/> Budding	There is a strong volunteer program with regular volunteers.
<input type="checkbox"/> Wilting	There is an unstructured volunteer program with a few volunteers that are not coordinated.
<input type="checkbox"/> Dormant	There is no volunteer involvement.

## Category: Communication

### Indicator: Empowerment of Staff

<input type="checkbox"/> Blooming	Staff initiates the Quality Assurance/Process Improvement process and report that they feel that their opinion “makes a difference.”
<input type="checkbox"/> Budding	Facility has a consistent process to regularly solicit input from a wide variety of staff on QA/PI initiatives.
<input type="checkbox"/> Wilting	No system to seek input on a broad facility wide level to address issues.
<input type="checkbox"/> Dormant	No front line staff representation on any committees in the facility. Staff report “no one cares or listens to what we say.”

### Indicator: Care Planning

<input type="checkbox"/> Blooming	Frontline staff routinely participate in Care Planning process.
<input type="checkbox"/> Budding	Input is sought from frontline staff for care planning process- information is communicated back to staff and residents.
<input type="checkbox"/> Wilting	Care planned information is not communicated to or received from frontline staff.
<input type="checkbox"/> Dormant	Care Plans are prepared by an individual without input from staff.

## Indicator: Hiring Process

<input type="checkbox"/> Blooming	Frontline staff and residents participate in hiring process of new employees (interviewing, touring, etc).
<input type="checkbox"/> Budding	Information from frontline staff is sought regarding applicants known by employee.
<input type="checkbox"/> Wilting	Staff is hired/re-hired without input from frontline staff.
<input type="checkbox"/> Dormant	Employees are hired despite negative feedback from current employees/Do not rehire status on file and employees are still rehired.

## Indicator: Evaluation

<input type="checkbox"/> Blooming	Staff is recognized for exhibiting positive self-initiative.
<input type="checkbox"/> Budding	Staff receive annual evaluations with constructive feedback and recognition of job performance.
<input type="checkbox"/> Wilting	Disciplinary action is taken before discussing issues (both sides of the story, process vs. compliance, etc).
<input type="checkbox"/> Dormant	Employees are terminated without investigation into issues.

## Indicator: Group Meeting

<input type="checkbox"/> Blooming	Town Hall meetings are held to keep all members of the community informed of on-going activities in the home.
<input type="checkbox"/> Budding	Resident Council and staff meetings are held.
<input type="checkbox"/> Wilting	Groups are brought together to discuss negative topics without feedback.
<input type="checkbox"/> Dormant	Staff or Resident Council meetings are not held.

## Indicator: Families

<input type="checkbox"/> Blooming	Families are actively involved in the planning and participate in the life of the home.
<input type="checkbox"/> Budding	Families visit the home, know the staff, and feel comfortable discussing concerns.
<input type="checkbox"/> Wilting	Families are informed when incidents occur or the plan of care changes.
<input type="checkbox"/> Dormant	Families are not notified of incidents or changes in resident's status.

## Indicator: Visitors/Guests

<input type="checkbox"/> Blooming	Residents and staff interact with guests.
<input type="checkbox"/> Budding	Selected staff is introduced to visitors.
<input type="checkbox"/> Wilting	Visitors are toured through the home with introduction to department managers.
<input type="checkbox"/> Dormant	Visitors are toured through the home and employees are not acknowledged.

## Category: Governance

### Indicator: Management

<input type="checkbox"/> Blooming	Facility is managed by qualified, long-term staff with active involvement of the Board in oversight of facility operations.
<input type="checkbox"/> Budding	Management staff is stable with Board involvement.
<input type="checkbox"/> Wilting	There is periodic turnover of management staff and limited Board involvement in oversight activities.
<input type="checkbox"/> Dormant	There is frequent turnover of management staff.

## Indicator: Regulatory Compliance

<input type="checkbox"/> Blooming	Facility receives outside recognition for best practices.
<input type="checkbox"/> Budding	Demonstration of a successful plan of correction on all survey findings.
<input type="checkbox"/> Wilting	Failure to produce satisfactory corrective actions to survey findings (repeat findings).
<input type="checkbox"/> Dormant	Moratorium placed on facility.

## Indicator: Risk Management

<input type="checkbox"/> Blooming	Risk Management/Quality Assessment & Assurance programs are in place, consistently implemented, and annually reviewed & approved resulting in positive outcomes.
<input type="checkbox"/> Budding	Systems in place to address problems identified through survey, staff, or resident input.
<input type="checkbox"/> Wilting	Reported low levels of problem solving and complaint resolution.
<input type="checkbox"/> Dormant	Significant licensure citations regarding quality of care, resident rights, or resident council concerns.

## Indicator: Recruitment and Retention

<input type="checkbox"/> Blooming	High retention of experienced staff and minimal agency utilization.
<input type="checkbox"/> Budding	Adequate staff to meet the needs of residents.
<input type="checkbox"/> Wilting	Staff are perceived as a replaceable products; agency staffing is part of the staffing pattern.
<input type="checkbox"/> Dormant	High staff turnover, numerous open positions and high agency utilization.

## Indicator: Organizational Values

<input type="checkbox"/> Blooming	Formally stated organizational values are the recognized benchmarks against which decisions and policies are made. Staff can identify how they live the vision and values.
<input type="checkbox"/> Budding	Organizational values are known by staff, residents and the community.
<input type="checkbox"/> Wilting	Organizational values exist but are unknown to residents and staff.
<input type="checkbox"/> Dormant	No organizational values exist.

## Indicator: A Mechanism for Addressing Ethical Issues

<input type="checkbox"/> Blooming	A formal trained Ethics Committee, consisting of staff, residents, families and community members is in place.
<input type="checkbox"/> Budding	Department managers meet regularly to address ethical dilemmas as they occur.
<input type="checkbox"/> Wilting	Ethical issues are only addressed in emergency situations.
<input type="checkbox"/> Dormant	Ethical issues are not addressed.

# Matrix Outcome Designs for Winter Park Health Foundation Older Adult Programs

## Old Teachers Training Early Readers

### Philosophy

To promote intergenerational experiences that are mutually beneficial to children and adults. Our goal is to create intergenerational programs in Orange County, Florida that assists children to enter kindergarten ready to read by engaging older adults as an integral and valued part of a learning team.

Our program encompasses these values:

- ❖ Sharing Knowledge
- ❖ Recognizing Competencies
- ❖ Showing Respect
- ❖ Embracing Unconditional Acceptance
- ❖ Providing a Safe and Secure Environment

Intergenerational Program Effectiveness	Intergenerational Relationship Building	Skill Building for Volunteers	Skill Building for Children
<ul style="list-style-type: none"> <li>▪ Recruitment of Volunteers</li> <li>▪ Recognition of volunteers</li> <li>▪ Resource Development and Sustainability</li> <li>▪ Volunteer Training</li> <li>▪ Cultural Competency</li> <li>▪ Matching</li> <li>▪ Site Placement</li> <li>▪ Safety and Security</li> </ul>	<ul style="list-style-type: none"> <li>▪ Intergenerational Experience</li> <li>▪ Team Building</li> </ul>	<ul style="list-style-type: none"> <li>▪ Learning Team Participation</li> <li>▪ Reading Readiness Activities</li> <li>▪ Values Clarification</li> <li>▪ Personal Well Being</li> </ul>	<ul style="list-style-type: none"> <li>▪ Vocabulary</li> <li>▪ Reading Exposure by Number of Books Read</li> <li>▪ Comprehension: Retelling a Story</li> <li>▪ Desire to Read</li> <li>▪ Appreciation of Intergenerational Relationship</li> </ul>

## Category: Intergenerational Program Effectiveness

### Indicator: Recruitment of Volunteers

An equal balance exists between site needs and recruitment
Program effectively implementing a recruiting plan that has objectives, timeline.
Program does not actively or appropriately recruit volunteers

### Indicator: Recognition of Volunteers

Volunteers receive individual and personal recognition
Program has annual recognition event
No volunteer recognition

### Indicator: Resource Development and Sustainability

Adequate resources to support the program's operations and growth
A business plan that supports and implements program operations.
No business plan

## Indicator: Volunteer Training

Volunteers demonstrate their accomplishment of roles and expectations, have tools to problem solve, etc.
--

Volunteers have understanding of roles and have abilities to perform tasks.
---

Volunteers have no understanding of program roles/expectations, tools to perform tasks.
---

## Indicator: Cultural Competency

Program represents community being served and actively promotes and encourages unconditional acceptance of diverse cultures or heritage.
--

Program recognizes and promotes acceptance of diverse backgrounds, cultures and heritages.
--

Program does not represent community being served and does not recognize or support acceptance of diverse backgrounds, cultures or heritages.
---

## Indicator: Matching

Program participants report high levels of satisfaction with the person with whom they are matched and have a high level of attachment and a strong working relationship.
---

Program participants report adequate levels of satisfaction with the person with whom they are matched and are able to form an attachment.
--

Program participants report low levels of satisfaction with the person with whom they are matched.
--

## Indicator: Site Placement

Volunteer reports the placement matches their knowledge and skill level and that the location and setting allows him or her to work well with child.

Volunteer reports the placement sometimes is adequate, allowing for some consistency working with the child.

Volunteer reports low levels of satisfaction with the setting in which he or she is placed.

## Indicator: Safety and Security

Program participants report a high level of trust, safety, and security

Program participants report they feel safe and secure most of the time

Program participants report they do not feel safe or secure

## Category: Intergenerational Relationship Building

### Indicator: Intergenerational Experience

Program creates mutually beneficial experiences across generations

Program provides beneficial experiences for only one generation

Program does not provide positive, intergenerational experiences

## Indicator: Team Building

Program members operate interdependently as a learning team all of the time
---

Program members operate in their roles as learning team members most of the time
--

Program members operate independently
---------------------------------------

## Category: Skill Building for Volunteers

### Indicator: Learning Team Participation

Volunteer provides leadership in learning team.
---

Volunteer participates in the learning team.
--

Volunteer is not part of the learning team.
---

### Indicator: Reading Readiness Activities

Volunteer is able to effectively help child achieve reading readiness skills.
---

Volunteer is able to engage the child in reading readiness activities.
--

Volunteer is unable to work effectively with child's reading readiness.
---

## Indicator: Values Clarification

Volunteer respects and advocates for everyone's right to their own value system
Volunteer accepts the values and beliefs of others
Volunteer is unable to accept the values and beliefs of others

## Indicator: Personal Well-being

Volunteer participation has profound impact on personal satisfaction
Volunteer participation contributes to personal life satisfaction
Volunteer barriers exist that prevent personal involvement

## Category: Skill Building for Children

### Indicator: Vocabulary

Child's vocabulary exceeds average range of number of words
Child's vocabulary meets expected range of number of words
Child's vocabulary range is significantly below expected number of spoken words

## Indicator: Reading Exposure by Number of Books Read

Child exceeds average number of books read weekly
Child meets expected number of books read weekly
Child is significantly lower or below average number of books read weekly

## Indicator: Comprehension: Retelling a Story

Child has ability to retell a story with significant detail.
Child retells a story in part capturing the basic concepts.
Child has difficulty in recapturing a story that reflects the concepts.

## Indicator: Desire to Read

Child shows an interest in books and reading with enthusiasm.
Child shows interest in books or reading activities only when asked.
Child shows little or no interest in books or reading activities.

# Indicator: Appreciation of Intergenerational Relationship

Child shows excitement or attachment toward the volunteer
Child participates with encouragement in activities with the volunteer
Child shows no interest in doing activities with the volunteer

# Matrix Outcome Designs for Winter Park Health Foundation Older Adult Programs

## Wisdom Works: Meaningful Service and Employment

### *Philosophy*

To create and sustain employment and volunteer service opportunities for the mutual benefit of older adults and organizations throughout the community. Our goal is to develop effective, accessible programs for Orange County, resulting in gainful employment and/or meaningful service that improve productivity and return-on-investment for all.

### Our program encompasses these values:

- ❖ Promoting Individual and Community Renewal
- ❖ Recognizing the Value and Importance of Life Experience
- ❖ Promoting Self-Discovery & Fulfillment
- ❖ Embracing Collaboration
- ❖ Recognizing & Embracing Diversity

Program Effectiveness		Relationship Building	Enrichment of Applicant	Organizational Development
<ul style="list-style-type: none"> <li>▪ Recruitment of Employers for Coalition</li> <li>▪ Recruitment of New Volunteer Stations or New Volunteer Job Opportunities at Existing Stations</li> <li>▪ Development of Episodic Volunteer Opportunities</li> <li>▪ Recruitment of Employment Applicants</li> <li>▪ Recruitment of Volunteer Applicants</li> <li>▪ Diversity of Employment Applicants</li> <li>▪ Diversity of Volunteer Applicants</li> </ul>	<ul style="list-style-type: none"> <li>▪ Program's Overall Value to Employer Recruitment Efforts</li> <li>▪ Program's Overall Value to Volunteer Station's Recruitment Efforts</li> <li>▪ Matching the Needs of Employers</li> <li>▪ Matching Needs of Volunteer Stations</li> <li>▪ Matching Needs of Applicants for Employment Readiness</li> <li>▪ Matching Needs of Volunteer Applicants</li> </ul>	<ul style="list-style-type: none"> <li>▪ Communication of Wisdom-Works with Employers in Coalition</li> <li>▪ Communication by Wisdom-Works with Volunteer Stations</li> <li>▪ Coach's Communication with Employment Applicant</li> <li>▪ Coach's Motivation of Applicant to Build Confidence</li> </ul>	<ul style="list-style-type: none"> <li>▪ Employment Applicant's Use of Skill Building Resources</li> <li>▪ Program's Effect on Personal Well-Being of Employment Applicant</li> <li>▪ Program's Effect on Life Satisfaction /Personal Well-Being of Volunteer</li> </ul>	<ul style="list-style-type: none"> <li>▪ Volunteer's Role/Identity at Volunteer Station</li> <li>▪ Volunteer's Sense of Belonging at Volunteer Station</li> </ul>

## Category: Program Effectiveness

### Indicator: Recruitment of Employers for Coalition

#### **Measurement:**

*Quarterly Report. Stable status target goal of 20-25 employers to begin program. (Evaluation of this target to be reported following quarter 4, 2005). Target goal of 4-6 employers added to coalition quarterly thereafter. SENIORS FIRST Program administrator will designate status based on aggregate data collected from RSVP employment coordinator monthly.*

Plan is extremely responsive to community needs and program exceeds target goals for employer recruitment. (4<sup>th</sup> quarter - >25 employers. Succeeding quarters >6 employers added).

Plan is carried out and targeted goals for employer recruitment are met.(4<sup>th</sup> quarter - 20-25 employers to start. Succeeding quarters - 4-6 employers added).

Plan is not consistently implemented or effective and targeted goals for employer recruitment are underachieved. (4<sup>th</sup> quarter - <20 employers to start. Succeeding quarters - <4 employer added).

No recruitment of employers because no plan and no target goals.

## Indicator: Recruitment of New Volunteer Stations or New Volunteer Job Opportunities at Existing Stations

### **Measurement:**

Quarterly Report beginning 4<sup>th</sup> quarter. Stable status target goal of 3–5 new stations/opportunities per quarter. Program administrator will designate status level based on data collected from volunteer coordinator monthly.

Plan is extremely responsive to community needs and program exceeds target goals for organization recruitment. (>5 stations/opportunities added).

Plan is carried out and targeted goals for organization recruitment are met. (3–5 stations/opportunities added).

Plan is not consistently implemented or effective and targeted goals for organization recruitment are underachieved. (<3 stations/opportunities added).

No recruitment of organizations because no plan and no target goals.

## Indicator: Development of Episodic Volunteer Opportunities

### **Measurement:**

Quarterly Report. Stable status target goal of 6–8 episodic or time-limited volunteer opportunities [SWATT (Seniors With Available Time and Talents) opportunities] per quarter. Program administrator will designate status quarterly based on data collected from volunteer coordinator monthly.

Plan is extremely responsive to community needs and program exceeds target goals for episodic opportunity development. (> 8 episodic opportunities for qtr).

Plan is carried out and targeted goals for episodic opportunity development are met. (6-8 episodic opportunities for qtr.).

Plan is not consistently implemented or effective and targeted goals for episodic opportunity development are underachieved. (< 6 episodic opportunities for qtr.)

No development of episodic opportunities because no plan and no target goals.

## Indicator: Recruitment of Employment Applicants

### Measurement:

Quarterly Report beginning 4<sup>th</sup> quarter. Stable target goal 30–40 employment applicants coached per quarter. Program administrator will designate status quarterly based on data collected from employment coordinator monthly.

Plan is extremely responsive to community needs and program exceeds target goals for applicant recruitment. (> 40 applicants coached per quarter).

Plan is carried out and targeted goals for applicant recruitment are met. (30 – 40 applicants coached per quarter).

Plan is not consistently implemented or effective and targeted goals for applicant recruitment are underachieved. (< 30 applicants coached per quarter).

No recruitment of applicants because no plan and no target goals

## Indicator: Recruitment of Volunteer Applicants

### Measurement:

Quarterly Report beginning 4<sup>th</sup> quarter. Stable target goal is 50–60% increase in number of volunteer placements over same quarter previous year. Program administrator will designate status quarterly based on data collected from volunteer coordinator monthly.

Plan is extremely responsive to community needs and program exceeds target goals for volunteer recruitment. (>60% increase).

Plan is carried out and targeted goals for volunteer recruitment are met. (50–60% increase).

Plan is not consistently implemented or effective and targeted goals for volunteer recruitment are underachieved. (<50% increase).

No recruitment of additional volunteers because no plan and no target goals.

## Indicator: Diversity of Employment Applicants

### Measurement:

Quarterly Report. Stable status target goals for minority applicants within 5% range of the percentage of minority representation in Orange County demographics. Program administrator will designate status quarterly based on data collected from employment coordinator monthly.

Plan for diversity outreach extremely well implemented. Target goals for minority applicants great than representative of Orange County demographics. (>27%).

Plan for diversity outreach well implemented. Target goals for minority applicants within 5% range of the percentage of minority representation in Orange County demographics. (27% of Orange County seniors are minorities; Range for stable would be 22-27% of program participants are minorities).

Outreach plan to reach minority applicants not consistently and effectively implemented resulting in program participants significantly less than representative of Orange County demographics. (<22%).

No plan to reach minority applicants.

## Indicator: Diversity of Volunteer Applicants

### Measurement:

Quarterly Report. Stable status target goals for minority applicants within 5% range of the percentage of minority representation in Orange County demographics. Program administrator will designate status quarterly based on data collected from employment coordinator monthly

Plan for diversity outreach extremely well implemented. Target goals for minority volunteer applicants greater than representative of Orange County demographics. (>27%).

Plan for diversity being well implemented. Target goals for minority applicants nearly equal to or equal to the percentage of minority representation in Orange County demographics. (27% of Orange County seniors are minorities; Range for stable status would be 22–27% of program participants are minorities).

Outreach plan to reach minority applicants not consistently and effectively implemented resulting in program participants significantly less than representative of Orange County demographics. (<22%).

No plan to reach minority applicants.

## Indicator: Program's Overall Value to Employer Recruitment Efforts

Measurement: Baseline following Quarter 4 and every 6 months thereafter. Survey of contact persons from coalition employers. Responsible Party: Program Administrator

The organization finds the overall relationship to the Wisdom–Works program to be extremely valuable in recruitment of applicants.

The organization finds the overall relationship to the Wisdom–Works program to be somewhat valuable in recruitment of applicants.

The organization finds the overall relationship to the Wisdom–Works program to be of little value in recruitment of applicants.

The organization finds the overall relationship to the Wisdom–Works program to be of no value in recruitment of applicants.

## Indicator: Program's Overall Value to Volunteer Station's Recruitment Efforts

### Measurement:

Baseline after Quarter 4 and every six months thereafter. Survey of contact persons from volunteer stations. Responsible Party: Program Administrator.

The organization finds the overall relationship to the Wisdom-Works program to be extremely valuable in recruitment of volunteers.

The organization finds the overall relationship to the Wisdom-Works program to be somewhat valuable in recruitment of volunteers.

The organization finds the overall relationship to the Wisdom-Works program to be of little value in recruitment of volunteers.

The organization finds the overall relationship to the Wisdom-Works program to be of no value in recruitment of volunteers.

## Indicator: Matching the Needs of Employers

### Measurement:

Baseline following Quarter 4 and every 6 months thereafter. Survey of employers. Responsible Party: Program Administrator.

Very effective applicant screening for matching with organization's needs produces extremely high satisfaction with applicants sent for consideration.

Sufficient applicant screening for matching with organization's needs produces acceptable satisfaction with applicants sent for consideration.

Ineffective applicant screening for matching with organization's needs produces low satisfaction with applicants sent for consideration.

Very ineffective applicant screening for matching with organization's needs produces extremely low satisfaction with applicants sent for consideration.

## Indicator: Matching the Needs of Volunteer Stations

**Measurement:** Baseline after Quarter 4 and every 6 months thereafter. Survey of volunteer stations. Responsible Party: Program Administrator.

Very effective applicant screening for matching with organization's needs produces extremely high satisfaction with volunteers placed.

Sufficient applicant screening for matching with organization's needs produces acceptable satisfaction with volunteers placed.

Ineffective applicant screening for matching with organization's needs produces low satisfaction with volunteers placed.

Very ineffective applicant screening for matching with organization's needs produces extremely low satisfaction with volunteers placed.

## Indicator: Matching Needs of Applicants for Employment Readiness

**Measurement:** Quarterly Report. Data gathered through employment applicant survey completed at placement and/or culmination of coaching relationship. Responsible Party: Employment Coordinator. Program administrator reports quarterly on the average aggregate status level as calculated from surveys delivered by employment coordinator monthly.

The Wisdom-Works program prepared the applicant extremely well for every aspect of job hunting/employment readiness needed by the applicant, resulting in placement attributable to the program.

The Wisdom-Works program prepared the applicant well for most of job hunting and employment readiness needed by the applicant.

The Wisdom-Works program prepared the applicant for a few but not all aspects of job hunting and employment readiness needed by the applicant.

The Wisdom-Works program gave no job hunting or employment readiness.

## Indicator: Matching Needs of Volunteer Stations

### Measurement:

Baseline after Quarter 4 and every 6 months thereafter. Survey of volunteer stations. Responsible Party: Program Administrator.

Very effective applicant screening for matching with organization's needs produce extremely high satisfaction with volunteers placed.

Sufficient applicant screening for matching with organization's needs produces acceptable satisfaction with volunteers placed.

Ineffective applicant screening for matching with organization's needs produces low satisfaction with volunteers placed.

Very ineffective applicant screening for matching with organization's needs produces extremely low satisfaction with volunteers placed.

## Indicator: Matching Needs of Applicants for Employment Readiness

**Measurement:** Quarterly Report. Data gathered through employment applicant survey completed at placement and/or culmination of coaching relationship. Responsible Party: Employment Coordinator. Program administrator reports quarterly on the average aggregate status level as calculated from surveys delivered by employment coordinator monthly.

The Wisdom-Works program prepared the applicant extremely well for every aspect of job hunting/employment readiness needed by the applicant, resulting in attributable to the program.

The Wisdom-Works program prepared the applicant well for most of job hunting and employment readiness needed by the applicant.

The Wisdom-Works program prepared the applicant for a few but not all aspects of job hunting and employment readiness needed by the applicant.

The Wisdom-Works program gave no job hunting or employment readiness.

## Indicator: Matching Needs of Volunteer Applicants

### Measurement:

Quarterly Report. Data gathered through volunteer applicant survey completed 4–6 weeks following placement.

Responsible Party: Volunteer Coordinator. Program administrator reports quarterly the average aggregate status level as calculated from surveys delivered by volunteer coordinator monthly.

Volunteer is extremely satisfied with the effectiveness of the Wisdom–Works assessment and referral process and feels it resulted in highly satisfactory choices for placement.
---

Volunteer is satisfied with the effectiveness of the assessment and referral process and feels it resulted in a satisfactory placement.
---

Volunteer is dissatisfied with the ineffectiveness of the assessment and referral process and feels it resulted in less than satisfactory placement.
--

Volunteer is extremely dissatisfied with the assessment and referral process resulting in premature termination with program.
---

**Category: Relationship Building**

**Indicator: Communication of Wisdom–Works with Employers in Coalition**

**Measurement:**

Baseline report after Quarter 4 and every 6 months thereafter. Survey of employers. Responsible Party: Program Administrator.

Open communication and responsiveness by Wisdom–Works is extremely consistent.
Open communication and responsiveness by Wisdom–Works usually exists.
Open communication and responsiveness by Wisdom–Works occasionally exists.
Open communication and responsiveness by Wisdom–Works rarely exists.

**Indicator: Communication by Wisdom–Works with Volunteer Stations**

**Measurement:**

Baseline report after Quarter 4 and every 6 months thereafter. Survey of volunteer stations. Responsible Party: Program Administrator.

Open communication and responsiveness by Wisdom–Works is extremely consistent.
Open communication and responsiveness by Wisdom–Works usually exists.
Open communication and responsiveness by Wisdom–Works occasionally exists.
Open communication and responsiveness by Wisdom–Works rarely exists.

## Indicator: Coach's Communication with Employment Applicant

**Measurement:** Quarterly Report. Survey of employment applicants at culmination of coaching assignment. Responsible party: employment coordinator. Program administrator will designate status quarterly based on average aggregate data collected from employment coordinator monthly.

Open communication and responsiveness by Wisdom-Works is extremely consistent.
Open communication and responsiveness by Wisdom-Works usually exists.
Open communication and responsiveness by Wisdom-Works occasionally exists.
Open communication and responsiveness by Wisdom-Works rarely exists.

## Indicator: Coach's Communication with Employment Applicant

**Measurement:**

Quarterly Report. Survey of employment applicants at culmination of coaching assignment. Responsible party: employment coordinator. Program administrator will designate status quarterly based on average aggregate data collected from employment coordinator monthly.

Open communication and listening skills of the coach are rated as highly satisfactory.
Open communication and listening skills of the coach are rated as satisfactory.
Communication and listening skills of the coach need some improvement.
Communication and listening skills of the coach are rated as extremely poor.

## Indicator: Coach's Motivation of Applicant to Build Confidence

### Measurement:

Quarterly Report. Survey of employment applicants at culmination of coaching assignment. Responsible party: employment coordinator. Program administrator will designate status quarterly based on average aggregate data collected from employment coordinator monthly.

Coach's encouragement and motivation are extremely strong and highly effective to build confidence of applicant.
--

Coach's encouragement and motivation are satisfactory and effective to build confidence of applicant.
---

Coach's encouragement and motivation are minimal and only slightly effective to build confidence of applicant.
--

Lack of coach's encouragement and motivation yields no building of confidence for the applicant.
--

## Category: Enrichment of Applicant

## Indicator: Employment Applicant's Use of Skill Building Resources

### Measurement:

Quarterly Report. Survey of employment applicants at culmination of coaching assignment. Responsible party: employment coordinator. Program administrator will designate status quarterly based on average aggregate data collected from employment coordinator monthly.

Applicant is extremely satisfied with the skill building resources and believes the resources yielded a high level of confidence/tools to assist in job hunt.
---

Applicant is satisfied with the skill building resources and believes the resources yielded confidence/tools to assist in job hunt.
---

Applicant has low level of satisfaction with the skill building resources and believes the resources yielded little confidence/few tools to assist in job hunt..
--

Applicant indicates he/she received no skill building resources, and thus no confidence/tools to assist in job-hunt.
--

## Indicator: Program’s Effect on Personal Well–Being of Employment Applicant

### Measurement:

Quarterly Report. Survey of employment applicants at culmination of coaching assignment. Responsible party: employment coordinator. Program administrator will designate status quarterly based on average aggregate data collected from employment coordinator monthly.

Involvement in program has an extremely significant impact on participant’s level of life satisfaction and overall sense of personal well–being.
--

Involvement in program has increased participant’s level of life satisfaction and overall sense of personal well–being.
---

Involvement in program has produced no change in participant’s level of life satisfaction and overall sense of personal well–being.
---

Involvement in program has decreased participant’s level of life satisfaction and overall sense of personal well–being.
---

## Indicator: Program's Effect on Life Satisfaction /Personal Well-Being of Volunteer

### Measurement:

Quarterly Report. Data gathered through volunteer applicant survey completed 4–6 weeks following placement.

Responsible Party: Volunteer coordinator. Program administrator reports quarterly the average aggregate status level as calculated from surveys delivered by volunteer coordinator monthly.

Involvement in program and the resulting volunteer placement has had an extremely significant impact on participant's level of life satisfaction and overall sense of personal well-being.
--

Involvement in program and the resulting volunteer placement has increased participant's level of life satisfaction and overall sense of personal well-being.
---

Involvement in program and the resulting volunteer placement has produced no change in participant's level of life satisfaction and overall sense of personal well-being.
---

Involvement in program and the resulting volunteer placement has decreased participant's level of life satisfaction and overall sense of personal well-being.
---

**Category: Organizational Development**

**Indicator: Volunteer’s Role/Identity at Volunteer Station**

**Measurement:**

Quarterly Report. Data gathered through volunteer applicant survey completed 4–6 weeks following placement. Responsible party: Volunteer Coordinator. Program administrator reports quarterly the average aggregate status level as calculated from surveys delivered by volunteer coordinator monthly.

Volunteer’s talents and skills are being fully utilized, new skills are being developed, and participant feels highly valued by the organization.
Volunteer’s talents and skills are being utilized, and applicant feels valued by the organization.
Volunteer’s talents and skills are being under-utilized resulting in the applicant feeling somewhat under valued.
Volunteer’s talent and skills are being extremely under-utilized resulting in applicant feeling of no value to the organization.

## Indicator: Volunteer's Sense of Belonging at Volunteer Station

### Measurement:

Quarterly Report. Data gathered through volunteer applicant survey completed 4–6 weeks following placement.

Responsible party: Volunteer Coordinator. Program administrator reports quarterly the average aggregate status level as calculated from surveys delivered by volunteer coordinator monthly.

Organization does an outstanding job nurturing volunteers, and volunteer develops extremely strong sense of belonging.
--

Organization does a satisfactory job nurturing volunteers, and volunteer develops a sense of belonging.
---

Organization does a less than satisfactory job nurturing volunteers, and volunteer develops little to no sense of belonging.
--

Organization does not nurture volunteers resulting in volunteer resignation.
--

# Matrix Outcome Designs for Winter Park Health Foundation Older Adult Programs

## Winter Park Public Library Lifelong Learning Institute

Administration/ Operational Effectiveness	Learning Community	Program Offerings
<ul style="list-style-type: none"> <li>▪ Facilitator Characteristics</li> <li>▪ Membership Development</li> <li>▪ Outreach</li> <li>▪ Participant-Focused Facilitation</li> <li>▪ Resources to Support Institute</li> <li>▪ Staff Effectiveness</li> </ul>	<ul style="list-style-type: none"> <li>▪ Community Building (belonging)</li> <li>▪ Community Relationships (volunteer)</li> <li>▪ Environment</li> <li>▪ Intentional Inclusivity</li> <li>▪ Program Outreach</li> </ul>	<ul style="list-style-type: none"> <li>▪ Depth &amp; Breadth of Content</li> <li>▪ Flexible Access</li> <li>▪ Impact of Learning</li> <li>▪ Participant-Driven Content</li> <li>▪ Promotion/Publicity (marketing Plan)</li> </ul>

## CATEGORIES, INDICATORS, & STATUS LEVELS

### Category: Administration / Operational Effectiveness

#### Indicator: Facilitator Characteristics

*(Qualifications and Skills)*

Source of information: *Participant class evaluation in class and attendance records*

Indicator: Membership Development.

<b>Thriving:</b> Relevant content captivates and inspires participants to want to learn more; Institute values reflected in content; facilitator respected as credible subject expert
<b>Healthy:</b> Content is relevant and connected to Institute values; facilitator style is engaging; facilitator seen as highly credible
<b>Surviving:</b> Content is relevant and connected to learning objectives; facilitator style is adequate; facilitator seen as credible
<b>Dormant:</b> Content is dated, inappropriate and/or not connected to learning objectives; facilitator style inappropriate for topic; facilitator not seen as credible

## Indicator: Membership Development

*(Recruitment and retention of members)*

**Source of information:** Membership recruitment and retention plan

<b>Thriving:</b> Well-designed membership recruitment and retention plan being used; increasing membership; consistent renewals
<b>Healthy:</b> Applied membership recruitment and retention plan resulting in increased new memberships and renewals
<b>Surviving:</b> Membership recruitment and retention plan in place; new memberships, few renewals
<b>Dormant:</b> No membership recruitment and retention plan; few new memberships, no renewals

## Indicator: Outreach

*(Collaborative partnerships)*

**Source of information:** *Outreach plan implementation and accomplishments*

<b>Thriving:</b> effective outreach plan engages community partners that expand program participation and membership base
<b>Healthy:</b> applied outreach plan attracts diverse collaborative partners
<b>Surviving:</b> outreach plan exists; Institute maintains existing collaborative partners
<b>Dormant:</b> no outreach plan; no increase in collaborative partnerships; new collaboration offers rejected

## Indicator: Participant–Focused Facilitation

(Facilitator able to interact, foster discussion, encourage sharing and meets participants’ needs)

**Source of information:** *Post–course evaluation comments; post–course phone calls; in–course observer comments*

<b>Thriving:</b> waiting list for the facilitator’s courses; requests for specific facilitator(s)
<b>Healthy:</b> regular registration and attendance in facilitator(s) courses with repeat and new participants; participant’s seek information on Institute
<b>Surviving:</b> inconsistent registration and attendance at facilitator(s) courses; no participants aware of Institute
<b>Dormant:</b> participants don’t register for facilitator’s courses; don’t return after first session; complain about facilitator; disconnect from Institute

## Indicator: Resource to Support Institute

(*Funding, Council, Board, and others’ involvement*)

**Source of information:** *Budget process; Council Committee agenda; minutes, and accomplishments; paid memberships*

<b>Thriving:</b> robust funding allows for research, development and replication; Board and Council are visionary advocates; membership dues generate significant dollars
<b>Healthy:</b> funding in place to maintain and grow Institute; strong Board and Council support and participation; paid membership continually increase
<b>Surviving:</b> funding sufficient to maintain Institute status quo; minimal Board and Council support; some paid memberships
<b>Dormant:</b> funding insufficient; no Board and Council support; no paid Memberships

## Indicator: Staff Effectiveness

*(Institute management and coordination; impact on Institute)*

**Source of information:** WPPL employee evaluation; participant course assessment; customer service survey

<b>Thriving:</b> outstanding staff evaluations; exemplary customer service and Institute administration; planned staff growth to accommodate research, development and replication
<b>Healthy:</b> excellent customer service and Institute administration; excellent staff evaluations; sufficient staff to grow the Institute
<b>Surviving:</b> satisfactory customer service and Institute administration; good staff evaluations; adequate staff to meet the Institute's needs
<b>Dormant:</b> poor customer service and Institute administration; poor staff evaluations; high staff turnover; insufficient staff to meet the Institute needs

**Category: Learning Community**

**Indicator: Community building (belonging)**

*(Participant and facilitator engagement)*

**Source of information:** Number of program participants and level of involvement; number of volunteer facilitators; community requests for educational services

<b>Thriving:</b> consistently connected <i>Sage-ing</i> and <i>My Timer</i> participants; contingent of volunteer facilitators; ample community requests for educational service
<b>Healthy:</b> actively engaged <i>Sage-ing</i> and <i>My Timer</i> participants; regular volunteer facilitators; increasing community requests for educational services
<b>Surviving:</b> some <i>Sage-ing</i> and <i>My Timer</i> participants; some facilitators willing to volunteer; limited community requests for educational services
<b>Dormant:</b> no <i>Sage-ing</i> and <i>My Timer</i> participants; no volunteer facilitators; no community requests for educational services

**Indicator: Community Relationships (volunteer)**

*(Recruitment and retention of volunteers)*

**Source of information:** Volunteer recruitment and retention plan; Institute Council attendance and participation

<b>Thriving:</b> successful recruitment and retention plan at work; Council members and participants seek us out for volunteer opportunities
<b>Healthy:</b> recruitment and retention plan increasing volunteer base for programs; Council members and participant volunteers actively engaged in Institute community;
<b>Surviving:</b> sufficient recruitment and retention plan in place; Council members and participants occasionally volunteer; some facilitators volunteer
<b>Dormant:</b> no volunteer recruitment and retention plan; insufficient Council volunteer resources; participant volunteers nonexistent

## Indicator: Environment

*(Physical and social setting)*

**Source of information:** Registrations; participant assessments and feedback; available room space and scheduling; locations.

<b>Thriving:</b> effective operational and environmental plan affords flexible, accessible space across service area for current and future needs
---

<b>Healthy:</b> operational and environmental plan in effect allowing for growth and expansion throughout service area; participants space needs are met
--

<b>Surviving:</b> operational and environmental plan in place; space sufficient for current needs; no expansion beyond primary location; participant basic space needs met
--

<b>Dormant:</b> no operational or environmental plan in place; inadequate space and/or inappropriate setting for programs
---

## Indicator: Intentional Inclusivity

*(Diversity and accessibility)*

**Source of information:** Membership rolls; participant feedback; focus groups

<b>Thriving:</b> inclusivity plan addresses all dimensions of diversity; community reflected in participants, facilitators, and facilities; accessibility needs planned for in all aspects
--

<b>Healthy:</b> inclusivity plan put into action; seeking opportunities to be inclusive in programs, participants, and facilitators; accessibility needs are met
--

<b>Surviving:</b> inclusivity plan exists; some effort made to engage diverse populations in programming; some effort made to address accessibility needs
---

<b>Dormant:</b> no plan and no effort towards being inclusive; no consideration for accessibility needs
---

## Indicator: Program Outreach

*(Getting programs to constituents)*

**Source of information:** Outreach plan, collaborative partners; focus groups

<b>Thriving:</b> proactive outreach plan implemented
<b>Healthy:</b> expanded beyond current sites; increased cadre of facilitators
<b>Surviving:</b> outreach plan in place; no expansion; no new facilitators
<b>Dormant:</b> no outreach plan

## Category: Program Offerings

### Indicator: Depth & Breadth of Content

*(Wide variety of substantive and progressive courses)*

**Source of information:** Program offerings; member feedback; committee minutes; focus group results; surveys; course evaluations.

<b>Thriving:</b> providing wide variety of substantive and progressive course offerings to address participants' interests
<b>Healthy:</b> substantive and progressive course offerings addressing most participants' interests
<b>Surviving:</b> variety of programs offered; no depth in programming; not satisfying participants' interests
<b>Dormant:</b> programs implemented randomly without participants' input or consideration of their needs

## Indicators: Flexible Access

*(Timing, location, format, affordability)*

**Source of information:** *Course evaluations; focus groups; surveys*

<b>Thriving:</b> regular requests for off site classes; increased registrations in line with course offerings
<b>Healthy:</b> classes routinely offered at varied locations; people consistently register and attend classes
<b>Surviving:</b> few classes offered outside of library; low registrations; some classes cancelled
<b>Dormant:</b> no classes offered outside of library; insufficient registrations; majority of classes cancelled

## Indicator: Impact of Learning

*(Self-discovery; Changes to knowledge; skills and behaviors)*

**Source of information:** Pre- and post-evaluations; telephone follow-up surveys; focus group with past participants

<b>Thriving:</b> sustainable and measurable change in knowledge skills and behaviors evidenced by impact on community
<b>Healthy:</b> sustainable and measurable knowledge skills and behavior change indicated in evaluations and follow-up
<b>Surviving:</b> some measurable change in knowledge skills and behaviors evident in initial evaluation
<b>Dormant:</b> no measurable changes in knowledge skills and behaviors

## Indicator: Participant–Driven Content

*(Solicitation of participant input in program planning)*

**Source of information:** Minutes of curriculum planning meetings; committee volunteer hours; committee attendance; focus groups; course evaluations; surveys; informal comments

<b>Thriving:</b> institute members and program participants feel ownership of the Institute; actively champion and support Institute activities
<b>Healthy:</b> regularly seek Institute members and program participant input and implement their suggestions
<b>Surviving:</b> minimal input in program planning from institute members and program participants
<b>Dormant:</b> no input from institute members and program participants

## Indicator: Promotion/Publicity (marketing plan)

*(Development and implementation of a plan)*

**Source of information:** Marketing results: number of newspaper articles and radio/television PSAs; change in registrations and memberships

<b>Thriving:</b> successful promotion and publicity plan executed; the community knows what the Institute is and what it does; registrations and memberships continually increase
<b>Healthy:</b> effective promotion and publicity plan at work results in continual flow of registrations and memberships
<b>Surviving:</b> promotion and publicity plan in place; low-level, inconsistent marketing efforts made; registrations and memberships come in slowly
<b>Dormant:</b> no promotion and publicity plan; no marketing being done

## *Bibliography*

Adler, R., Goggin J. & Peterson, N. (2005). Blueprint for the next chapter: May 2005. *Civic Ventures*. California: San Francisco.

Advantage Initiative (Fall 2003). Report to the community. Florida: Orange County.

Testimony to The Commission on Affordable Housing and Health Facility Needs for Seniors in the 21<sup>st</sup> century. *Millenium Housing Commission*.

Civic Ventures (2004). Life planning for the 3<sup>rd</sup> age. *Civic Ventures*. California: San Francisco.

Endres, J. et. Al. Designing Interprofessional Education Programs. <http://hhspp.csumb.edu/community>

Etzioni, A. End game: What the elderly have earned.

Amiti Etzioni is University Professor at Georgia Washington University, a founder of the communication movement, and the author of *The Spirit of Community* and *The New Golden Rule*, two communitarian texts.”

Freedman, M. (2005, February 6). The selling of retirement, and how we bought it. *The Washington Post*.

Goodman, A. (2004). Storytelling as best practice: second Edition.

“Based in Los Angeles, published a monthly newsletter, which profiles success stories and resources in the field of public interest communications. He is author of the book, *Why Bad Ads Happen to Good Causes*, and regularly conducts communications workshops for clients and conferences. For more information visit [www.agoodmanonline.com](http://www.agoodmanonline.com).”

Healthy Community Initiative of Greater Orlando (2002). *Legacy 2002: Greater Orlando Indicators Report*. Edyth Bush Charitable Foundation. Florida: Orlando.

Magee, M. (January 2004). Boomers Corps: Activating seniors for National service. *Progressive Policy Institute*, 2–13.

Pfizer Facts (1999). The health status of older adults. *Outcomes Research*, pp. 3–25.

Stadler, K. M. & Teaster, P. B. (January 2002). As you age... Basics about an aging population. *Virginia Corporate Extension*, 348–190.

Townson, M. (March 2004). The social contract for seniors in Canada: Preparing for the 21<sup>st</sup> centum. *National Advisory Counsel on Aging*, pp. 7–35.

White House Conference on Aging, The (2005). WHCOA resolution vote tally, pp. 1–3. Website: <http://www.whcoa.org> .