

**PA AAA NETWORK PROFILE | December 10, 2020**

**OPENING**

This Pennsylvania's AAA network profile is the culmination of primary research conducted with key informants and stakeholders within and peripheral to the network, including over 90% of constituent AAAs. The purpose of this profile is three-fold:

1. To collect information and perspectives on the experiences and activities of constituent AAAs, including views on the network's future
2. To encourage processes to continuously capture AAA perspectives and desires relating to the network's strategic priorities
3. To synthesize ideas from AAAs for how the network can narrow the gap between its current and desired future state

This profile contains three sections based on survey data, experiences, and perspectives of AAAs and key informants. The first section presents the network's current state, consisting of its characteristics and greatest strengths and challenges. The second section articulates how a thriving AAA network is envisioned by AAAs and external stakeholders in Pennsylvania. The third section presents ways in which the network can narrow the gap between its current and future state.

<b>CURRENT STATE</b>	<b>STRATEGIC FOCUS AREAS FOR THE NETWORK</b>	<b>FUTURE STATE</b>
<p><i>How AAAs describe their network today</i></p> <p><i>Greatest Strengths</i></p> <ul style="list-style-type: none"> <li>• Shared purpose &amp; community ties</li> <li>• Devoted, expert staff</li> <li>• Intra-network collaboration</li> </ul> <p><i>Greatest Challenges</i></p> <ul style="list-style-type: none"> <li>• Network size &amp; variation</li> <li>• Limited capacities for growth</li> <li>• Staff recruitment, retention, and culture</li> </ul>	<p><i>How AAAs want to advance their network</i></p> <ul style="list-style-type: none"> <li>• Strengthen Older Adult Advocacy</li> <li>• Strengthen AAA Advocacy</li> <li>• Enhance Relationships &amp; Partnerships</li> <li>• Improve Quality &amp; Consistency</li> <li>• Expand AAA &amp; Network Capacities</li> </ul>	<p><i>How AAAs define a thriving future network</i></p> <ul style="list-style-type: none"> <li>• Coordinated &amp; Integrated</li> <li>• Performance-Based</li> <li>• Growth-Oriented</li> <li>• Responsive &amp; Innovative</li> <li>• Proactive to Change</li> </ul>

## Research Process

Between June and October 2020, Collaborative Consulting gathered data on Pennsylvania's AAA network's characteristics, activities, external environment, and dynamics to inform how the AAA network can best meet older Pennsylvanians' current and future needs. This research included ten external key interviews with leaders from non-profit service and advocacy organizations as well as state government agencies, and fifteen internal interviews with leaders from Pennsylvania's AAAs representing a range of organizing structures, sizes, and geographic locations. An external assessment of the societal, policy, and market drivers influencing current and future AAA threats and opportunities was also conducted. A final research component involved analyzing findings from a survey distributed to all AAAs in the state, completed by 48 out of the 52 AAAs (92% response rate).

For more detailed findings and data summaries from the network profile research, see the appendices of this report: External Interview Synthesis (Appendix A), Network Internal Interview Synthesis (Appendix B), Network Survey Report (Appendix C), and External Assessment (Appendix D).

### GOVERNMENT vs. NONPROFIT AAAs

Some areas of the profile compare AAA responses across government- and nonprofit-based AAAs. For the statistical data behind these and other comparisons within the network, see Appendix C.

## 1. CURRENT STATE OF THE NETWORK

The current state of the network can be summarized into six overarching strength and challenge areas:

<b>Shared Purpose &amp; Community Ties</b>	<ul style="list-style-type: none"> <li>• Aligned service objectives via state and federal funding</li> <li>• Embedded in communities, serving older adult best interests</li> </ul>
<b>Devoted, Expert Staff</b>	<ul style="list-style-type: none"> <li>• Engaged and mission-driven staff</li> <li>• Known as aging experts connected to local resources</li> </ul>
<b>Intra-network Collaboration</b>	<ul style="list-style-type: none"> <li>• Peer learning, support, and partnerships</li> <li>• Strong communications within network</li> </ul>
<b>Network Size &amp; Variation</b>	<ul style="list-style-type: none"> <li>• 52 AAAs focusing on their own priorities and agendas</li> <li>• High variation of AAA structures, sizes, and capabilities</li> </ul>
<b>Limited Capacities for Growth &amp; Competition</b>	<ul style="list-style-type: none"> <li>• Staffing capacity limitations due to funding</li> <li>• Limited strategic relationships and partnerships</li> </ul>
<b>Staff Recruitment, Retention &amp; Culture</b>	<ul style="list-style-type: none"> <li>• Attracting and retaining qualified staff</li> <li>• Resistance or delayed responses to opportunities and threats</li> </ul>

**Strengths of the Network**

The network has many core strengths that benefit AAAs and the people and communities they serve. AAAs are well-connected to each other and to their communities, they are strong advocates for older adults, knowledgeable about lived experiences, and are passionate about service. The network is a formal and informal platform that can enhance and deploy strengths and capacity-building assets across all AAAs.

*Shared Purpose and Deep Ties to Communities*

The area of greatest common ground among AAAs is their universal commitment to the mission of improving the lives of older adults in communities across the Commonwealth. This common mission is driven by serving in the best interests of older adults, a factor unique to the network and setting it apart from other groups in Pennsylvania. The core of every AAA involves the state and federal funding mandates which programmatically and philosophically align agencies at the mission and operational level. All AAAs maintain deep connections to and knowledge of the communities they serve, allowing for localized and tailored service and advocacy responses to older resident needs. This combination of programmatic alignment and localized services is a unique virtue of the network.

**OPPORTUNITY TO LEVERAGE NETWORK STRENGTHS**

Livable community initiatives offer AAAs frameworks and resources to support or lead efforts to improve age- and dementia-friendly conditions within communities. Many AAAs are participating or interested in participating in these initiatives, indicating opportunities for regional and state-wide efforts in Pennsylvania.

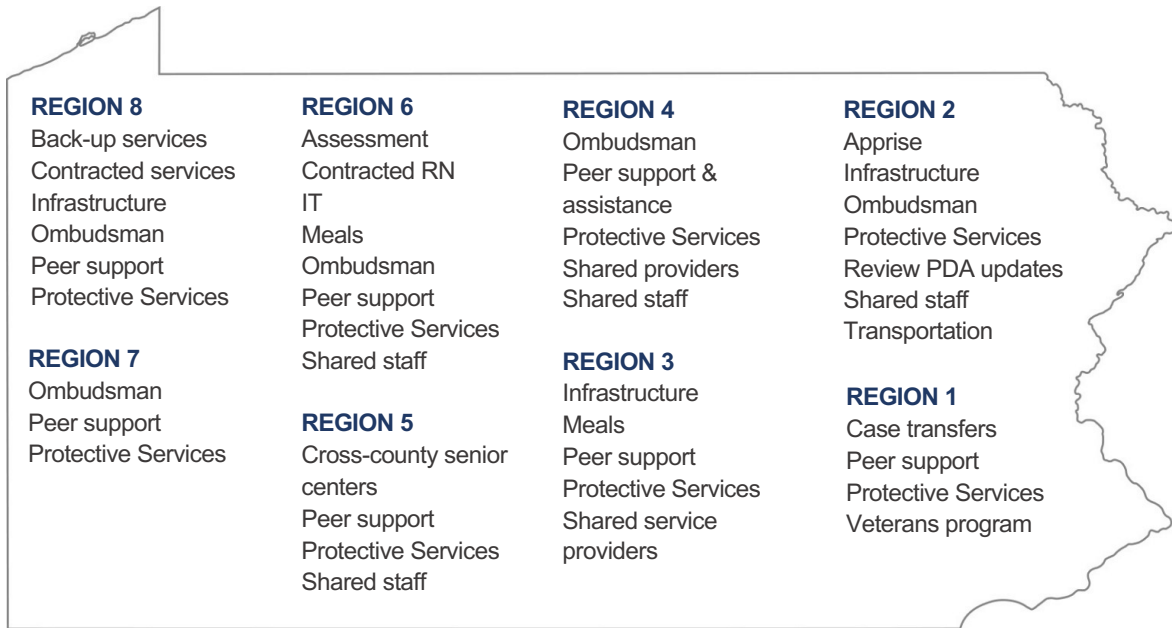
*Devoted, Expert Staff*

AAAs pride themselves and are recognized by others as having staff that are uniquely committed to serving older adults, resulting in a reputation for high customer service, a willingness to work together to improve client outcomes, and as strong advocates for the health and wellbeing of older adults. The word cloud generated by AAAs, describes the network as one driven by people who care deeply about the mission and impact of their work:



**Robust Intra-network Collaboration**

The network serves as a forum for AAA peer-to-peer support and resources, formal and informal AAA collaborations, and exploring and responding to disasters, regulations, opportunities, and threats impacting AAAs. Communications within and across the network are strong, which support the network function as a platform for AAAs to share best practices, policies and procedures, ideas, resources, and expertise. AAAs are formally and informally collaborating with each other in many different ways, particularly within regions:



**OPPORTUNITY TO LEVERAGE NETWORK STRENGTHS**

This diversity of activity among clusters of AAAs indicates the potential for enhancing strategic and operational ties at the regional level to solve evolving AAA challenges and meet emerging and future opportunities.

**Creating Value to AAAs and Communities**

The network’s core strengths add value to the work of AAAs, and in return, value to the clients and communities being served by AAAs:

NETWORK STRENGTHS	VALUE TO AAAs	VALUE TO COMMUNITIES
Aligned service objectives and unity on critical issues	Natural areas of strategic service and advocacy alignment	Array of services available in every community; state-level advocacy
Embedded in communities	Knowledgeable of community needs and assets	Services tailored to communities; health care-community connectors



Engaged, mission-driven staff	Supportive and collaborative environment, strong work ethics	Client-centered and customer service oriented
Aging experts connected to resources	AAAs perceived as go-to resources on aging	Older adults have local, unbiased expert resources and advocates
Peer learning, support and partnerships	Quality improvement, best practices, efficiencies	Higher quality services, higher volume of services
Network communications	Well informed on political, policy, and regulatory issues	Operating responsibly according to rules and regulations

### Challenges of the Network

The network garners a reputation for being mission-driven and passionate about older adult health, for being connected to communities and resources, and for maintaining strong internal communications. It is also seen by many inside and outside of the network as strategically and programmatically fragmented and siloed. The network is challenged due to its size and variation, recent turnover of several AAA leaders, inability to offer competitive wages, cultural and philosophical differences involving earned revenues and program evaluations and meeting the need and demand for services with limited financial and staffing capacities.

*“Are we showing how important we are to the older adults? Either you work towards a yes or you work towards a no. And I do not think everybody works towards a yes, which makes us vulnerable...”*

Government-based AAA

### Network Size & Variation

One of the network's most significant strategic challenges is its number of constituent AAAs, the diversity of those AAAs by size, structure and culture, and each AAA's prioritization for locally governed partnerships and activities. This diversity contributes to the network's challenges in generating strategic alignment, as AAAs generally act independently of one another aside from some formal and informal partnerships among neighboring AAAs. This lack of strategic coordination is driven in part by different governing structures of AAAs, including many government-based AAAs that operate under broader institutional policies and strategic priorities and with less decision-making independence.

### OPPORTUNITY TO LEVERAGE NETWORK VARIATION

Variation across the network presents opportunities for AAAs to identify and close gaps where some evidence-based programs are not yet available, as well as align measurement indicators, systems, and resources that could be cost-effective steps to benchmark AAA performance and measure network-wide performance.

### Limited Capacities for Growth

AAAs do not have the financial resources they need to maintain or grow a competitive and highly qualified workforce, nor the resources to improve and build programs and services to meet the growing and evolving

needs and demands of older adults in their communities. Most AAAs are forced to focus on core requirements and everyday tasks, and have less capacity to participate in network-oriented strategies, pursue new programs, evaluate existing programs, or develop relationships and partnerships that could benefit their agencies' revenues and performance. External forces fuel resource strains on AAAs, particularly the lack of public funding increases needed to meet the growing demand for AAA services, rising competition among health care organizations and other social services providers for qualified staff, and increasing overhead costs attributed to the need for improved IT systems and infrastructure. The COVID-19 pandemic has fueled considerable resource strains on AAAs as service demands have shifted and increased.

Pennsylvania's health care market has become one of the most innovative and integrated in the country, with many health care and public health organizations focusing on the social determinants of health of older Pennsylvanians. Yet only half of the network has established at least one formal partnership with a health care organization, a third have at least one informal relationship with a health care organization, and only one in five participate in health information exchanges (HIEs). Increasing competition from health care organizations and third-party providers are shrinking opportunities for AAAs to become viable partners in health care payment and delivery systems. Increasing competition has led to the loss of business for AAAs and poses potential long-term threats if the network determines it is not ready or interested in health care integration.

*"I am seeing that the healthcare systems are moving more and more into the work we do, into the services that we provide."*

Nonprofit AAA

#### OPPORTUNITY TO LEVERAGE NETWORK VARIATION

Variety among AAA capacities and capabilities offers an opportunity to learn from each other how to diversify and increase revenues. AAAs source their revenues in a variety of ways and from a variety of payers and funders, and some are much more diversified than others. Nearly half of the network has five or fewer different revenue sources, while one in five have 15 or more.

#### *Staff Recruitment, Retention & Culture*

Building and maintaining a qualified and competitive workforce is one of the network's most significant challenges. A recent departure of several long-time AAA leaders, a lack of succession planning within those AAAs, as well as limited funding that AAAs have to competitively compensate their staff (many of whom are becoming more in demand as the health care industry focused more on the social determinants of health) are contributing to immediate workforce challenges in the network. While AAAs are overwhelmingly known to be client-centered and mission-driven, they are not known to be business-minded, change-oriented, or technologically advanced.

The network has a tendency to be more reactive than proactive to opportunities and threats in the marketplace, as well as public programs and policies. While some AAAs are leaders in adopting new programs and

*"Our workplace culture is still in the 1985/1990 time frame. There is resistance to be innovative and progressive in technology, procedures, and in meeting the agency's mission."*

Nonprofit AAA

practices, many others are challenged in this area. Instances of workforce resistance to programmatic and philosophical changes in the ways AAAs are playing greater roles in health care are limiting some AAAs from realizing their own growth opportunities. They react when problems or opportunities are presented, but do not proactively seek out or create opportunities for growth. This pull to the status quo limits the network in pursuing growth and advancement strategies.

*“When you do something for a long time, you get stuck in the mud, and you refuse to move to the left or the right or to move forward, thinking this is the way we’ve always done it, why do we have to change it.”*

Government-based AAA

**WORKFORCE CHALLENGES: GOVERNMENT vs. NONPROFIT AAAs**

Building workforce capacity for the future without funding increases is by far the most significant workforce challenge for AAAs, with non-profit AAAs reporting greater severity of this challenge than their government-based peers. Non-profits face significant overall challenges in maintaining competitive wages, while government-based AAAs report greater challenges involving staff workloads and keeping staff trained.

*Challenge-driven Risks to AAAs and Communities*

The challenges the network is facing pose risks to AAAs and the communities AAAs serve, including:

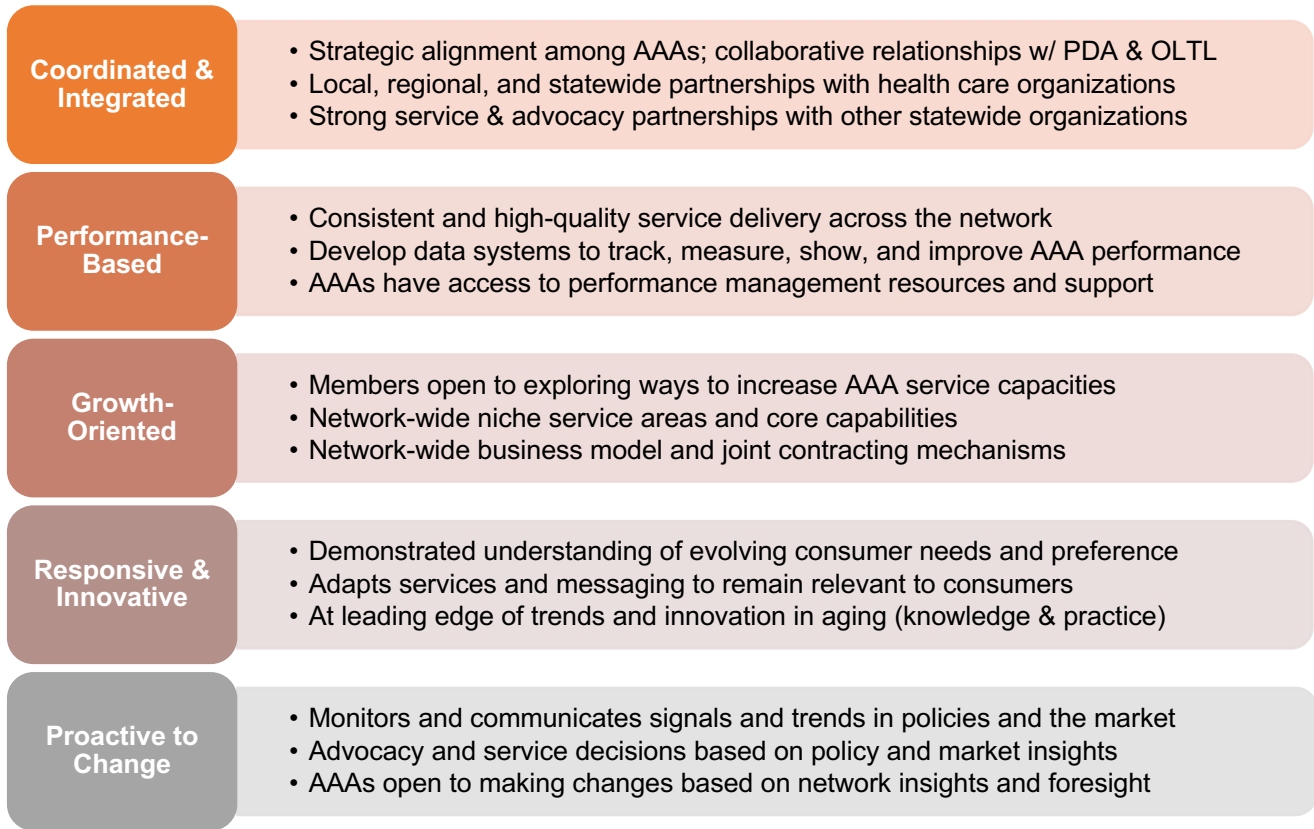
NETWORK CHALLENGES	RISK TO AAAs	RISK TO COMMUNITIES
52 AAAs focusing on their own priorities and agendas	Loss of collective growth and improvement opportunities	Status quo or shrinkage of services, quality
High variation of AAA structures, sizes, and capabilities	Identified by lowest performer, loss of growth opportunities	Obsolete practices, low demand, service quality & availability gaps
Staffing capacity limitations due to funding	Unable to meet growing demand for services and quality	Low quality services, limited service availability
Limited strategic relationships and partnerships	Siloed, missed funding opportunities, underperformance	Fragmented systems, lack of care coordination or referrals
Recruitment, retention & culture	Underqualified staff, hiring/training costs, outdated, obsolescence	Lower quality services, undesirable services
Resistance or delayed responses to opportunities and threats	Absent from new programs, policies, or systems; siloed	Low quality services, fragmented systems, non-local providers

## 2. FUTURE STATE OF THE NETWORK

AAAs have a strong sense of what they see as a thriving AAA network: one that is continuously planning for the future while improving what and how it delivers upon its constituent missions, anticipates and meets new opportunities for growth and advancement, and supports all of its members to achieve greater administrative and service-oriented performance. External stakeholders share many AAA sentiments when envisioning a thriving future network. These foundational visions for the network can energize a more inclusive and cohesive strategic thinking and planning processes. There is a collective interest in seeing AAAs the AAA network evolve and advance. Elements of a thriving, future-oriented AAA Network:

*"[We] really do need to evolve and grow to stay relevant. And I think that is what we are going to have to do to keep our seniors engaged with us."*

Government-based AAA



### Coordinated and Integrated

A thriving network has greater connection and cohesion among AAAs, as well as between the network, state agencies, health care organizations, and local, regional and statewide groups and organizations:

- All AAAs are actively engaged in network dialogues and decisions, particularly those traditionally less heard or involved
- AAAs are concerned about the financial health and operational performance of their AAA peers

- The network has a unified voice of advocacy for the growth and advancement of all AAAs at the local, regional and state level
- Political advocacy activities and campaigns are well-organized and make it easy for AAAs to be represented or to take action
- The network has a unified voice of advocacy for the experiences, health and well-being of all older Pennsylvanians
- AAAs have a stronger sense of partnership and collaboration with the Department of Aging, particularly involving developing and implementing policies and procedures
- Relationships between AAAs, the Department of Aging, and the Office of Long-Term Living are improved; both have a better sense of AAA perspectives, experiences and culture
- The network has strategic partnerships and alliances (funded and unfunded) with health care organizations and statewide advocacy and service organizations
- AAAs work together to attract new resources, achieve better outcomes, and improve performance

*“And the tendency of the big talkers and the loud talkers to dominate. So, if two big talkers say it is an issue and nobody else says anything, everybody assumes it is a big issue, and maybe it is not.”*

Government-based  
AAA

### Performance-Based

A thriving network is one that is focused on service quality and performance above and beyond regulatory requirements, and fueled by a desire to ensure services are producing the intended client outcomes in cost-effective and consistent ways:

- Standard performance metrics help each agency better measure outcomes, benchmark performance, and continuously improve services and programs' quality and costs
- AAAs demonstrate consistent high-quality service delivery and utilize shared data systems to monitor, measure, and manage performance and identify gaps in services and populations served
- A performance-based training, monitoring, and management system embedded in the network helps AAAs, the regions, and the broader network make strategic and advocacy decisions that are aligned with the needs and interests of AAAs and their clients and helps to generate funding opportunities

### Growth-Oriented

A thriving network helps attract and manage financial, strategic, and professional resources for continuous growth and advancement of AAAs and AAA services:

- All AAAs have a desire to advance and enhance the network, and contribute ideas, energy, and time to developing, supporting, and implementing a shared capacity-building plan
- The network works together to make certain services available and standardized in every AAA region, and continuously develops agreed-upon core capabilities essential to the growth and advancement of all AAAs
- Costs are evaluated, controlled, and reduced

*“A thriving network is one that is continually striving to improve and solve challenges. One that is not content with the status quo. One that keeps the older adult and their needs as the focus and strives to proactively anticipate ways to meet those needs.”*

Nonprofit AAA

- The network utilizes a network-wide business model and joint contracting mechanism to attract and build revenue-generating opportunities and partnerships

### Responsive and Innovative

A thriving network is responsive to the current and emerging needs and preferences of older adults in each AAA community, and bases its activities and interventions on best practices and evidence available:

- All AAAs have a demonstrated understanding of the evolving experiences, needs, and preferences of older adults in their communities; the network also has a demonstrated understanding of evolving older adults experiences, needs, and preferences at the state level
- The network is known for adapting and targeting services and messaging to ensure those most in need can locate and access assistance
- The network helps to advance the work of AAAs while respecting their locally driven agendas
- AAAs are aware of and practicing leading edge trends and innovations in aging services, political advocacy and community organizing, and operations
- AAAs are using new technologies to help clients manage and connect to resources while helping their staff deliver, track, and manage direct and funded services
- Services and programs in Senior Centers are digitally enhanced and responsive to the changing needs and preferences of older adults

### Proactive to Change

A thriving network orients to local and state-wide problems, opportunities, and threats proactively:

- AAAs have greater insights and foresights about current and future human services and health care policies, programs, and market trends that could threaten or expand their service lines, and current and future funding and partnership opportunities
- AAAs play a direct and meaningful role in how communities, systems, and policies are designed and respond to emerging trends
- Advocacy and service decisions at the AAA and network levels are based on policy and market insights
- AAAs are balancing and integrating their independent and local strategic priorities with those of the network

*"I would like to see us have the ability to be proactive and in cases where a reaction is necessary, be able to react more quickly... A stronger focus and push related to advocacy... And data to prove our worth."*

Government-based AAA

## 3. STRATEGIC FOCUS AREAS: REALIZING THE NETWORK'S FUTURE STATE

Five strategic focus areas encompass the ways in which the network can narrow the gap between its current and future state. While the future state portrayed what a thriving AAA network looks like in Pennsylvania, these focus areas constitute how the network can take action. All of these areas share a common imperative for the network to engage in common, shared planning and implementation processes, which would require significant engagement, buy-in, and commitments across the network:





### Strengthening Older Adult Advocacy

The network offers AAAs opportunities to propel one of their greatest common threads: uniting in advocacy for all Pennsylvanians, especially those experiencing the greatest health, economic, or social challenges, to age well and with dignity.

#### *Ideas for Network-Based Action to Strengthen Older Adult Advocacy*

- Identify and prioritize existing issues and common priorities across the network, such as poorly designed programs and policies, social isolation, caregiving, nutrition / meals, or housing
- Develop research agenda to understand the issues and potential solutions
- Create and implement action plan around critical older adult advocacy issues

#### *Ideas for Leveraging Network Assets to Strengthen Older Adult Advocacy*

- Engage and build AAAs' communities of volunteers to become greater consumer advocates through editorials, political advocacy, and community organizing around key issues impacting older Pennsylvanians
- Build on existing livable community initiatives to share resources and experiences and expand to state-wide coverage of dementia-friendly and/or age-friendly communities

### LEVERAGING THE NETWORK IN THE FUTURE: GOVERNMENT vs NONPROFIT AAAs

Government-based AAAs prefer leveraging the network to help develop AAA policies and procedures more so than nonprofits. Nonprofits express greater interest in developing shared outcomes and impact assessments of services and developing collective impact efforts.

## Strengthening AAA Advocacy

The network has historically come together to advocate for opportunities that positively influence the work, budgets, and services of AAAs - or to avoid negative influences. A primary purpose of the network is to advocate for the continuous advancement, inclusion, and critical role of AAAs in Pennsylvania's long-term services and supports systems. The network can take proactive, strategic steps in how it plans its advocacy activities.

### Ideas for Network-Based Action to Strengthen AAA Advocacy

- Advocate to the state for flexible funding and regulations to meet consumer needs, and be able to pay for and deliver more services including mental health, personal care homes, and guardianship agencies
- Develop and deploy public messaging campaigns at the multi-AAA, regional, or state-wide level around elder rights, elder justice, common client issues, and AAA programs and services that are underutilized
- Increase public and private investments and advocacy for telehealth/virtual care usage, expansion of broadband access across the state

*"if we have an issue and are asked to reach to legislators for support, we are usually all on our own to write something up, know who to call, etc. We need unity for common problems."*

Government-based AAA

### Ideas for Leveraging Network Assets to Strengthen AAA Advocacy

- Map, assess, target, and strengthen existing relationships with elected officials, state agencies, and aligned trade and advocacy groups
- Engage AAA volunteers to become greater political advocates for future AAA funding and inclusion in LTSS and health care financing systems
- Critique past advocacy efforts and identify areas for improvement

## Enhancing Relationships & Partnerships

Building relationships and partnerships among AAAs and with targeted organizations and institutions outside of the network are critical factors to the network's success.

### Ideas for Network-Based Action to Improve Relationships

- Develop an ongoing knowledge base of the network, including the experiences, perspectives, and concerns of all AAAs, and distribute this information across the network
- Assess and work to improve communications flows between AAAs, the network, and state entities
- Develop strategies and processes for fostering relationships, both within the network and between the network and outside organizations
- Assess relationships with health care organizations, state agencies, and other groups or organizations that work with or on behalf of older adults
- Identify existing relationships, ideal relational outcomes, prioritize key relationships and partnerships, and identify strategic alignment points and collaboration opportunities

### Ideas for Leveraging Network Assets to Improve Relationships

- Understand how AAAs are currently working together to improve service quality and quantity, reduce costs, and advance their work; explore ways to support and expand this work, as appropriate

- Identify all current formal and informal partnerships AAAs have with health care organizations across the state, and begin developing market research and lead generation strategy to explore opportunities for network-based health care partnerships
- Analyze existing referral data to identify and quantify health care and AAA connections and alignment areas.
- Determine how current relationships with PDA and OLTL need to be improved and outline steps to try to make those improvements
- Share existing experiences and explore encouraging more health information exchange participation by AAAs

### Improving Quality & Consistency

Program design and delivery quality is critical to becoming a more performance-oriented network. Improving and managing quality entails the identification and broad recognition of shared performance objectives, standards, and measures. Quality management efforts will be successful if connected to existing programs and services that reward AAAs for quality or that indicate revenue sources in the future.

#### *Ideas for Network-Based Action to Manage Quality*

- Develop and advance structures and processes for ongoing identification and sharing of AAA best practices, both within and outside the Pennsylvania network
- Identify common performance goals and measures, which could derive from AAA area plans and the new State Plan, as well as surveys conducted and published by n4a
- Develop, improve, expand training and peer mentoring practices within the network, and target learning opportunities to demonstrated AAA needs and deficiencies

#### *Ideas for Leveraging Network Assets to Manage Quality*

- Identify existing performance measurement tools, infrastructures, and databases that can be used to track, monitor, and report performance
- Coordinate research, planning, and program assessment efforts to standardize performance indicators and survey questions and track and measure outcomes and performance
- Determine how the State Plan on Aging can help the network identify, track, and monitor common performance indicators and standard measures; the network can appropriate these measures for its own development beyond PDA's use of the data
- Use data collected by PDA and others to monitor and manage network performance

*"If [AAAs] want to have an impact [on key issues], they need to be consistent and they need to have a consistent message... and they have to show it everywhere across the state."*

External Interviewee

### Expanding AAA Capacities

A growth-oriented network is one that can expand its capacities by both becoming more efficient and increasing its financial and human resources to meet growing demand for services. Increasing revenue is unsurprisingly the most commonly ideated solution to operational and service capacity challenges.

### *Ideas for Network-Based Action to Expand Capacities*

- Train AAAs on how to deliver cost-effective services; explore ways to reduce administrative costs
- Develop an advocacy plan for increased public funding at the local and state level; join national advocacy efforts to increase federal funding
- Improve hiring policies and processes relating to the Civil Service hiring system (or advocate to be removed from the system)
- Study and distribute findings on private pay and contract-based earned revenue strategies
- Help AAAs who may be challenged in thinking and acting (or influencing their elected officials) to become business savvy and accommodating to new forms of revenue
- Develop a data-driven business case for AAA services illustrating their unique value, impact, and cost savings
- Provide tools for AAAs to approach potential partners and funders seeking to invest in services that address the social determinants of older adults' health.
- Develop a shared business model and contracting mechanism to contract with foundations, health care delivery organizations, health plans, and private care management services at the local, regional, multi-region, and state levels.

### *Ideas for Leveraging Network Assets to Expand Capacities*

- Reward and share existing capacity-building innovations within the network; study AAAs in Pennsylvania that have successfully diversified their revenues, using these AAA's experiences as case studies for others in the network to learn from and follow
- Understand how AAAs are already working together at the regional level to create savings and efficiencies; this learning could inform similar approaches in other regions or demonstrate areas of opportunity for cost savings at the state-wide level
- Revisit Aging Well, LLC's business plan future strategic opportunities
- Determine if a leading AAA has the resources and political capital to lead regional or state-wide efforts and contracting opportunities
- Deploy the business and financial acumen needed to expand capacities that is already present within the network

*“When I say forward thinking, we need to think about other opportunities to generate revenue that are outside of the typical pathways of federal and state funding.”*

Nonprofit AAA

## CONCLUSION

This profile illustrates a network with signs of strategic alignment and signs of diversified yet complementary challenges, preferences, and priorities. AAAs can easily conceive of what a thriving AAA network can look like, indicating opportunities to move in this direction. The high AAA response rate to the network survey indicates broad AAA interest in strategic thinking and planning processes, and willingness among leaders to devote time and energy to a collective effort. AAA leaders are oriented to varying degrees of organizational and network growth, adaptation, and advancement, beyond typical policy and regulatory constraints. Pennsylvania's AAAs took the opportunity in this process to think beyond the present, as a network, about where it is today, what it can be tomorrow, and the many ways it can work toward realizing a stronger, cohesive, thriving aging network for older Pennsylvanians.

## P4A | EXTERNAL INTERVIEWS | SUMMARY | SEPTEMBER 2020

### BACKGROUND

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In June and July 2020, Collaborative Consulting conducted several key informant interviews with representatives from non-profits, advocacy, and government agencies to gain their perspectives on the challenges and opportunities facing older adults in Pennsylvania, as well as opportunities to enhance Pennsylvania's AAA network to best meet the needs of older adults in the state. Below is a synthesis of insights that emerged from interviews with the following individuals and organizations:

- Lisa Ann Davis, Director; Jennifer Edwards, Manager & Deputy Director; PA Office of Rural Health
- Tim Fatzinger, CEO; Stefani McAuliffe, Vice President of Community Impact; United Way of the Capital Region
- Kevin Hancock, former Deputy Secretary, PA Dept. of Human Services, Office of Long-Term Living
- David John, Vice President of Government Affairs; Ken Soliday, Director of Alliance Services; PA Alliance of YMCAs
- Adam Marles, President and CEO, LeadingAge PA
- Diane Menio, Executive Director, Center for Advocacy for the Rights & Interests of the Elderly
- Teresa Osborne, Manager of Advocacy and Outreach, AARP Pennsylvania
- Robert Torres, Secretary of Aging, PA Dept. of Aging

### CURRENT CHALLENGES FACING OLDER PENNSYLVANIANS NOW

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Older Pennsylvanians and the organizations that serve and advocate for them face significant challenges today. The current pandemic has exposed and accelerated some challenges that had not received as much attention prior to the crisis.

#### **COVID-19 is increasing social isolation, impacting social, physical, and mental health of older adults**

Social isolation was already a challenge for older adults in Pennsylvania, but COVID-19 is exacerbating social isolation for those living in the community and in facilities. Fear of the virus, and measures to reduce risk and spread are limiting older adults' ability to communicate, collaborate, socially engage, and access needed services which is negatively impacting their quality of life, physical and mental health.

*“There are definitely some older folks out there who are not leaving their homes at all and trying to figure out how we prevent social isolation from increasing its role as a major risk factor for older adults.”*

### **Reliance on technology is increasing with COVID-19, but barriers to use exist for older adults**

Society is becoming increasingly reliant on technology, especially during the pandemic, for most aspects of daily living such as grocery shopping, ordering goods, banking, telehealth, and social and civic engagement. However, many older adults lack access to the internet, especially in rural areas. For those that do have access to broadband, or who lack comfort with and knowledge of technology, presents barriers to use.

*“For a fairly large percentage of Pennsylvania, there's still no access to broadband internet. And that is going to be a real barrier for a whole bunch of things.”*

*“Having access [to internet and technology] is one thing, knowing how to use a computer is another.”*

### **Lack of accessibility and affordability of quality long term care services**

There is a lack of availability of long-term care services as well as variability in the quality of those services across the state. Underfunding of services has led to facilities removing beds, decreasing staff that deliver services, and overall lower quality of services delivered. Affordability of long-term care is also a problem, especially for individuals with lower income who are not eligible for Medicaid, or have to spend down to become eligible for Medicaid.

*“Systemic underfunding has meant that the best nursing facilities statewide have been taking nursing home beds offline at a very rapid pace.”*

### **Gaps in services and barriers to access present challenges to aging in the community**

Access and barriers to services and supports were identified, creating challenges to aging in the community.

- **Lack of accessible and affordable senior housing:** A lack of quality affordable housing built and designed to meet older adults' needs is a major challenge across the state. Increasing real-estate taxes are a challenge for older adults on fixed incomes.
- **Lack of transportation services:** A lack of services and limited schedules, especially in rural and suburban areas, pose barriers to accessing health providers, pharmacy, and other essential services for older adults who no longer drive.
- **Financial and eligibility barriers:** There is a segment of older adults who fall into an income gap group above the poverty line and not eligible for government provided services that struggle to cover basic needs of rent/mortgage, transportation, food, personal care services, and medical services.
- **Difficulty navigating the complexity of existing services:** The system of aging services is fragmented, complicated, difficult to navigate, and requires an underlying knowledge of where to go and who to call to navigate.
- **Lack of awareness of existing services:** Many older adults and their families are not aware of the services they are entitled to and what services are available.
- **Cultural and literacy barriers:** Language barriers, lack of provider cultural competency, and lack of trust in systems prevent some individuals from accessing existing services.



- **Geographic and topographic gaps and barriers:** Many older rural and suburban residents are challenged in accessing social and health services because of geographic distances or topographic barriers to those services.

## FUTURE CHALLENGES FACING OLDER PENNSYLVANIANS IN 10 YEARS

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Challenges of addressing rising numbers and rates of older adults, particularly those living in underserved communities, who will need to rely on others for support, and have modest incomes is only increasing.

### **Need for services will increase with changing demographics; a lack of investment now will result in exacerbated issues in the future**

The proportion of older adults in Pennsylvania is going to increase significantly over the next ten years, and needs and demand for services and infrastructure will become greater, including transportation and mobility, in-home services, affordable and accessible housing as well as capacities of long term care facilities, and availability of broadband internet. There is not enough focus or funding being invested to build capacity in these services and systems for older adults in order to prepare for this population growth. As a result existing challenges will be amplified.

*“There are a lot of issues that I think, in ten years, will only be exacerbated by the population growth.”*

*“There aren’t enough resources that are being invested in for older adults in Pennsylvania. It will define what kind of a country we want to be, how we are willing to take care of our elders.”*

### **There will not be enough caregivers**

There are not going to be enough caregivers, providers, and geriatricians to provide for the number of individuals needing services. In rural areas younger people are moving out leaving a smaller population base to support older adults. Telehealth and technology are part of the solution to addressing this.

*“It is going to be a crisis with the boomers needing care and services, there are not going to be the bodies to provide them.”*

### **Income inequality and disparities among older adults will increase**

A few interviewees projected that the wealth divide will become greater, and without intervention an increasing proportion of older adults will struggle to meet their basic needs.

*“Haves and have nots in this system will just continue to grow and you’ll end up having people facing real suffering because of a system that isn’t appropriately managed to support them – especially if you’re poor.”*

## AAA STRENGTHS THAT THE NETWORK CAN LEVERAGE

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The AAAs have a wide range of strengths that can increase value and impact as individual organizations and as a network.

- **Deep knowledge of community needs:** The AAA's have eyes on the ground giving them a deep understanding of their local communities and their needs
- **Local presence and influence:** The AAAs are engaged and recognized in their local communities; they are good at developing partnerships and have political leverage
- **Connector:** They have knowledge of services and supports for older adults in their communities and know how to connect individuals to needed services
- **Passion:** They possess a commitment, dedication, and passion to serve older adults that is palpable
- **Successful delivery of core services:** AAAs do a good job of delivering their core set of services

*"AAA's are in their community, they're recognized, and have opportunities to reach out into the community in ways that others might not."*

*"There's a level of commitment and dedication there to serve older adults."*

## WAYS TO ENHANCE THE NETWORK

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There are many opportunities to enhance Pennsylvania's AAA network, to further its collective mission and demonstrate its impact.

### **Develop greater cohesion and collaboration of the network**

Many interviewees highlighted how they see the network as 52 disparate entities that tend to operate in silos. They noted the opportunity to enhance impact through enhanced coordinated action across AAAs including shared strategic planning, shared initiatives, shared contracting, and shared advocacy. Some interviewees raised the question as to whether 52 separate AAAs were necessary and suggested exploring governance mechanisms to centralize or regionalize administrative activities to free dollars for direct service delivery.

*"It is somewhat startling the variety that you see within the AAA's in Pennsylvania... they are inconsistent."*

*"Are there ways that [AAAs] can support each other to squeeze out more capacity for services and less on the administrative side?"*

### **Ensure consistency and quality standards across AAAs**

There is variation across the AAAs in quality of services, efficient utilization of government funding, and ability to meet community need. If a few AAAs perform poorly it can negatively impact the reputation of and opportunities for the network as a whole. Some interviewees connected this lack of consistency across AAAs

to a loss of confidence in the AAAs as leaders in aging services and advocacy that has resulted in lost opportunities for greater involvement in healthcare and LTSS financing systems, and resulting loss of potential work.

*“Some AAAs have been better than others at addressing needs in their regions largely due to their own investment and outreach in providing services.”*

### **Share best practices and lessons across the network**

There are innovations and best practices happening at the local level in various AAAs. There is an opportunity to identify promising innovation and best practice implemented by individual AAAs and leverage the network to amplify and spread these across other counties and regions.

*“[We can] learn from best practices and spread them from one county to another, one region to another, and then across the broad spectrum of the 52 AAAs that cover the 67 counties.”*

### **Provide cohesive and consistent messaging on key issues facing older adults**

There is a lack of consistent and cohesive messaging from the AAA's on key issues and gaps facing older adults. The relationship between the AAA network and Department of Aging may prevent the network from taking a stand or position on key issues. Interviewees highlighted the potential power that could come from collective messages from the network on key issues.

*“If they want to have an impact [on key issues], they need to be consistent and they need to have a consistent message... and they have to show it everywhere across the state.”*

### **Improve data collection and use at the network level**

The network has an opportunity to be more coordinated in data reporting and collection. Consistent high-quality data collection and analysis can be used for accountability, quality assessment, and performance improvement. Additionally, aggregated data can be used to tell a story of success, needs, and gaps in services for older adults at a scale greater than any one region.

*“We need to do a good job of making sure at the end of the day, we can tell a story, whether it's to the governor's office, to the legislature, to the media.”*

### **Educate consumers, providers, and professional organizations on AAA services**

There is a lack of awareness among the public and providers around the services AAAs offer. Interviewees highlighted how AAAs offer services that are “significant,” “needed,” and “right on spot,” but they need to do a better job on marketing, outreach, and education to inform consumers, caregivers, and other providers around who they are and what they offer.

*“P4A and its members need to be on the forefront of education more so than they are now - what are their services and where can you get them.”*

### **Deepen routine engagement and communication between AAAs and local CBOs**

There is variation in the way AAAs are engaged with service providers in their community. The AAAs have an opportunity to consistently engage and communicate with local community-based organizations to learn more deeply about supports in the community, raise awareness of AAA services, and identify points of collaboration. Engagement recommendations included routine strategy conversations between AAA and CBO leadership as well as bidirectional sharing between staff on service offerings.

*“There could be a lot of utility gained through conversations between long-term care provider leadership and directors of the AAA’s that are not specific to an issue, but that are more strategic and frequent.”*

## **OPPORTUNITIES FOR THE NETWORK TO GROW IN THE MARKETPLACE**

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Interviewees highlighted opportunities where the network could bring value to the marketplace including relationships it could build, gaps it could fill, and places to innovate.

### **Cultivate relationships and partnerships with health systems and managed care organizations**

The AAA network needs to have more engagement with the large health systems and managed care organizations in Pennsylvania. The network needs to spend time building relationships with them, identify points of strategic collaboration, and show where they can add value to efforts to improve the health and wellbeing of older adults in Pennsylvania.

*“[PA has] a lot of big health systems and the AAAs should be embedded in that system to be more engaged in their supports for the seniors, because the health systems are engaged pretty dramatically.”*

### **Leverage AAAs’ social networks to understand, educate, and mobilize communities (individuals and organizations) around issues facing older adults**

The AAA network with its local presence in communities and direct connections with older adults can serve a valuable role in educating and mobilizing communities across the state around key issues facing older adults. The network can be used to:

- Survey consumers and provider organizations on key issues, services and service delivery techniques that are most needed
- Educate consumers and communities about elder rights and justice
- Mobilize consumers and communities around gaps and needs in communities
- Increase political advocates around local, regional, statewide, and national issues facing older adults

*“The AAA network could be educating communities about issues and advocacy opportunities get older adults themselves out there to let their elected officials and other representatives know how they feel.”*

### **Serve as a unified voice of advocacy for older Pennsylvanians across the state**

The AAA network can fill a gap by serving as a statewide voice and advocate for older adults across Pennsylvania. AAAs can align on issues using one collective voice and increasing their advocacy power. The network should develop strategic, targeted, evidence-based advocacy messages that are delivered in a consistent and cohesive manner across all members. Additionally, the network should identify associations with shared advocacy and policy interests to align and partner with for increased influence and impact. Potential areas of advocacy and policy work highlighted included:

- Increased investments in and usage of telehealth
- Expansion of broadband access
- Increasing quality affordable housing for older adults
- Better access to high-quality long-term care services for everyone
- Developing robust transportation systems across the state
- Developing dementia-friendly communities

*“There is not a single entity that could be considered a statewide voice for the old and the poor in Pennsylvania.”*

*“They should be 52 entities with one voice providing advocacy for a population that desperately needs that type of support.”*

### **Reinvent AAA services and senior centers: go into the community and serve as a holistic hub for older adults to age in the community**

There is potential to reinvent, transform, and innovate AAA services and senior centers. The learning and transformation during the pandemic coupled with the timing of it being a PA state planning year provides opportunity to evaluate AAA services and delivery mechanisms. Areas of innovation to consider included:

- Take services outside of the offices and go to consumers in the community
- Perform health, social, and service checks in people’s homes
- Provide care coordination/management to help consumers navigate silos and holistically meet needs
- Connect into local/regional health information exchanges to better manage and coordinate care for consumers
- Play a role in designing and facilitating nursing homes in the community
- Offer technology/computer training for older adults
- Develop intergenerational programming to address social isolation

*“I have seen my Senior Community Center during the last four months become a hub for accessing nutritional foods, supports, and information and I think the Senior Community Centers have a real opportunity to reinvent themselves.”*

## AREAS TO CREATE AND DEEPEN PARTNERSHIPS

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As highlighted above, many recommendations for the network revolved around increasing awareness of AAA services, deepening relationships, collaborations, and building partnerships. Interviewees were asked to describe with whom AAAs and P4A should create or deepen partnerships.

- AAAs should deepen relationships with local community-based organizations, particularly involving activities that promote and target services to those most in need and hardest to reach, and that create broader organizational and public advocacy for addressing aging-related community challenges
- Health care organizations and payers, including large health systems, rural health care providers (including those in the Rural Health Model), managed care organizations, and the Pennsylvania Health Access Network
- Long-term care providers and retirement communities
- Other nonprofit trade associations, networks, and coalitions, including the PA Alliance of YMCAs and the Senior Supports Coalition
- AARP and age-friendly communities efforts
- Alzheimer's Association and dementia-friendly communities efforts
- United Way

## CLOSING

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Pennsylvania's AAAs are generally known by many professionals in the state, even among those working in peripheral fields with populations not centered on older adults. The on-the-ground and strategic work that AAAs assume is not necessarily well known among organizations outside of the traditional aging services network in Pennsylvania. In order to generate greater public awareness of AAA services, improve consumer experiences and connections with community resources, and encourage greater health and social outcomes for consumers, AAAs should consider exploring opportunities for greater coordination and collaboration within the AAA network as well as with other groups and organizations that span health care, human services, wellness, and advocacy that are operating at regional and state levels.

The challenges and opportunities facing AAAs today and into the future are, according to key informants, not few in number and not diminishing over time. Meeting these challenges and opportunities with cost effective and scalable solutions will require greater efforts at the AAA and network level to promote the services and outcomes of AAAs, build stronger service- and advocacy-oriented connections with traditional and nontraditional allies and partners alike, and approach the future with a mindset that balances and maximizes the community-embedded legacy of AAAs with advancing services and strategies that are collaborative, creative, and even experimental in nature.



***In September 2020, the Design Team asked Collaborative Consulting to revisit the external interview findings to take a deeper look into the following areas:***

## **IMPROVING CONSISTENCY AND COHESION AS A NETWORK**

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There is a need for greater consistency and cohesion across the PAAA network. The network is often seen as 52 disparate entities operating in silos, and there is opportunity to enhance efficiency, reputation, opportunities, and impact through coordinated action and consistent quality. Specific recommendations included 1) coordinated strategy and operations, 2) consistent outreach and service quality, and 3) cohesive messaging.

### **Coordinated strategy and operations**

Interviewees highlighted how the AAAs are not one thing, they have different governance structures, operating styles, capacities, and service offerings. There are opportunities where collective action could improve efficiency and impact. They suggested exploring governance mechanisms to centralize or regionalize administrative activities to free dollars and capacity for direct service delivery. Additionally, they recommended developing shared strategies to determine and guide collective actions that could increase impact and power of the network.

*We have examples where some of the AAA's are doing services for others. Can that be expanded so that there is less money being spent on administrative things that are really not what I would call value added and get more money directly to services.*

### **Consistent outreach and service quality**

Interviewees highlighted the 'startling' and 'drastic' variation across the AAAs related to engagement outreach and assessments, quality of services, efficient utilization of government funding, and ability to meet community needs with programming. They noted a lack of consistency in how the AAAs do outreach to target groups and provide services with some AAAs more effective than others.

Having consistent high quality outreach and program delivery across all AAAs is crucial as poor performance from a few AAAs negatively impacts the reputation of and opportunities for the network as a whole. Some interviewees connected this lack of performance consistency across AAAs to a loss of confidence in the AAAs as a statewide network of leaders in aging services and self-advocacy, which can result in lost opportunities for greater involvement in arenas with new or expanded financing for community-based services, such as health care and long-term services and supports programs. Solutions included drawing out best practices and making them standard across the network, using data to assess and improve quality, and centralizing and/or regionalizing administrative activities to create capacity for service delivery.

*And in some cases, they do that [service delivery/meeting needs in the region] very, very well. And in some cases, I think they have a lot of room to grow. It's somewhat startling to me the variety that you see within the AAA's... I think they are inconsistent, but when they do their job well, they can be incredibly impactful for older adults.*

*How can you draw out the best practices... and really make them standard? How do you uplift that whole network and not have these gaps in terms of quality of services, or inability to meet demand?*

### **Cohesive messaging**

Interviewees noted a lack of cohesive messaging as a network on key issues and gaps facing older adults, asking 'what do they stand for as a group.?' The network has potential for greater impact in advocacy efforts if they take a stand as a group and deliver cohesive messaging.

*I think that lack of being willing to take a stance on something as a group with that consistent cohesiveness, I think that has hurt the Network.*

## **LEVERAGING THE NETWORK FOR ADVOCACY**

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Interviewees highlighted advocacy as an area where the network could bring value to the marketplace. The AAAs can leverage their local presence, influence, and deep knowledge of their communities' needs coupled with their statewide reach to raise awareness and catalyze action around issues facing older adults. In particular, the AAA network could be used to 1) educate and raise awareness, 2) mobilize constituents and build advocates, and 3) serve as a unified voice of advocacy for older Pennsylvanians across the state.

### **Educate consumers and communities to raise awareness on key issues facing older adults**

With its local presence and direct connection with the community, the AAA network could play a valuable role in educating consumers and communities and raise awareness; interviewees recommended AAAs raise awareness around:

- What it means to age in place, how to age in place, what resources individuals have access to, and how to plan
- Elder rights, entitlements, and justice
- Aging-related community gaps and challenges and advocacy opportunities

*The AAA network could be educating the community, not just those who come to them.*

### **Mobilize constituents and build advocates**

Interviewees noted the power of mobilized constituents and grassroots organizing to make change. The AAA network, with its direct connections to older adults and statewide presence, can be used to organize and mobilize older adults and their communities. Interviewees recommended that AAAs could:

- Survey consumers and provider organizations on their needs, concerns, and service gaps to identify advocacy imperatives.
- Provide political advocacy training bootcamps to build and coordinate advocacy skills and priorities among the public as well as aging services professionals.

- Mobilize consumers and communities to speak out and advocate around older adult related community needs and gaps.
- Build capacity of AAA leadership councils to become stronger political advocates.
- Increase the number of political advocates around local, regional, statewide, and national issues facing older adults.

*The AAA network could be educating communities about issues and advocacy opportunities to get older adults themselves out there to let their elected officials and other representatives know how they feel.*

*Get more activists around these issues. That's why a network, like the AAA network, would probably be better to do this... they're everywhere already.*

### **Serve as a unified voice of advocacy for older Pennsylvanians across the state**

The AAA network can use their influence and statewide reach to fill a gap and serve as a statewide voice and advocate for older adults across Pennsylvania. Interviewees highlighted the power that could come from AAAs aligning as a network on key issues and using one collective voice. Interviewees recommended that the network:

- Become known as a statewide voice for older adults in Pennsylvania.
- Align as a network to develop regional and statewide advocacy priorities and a strategic plan.
- Develop targeted and evidence-based advocacy messages around key priorities.
- Deliver messages in a consistent and cohesive manner across all members.
- Coordinate and align action of partners around key issues.
- Identify organizations and associations with shared interests that the AAA network can align with in order to increase advocacy influence and have greater impact.

*The other biggest area of opportunity when it comes to the AAAs is they should be the voice of advocacy for the older Pennsylvanians across the state... 52 entities with one voice providing advocacy for a population that really needs that support.*

*If they want to have an impact [on key issues], they need to be consistent and they need to have a consistent message... and they have to show it everywhere across the state.*

*P4A should represent the position of its members. I would love for P4A to build that confidence level up, that the influencers, regardless of if they are elected or appointed, their first question is, "What does P4A and its members think about this?"*

## **BECOMING A DATA-DRIVEN NETWORK**

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Interviewees highlighted the benefits and potential opportunities of having more accurate and complete data to inform programming and advocacy. Challenges with data were described as missing information,

information not being captured correctly, gaps in types of information collected, inconsistent quality and reporting resulting in a lack of data trust and use. They highlighted the critical importance and value of moving to data-driven 1) care delivery, 2) quality improvement, and 3) advocacy.

**Care delivery:** AAA participation in platforms that integrate healthcare and social service data could provide an opportunity for AAAs to more holistically view consumer medical and social needs while adding value to health systems and payers by contributing social care information.

*I think it [integrated data and HIE] just opens up those opportunities to really take care of a person on a very holistic level, rather than, "Okay, AAA, you do your thing. Geisinger, Dr. Jones, you do your thing, and nobody ever compares notes." And you miss opportunities that way.*

**Quality improvement:** High quality data and consistent reporting can provide a foundation for quality assessments and performance improvement at the individual AAA and collective network level.

*They need to do a better job of data collection and get more coordinated when it comes to reporting services, to provide a foundation of information that could be used for quality assessment and improvement.*

**Advocacy:** Data aggregated across AAAs can be used to identify gaps and needs in services for older adults at local, regional, and state levels. It can also be used to tell stories of success and challenge to advocate for the AAAs and networks position.

*They need to show, this is the need. This is what we can provide. This is what the Medicaid program can provide. And this is the gap. Please help us fill the gap. They need to consistently demonstrate lyrically and statistically the gap in their own communities.*

*We need to do a good job of making sure at the end of the day, we can tell a story, whether it is to the Department of Aging, to the governor's office, to the legislature, to the media.*

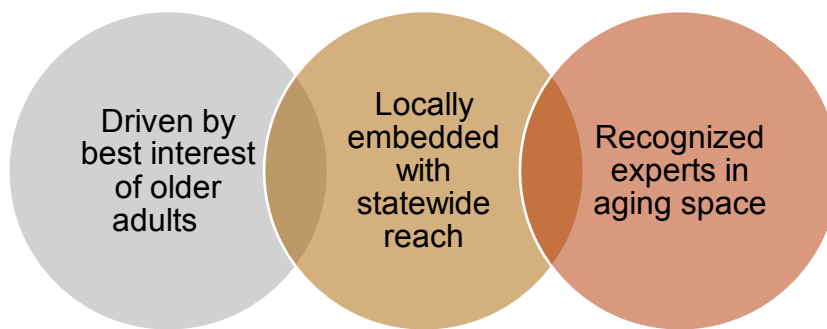
PA AAA NETWORK | INTERNAL INTERVIEWS SUMMARY | NOVEMBER 2020

**BACKGROUND**

From Sept-Oct 2020, Collaborative Consulting conducted key informant interviews with 15 leaders from the AAA network. The sample of interviewees were selected to capture diverse perspectives and balance AAA characteristics including geographic/regional spread, urban and rural geographies, agency type (non-profit or county/gov't), agency size, and interviewee leadership tenure. The interviews are intended to contribute to development of a robust profile of how the AAA network currently functions including strengths, areas of improvement, external influences, as well as opportunities to enhance the AAA network and future evolution. Below is a synthesis of insights that emerged from the interviews. .

**UNIQUE VALUE OF THE AAA NETWORK**

The AAA network has a multitude of unique characteristics positioning it as a leading entity to address and serve the needs of older adults in Pennsylvania.



***Driven by a shared purpose of serving the best interest of older adults***

The AAA network is united by a shared common goal of ensuring older adults have the services they need and want to live successfully in their communities. The AAAs' priority drivers are a passion for and dedication to serving older adults which contrasts with other providers whose priorities may be financial.

*We have in spirit, theory, and philosophy the best interest for our most vulnerable older adults, as the core of all we believe in. (county/gov't)*

*We have a passion for doing what we do and making sure that folks in our communities have what they need and want. (non-profit)*

***Network of locally embedded organizations with statewide reach***

The individual AAAs are embedded and accountable to their local communities. They understand the unique needs in their area. They have spent decades building relationships and knowledge of local services, providers, and institutions. Collectively the network has statewide reach creating a breadth of service capabilities to serve different needs in the different parts of the state.

*It is important for us to be part of the community...In some cases, entities from out of the area come in, but I do not think they're as accountable to the local community as a local organization is. (county/gov't)*

*We have knowledge of networks, of local transportation infrastructures, local food banks, local food pantries, local provider networks, that are resources that no one else sees in that holistic view.... And that is invaluable... (non-profit)*

**Recognized, trusted, and experienced in the aging space**

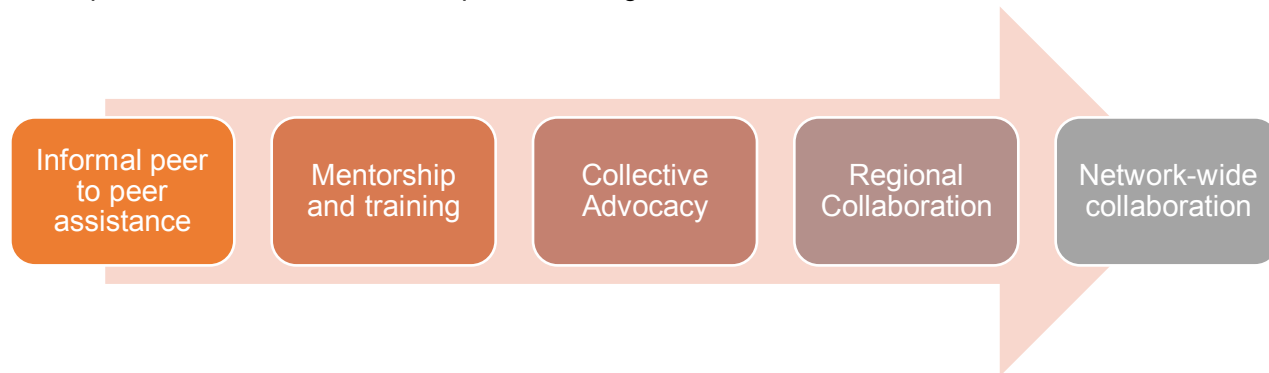
The AAAs are recognized by consumers, providers, and institutions as leaders in the aging space. They are trusted agencies that consumers turn to for services and support.

*We are universally recognized in the community as the lead agency in the aging space and it is the first door that people knock on when they are going to do anything with older adults. (county/gov't)*

*We are known in our local communities. Because there are so many of us, there is a AAA in every county... people know us and we know our community. (non-profit)*

**LEVERAGING STRENGTHS OF THE AAA NETWORK**

Interviewees highlighted a multitude of strengths created through leveraging the AAA network in different ways that improve the effectiveness and impact of their agencies and the network overall.



**Informal best practice sharing and peer to peer assistance**

The network serves as a platform for the AAA agencies to informally share best practices, policies and procedures, ideas, and resources. AAA leaders bring a variety of skills, backgrounds, and experiences to the network, enabling the network to become a place to tap into the diverse experiences of their peers and seek input. Additionally, P4A has established some structures such as email listservs to facilitate sharing of information and best practices.

*The network allows us to share ideas. That collegial sharing of information, of tapping into...peers in the same position that I am. (county/gov't)*



*It is beneficial to collaborate with other AAAs regarding best practices. You learn something every day...about what is working somewhere. (non-profit)*

### **Formal mentorship and leadership development training**

Most interviewees highlighted the benefits of the centralized mentoring system facilitated by P4A for new directors and the support, orientation, and assistance received. Additionally, one interviewee noted the benefit of the leadership development courses offered through P4A to new directors.

*I was assigned a mentor, which was fabulous. It was nice to have that person who I met with and I called a few times and she called me a few times and we chatted, and she was supportive. (county/gov't)*

### **Unified advocacy respect by legislators**

The AAAs working together as a network along with P4A creates a platform to speak in a unified voice in support of older adults. Together they leverage collective power to advocate for services and funding and push back against political decisions that are detrimental. The AAAs have collectively cultivated relationships and respect with legislators.

*[Without the network] I do think that leverage would be missing... that one solid voice as a network would be gone...we would also succumb a little bit more to political influence. (county/gov't)*

*We understand our purpose, that we are advocates for older adults, and that has been our strength the entire time. We are focused on advocating for older adults to make sure that they get what is needed to keep them safe and in their homes. (non-profit)*

### **Network-wide collaboration in the face of challenges**

Interviewees noted that AAAs rally around issues and collaborate effectively together in the face of challenges. One example was the ability of the AAA's to pull together and improve performance for assessment services network wide. They noted that being non-competing entities makes it easier for them to work together.

*When any challenge comes up, we pull together to ensure every AAA has opportunities to succeed. Any time we face a problem, it is 52 of us facing the problem saying, 'let's pull together to help each other' (non-profit)*

*And I remember witnessing the 52 AAA directors being in a room and putting aside the overarching necessity of their individual AAA and really coming to a proposal to work for the whole. (non-profit)*

### **Regional collaboration to improve efficiency and consistency**

Interviewees highlighted a high level of collaboration among AAAs at the regional level that improve efficiency and consistency of services. Regional collaborations include: collective initiatives, aligning service delivery to improve consistency across counties, providing direct services for another AAA, and shared and contracted administrative services between AAAs to save money and free up capacity.

*We already do collaborate a lot in regionalities...we have two contiguous AAAs we work with hand in hand, with on older adult protective services and, like most AAAs, we have some regional initiatives. (non-profit)*

*We have our own flavors and uniqueness, but we have been able to model our services in similar ways so if somebody leaves my County and moves into another County, it is not a tremendous change. (non-profit)*

## INTERNAL CHALLENGES FACING THE AAA NETWORK

Interviewees highlighted a variety of operational, leadership, and relational dynamic challenges that can limit network potential and impact.



### OPERATIONAL CHALLENGES

#### ***Diversity of AAA structures and governance that impede collaborative efforts***

The diversity of AAA governance and organizational structures makes collaborative efforts a challenge. AAAs differ in whether they are government-based or non-profit, in their management and decision-making practices and processes, as well as in how they are politically influenced. The biggest differences seem to occur between government and non-profit based AAAs. These differences pose challenges in making shared strategic decisions and collaborative initiatives driven by differences in priorities, capacities, independence, and strategic and operational decision-making authority.

*We have nonprofits and government entities trying to work towards the same vision, and those systems are vastly different for so many reasons...how we manage things...how we administer services and how we philosophically serve the older adults. (county/gov't)*

*Decisions are made from a different lens sometimes, when those decisions must go before county boards of commissioners, and sometimes those change just as the officials themselves will change. (non-profit)*

### **Differing operational capacities impact ability to pursue collaborative opportunities**

The AAAs vary in size, staffing numbers and credentials, as well as funding, impacting their ability to pursue collaborative initiatives. The biggest differences described were between larger and smaller AAAs, with smaller AAAs focused on core requirements with less capacity to pursue additional initiatives or opportunities.

*We are a small AAA and have always been focused on the basic bread and butter facets of aging. We get our money from the Department of Aging and we follow their requirements...and I think some of that goes back to what I said about infrastructure: we have not had the opportunity to make inroads into other things and go out and bill for some other types of services. (county/gov't)*

*There are larger AAAs and then there are the smaller AAAs, and there are big differences in terms of all kinds of capacity issues and staffing issues...[when new initiatives come out] it takes a lot of work to bring the staff onboard and operate differently from the way we normally operate a service or a program...it's an entirely different animal and you can lose a lot of money. (non-profit)*

### **Inconsistent quality across the AAAs threatens reputation and business of network as a whole**

Inconsistency in service delivery and quality between AAAs impacts the reputation of the network and is a threat to current and future business. Areas of inconsistency include differences in administration and quality of core services, supervision and monitoring of service delivery, and documentation and client- and service-related data. Poor service delivery and lack of documentation from a few AAAs negatively impacts the whole network, putting them at risk of losing current business and making them less competitive for future opportunities. Protective Services was given as an example where poor performance by some could put the network at risk for losing the service. Implementing robust network-wide quality assurance was suggested as a remedy.

*Our uniqueness is our Achilles heel. We can be unique but do the most important core things that were required, the same across the board. (county/gov't)*

*There is so much inconsistency, and it is evident when we are monitored for services and our data entry. We all do everything so differently. There is only one way that we are supposed to be doing it, but everybody does it differently. (non-profit)*

*The inconsistencies and the provision of service are a risk for the AAAs. I believe that if those inconsistencies are not remedied by the AAA network those programs and services will be bid out to somebody else. (non-profit)*

## **LEADERSHIP CHALLENGES**

### **Resistance to change may limit network pursuit of future strategies**

Some AAAs in the network seem to be stuck in the status quo; they recognize constraints within current ways of operating but are resistant to or lack the capacity to change. They react when problems arise but do not proactively look for opportunities to excel and evolve practice perceiving funding and capacity limitations as barriers to change. This pull to the status quo limits the network in pursuing future oriented strategies.

*When you do something for a really long time, you get stuck in the mud and you refuse to move to the left or the right, or to move forward thinking this is the way we've always done it, why do we have to change it. (county/gov't)*

*Maybe they do not want to go in another direction. Maybe they are overwhelmed with what is going on right now and they are thinking more of, 'there's nothing wrong with how it currently is'. (non-profit)*

### **Leadership turnover and lack of succession planning**

There has been an exodus of leadership from the AAAs with long-term leaders retiring. This leads to a significant loss of institution knowledge and a need for training and onboarding of new leaders. Non-profit interviewees noted a need for enhanced succession planning and training capabilities, given the newer generation of leaders have shorter longevity in positions. Despite the challenges, interviewees noted the benefits leadership change brings, including new energy, perspectives, skills, and backgrounds help keep the network relevant.

*I do not see real succession planning in the AAAs. Like a director leaves, I do not see the next person stepping up, understanding what the real purpose is of a AAA and then taking what they learn and moving this through the ranks. (non-profit)*

*The network knew that there was going to come a time when the exodus occurred. However, since that exodus, the average length of time for a director has been much shorter. (non-profit)*

## **RELATIONAL CHALLENGES**

### **Lack of collaboration between PDA and AAAs around regulation development and implementation**

While some interviewees highlighted a strong relationship between Pennsylvania Department of Aging (PDA) and the network with mutual respect and open lines of communication, almost all interviewees noted challenges with and lack of collaboration around service regulations, including:

- Lack of clarity around what AAAs are and are not allowed to do.
- Disconnect between regulations and practical application.
- Varying interpretation by PDA monitors on how policies and regulations should be implemented.
- Lack of flexibility or opportunity to deviate from regulations and funding use specifications to meet consumer needs.
- PDA does not seek consultation with or input from AAAs when developing or modifying regulations and quality measures.
- PDA talks of collaboration but does not value or act on input from AAAs.

*They've stopped certain services and didn't consult anybody, they just stopped... they force regulations down your throat that don't make sense sometimes...I've had to terminate services, because they won't bend on anything. (county/gov't)*

*There is no opportunity to say, the program is wrong. If we can keep people independent and in community - which is our purpose - and it takes six months of doing a little bit more outside of the program requirements, why can't we change that? The system bureaucracy gets in the way of the overarching mission. (non-profit)*

### **Need to better engage the full network in conversations and workgroups**

The same leaders routinely volunteer for workgroups and speak up in network conversations. Some AAA directors are not as engaged, and their agency's perspective may not be represented. Interviewees highlighted barriers that may prevent members from engaging, including: a tendency for some leaders issues or voices to dominate conversations, territorialism at the regional level, not feeling welcome, power dynamics, frustration with inefficient communications, repetition of the same issues at P4A meetings, and duplication between P4A and PDA activities.

*And the tendency of the big talkers and the loud talkers to dominate. So, if two of the big talkers say it is an issue and nobody else says anything, then everybody assumes it is a big issue and maybe it really is not. (county/gov't)*

*I think sometimes we have repetitive calls. We will have two calls in a day (a PDA call and a P4A call) that could have been condensed into one. it is the same information and to me a waste of time. (county/gov't)*

### **Strained relationship between PDA and DHS impacting funding and service delivery**

Some county/government interviewees noted that there is a strained relationship between the Pennsylvania Department of Aging (PDA) and the State Human Services Department Office of Long-Term Living (OLTL). This strained relationship is driven by historical political and interpersonal conflicts as well as competition over the lottery funding. This strained relationship results in complicated regulations from OLTL that impact the AAAs but are not informed by the AAAs, as well as risks to future funding from the state.

*The relationship between PDA, and the State Human Services Department OLTL, is very strained...OLTL seems to be the guiding force in a lot of things that transpire within the AAA network. And if that relationship is not strengthened and fortified, AAAs are at risk for no longer existing. (county/gov't)*

*The process has become so complicated because the people in DHS lack an understanding of how challenging they have made it; they continue to add layer upon layer.*

*They need to sit down with PDA, P4A, and some members of the AAA network to get a clear understanding of the challenges they have created, the barriers they placed in front of the seniors. (county/gov't)*

## **EXTERNAL MARKET INFLUENCES IMPACTING THE NETWORK**

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The major external forces that are influencing the AAA network include changing population needs, staffing shortages, increasing competition in the market, and the COVID-19 pandemic.

### **Older Adult needs and preferences are changing**

The needs, preferences, and behaviors of older adults in Pennsylvania are changing as new generations enter older adulthood. AAAs and the network will need to adapt services to meet this changing demand.

Interviewees noted a few of the changes they were experiencing in their communities:

- Older adults are living longer; AAAs having to meet the differing needs of different older adult age groups (i.e. 60-year-old vs 80-year-old).
- A 'younger' senior that wants to be engaged in different ways.
- Increasing proficiency with and demand for technology-driven services and engagement.
- Increasing desire to age at home and increased demand for home-based services.
- Increasing mental health and substance use disorder and service needs among older adults.
- Older adults who are raising grandchildren and want multi-generational services.
- Increasing number of lower income older adults who need more services.

*So I think it's just keeping an eye on the population that we serve, it continuously grows and changes... for example, we have more substance abuse issues, we have more grandparents raising grandchildren and needing assistance, we are seeing increasing food insecurity and lack of income that is able to sustain people. (county/gov't)*

*And what we are seeing emerging is a much younger senior, they are not going to be card players per se, they're not going to be bingo players per se. They are going to want things that stimulate their mind. (non-profit)*

### **There is a crisis of direct care worker staffing shortages**

There is a critical shortage of direct care workers and not enough caregivers to meet increasing demand. Interviewees noted having positions open for a long time, inability to find qualified staff, lack of staff to meet consumer demand, and long waitlists of consumers with no caregivers. The most noted challenges were recruiting and retaining staff, which are driven by:

- Lack of care workers especially those that provide in home personal care.
- Lack of funding and ability to pay salaries that are competitive in marketplace.
- Largest AAA expenses are related to salaries and benefits, and agencies are stretched in their ability to hire direct care and administrative staff.
- Competition with other social services agencies, health systems, and payers for qualified staff
- Losing trained staff to higher paying competitors like managed care organizations.

*On the threat side is the overall problem we have in most areas of the state are attracting staff to the workforce that supports older people.... Our providers cannot pay huge rates to staff so people who provide in-home personal care are extremely hard to find. (county/gov't)*

*And you want to retain good people, so you have to be able to pay them because for our agency, we're fighting not only with other social service agencies, but also with the hospital... that's probably my biggest challenge, to be competitive. (non-profit)*



### **Increasing competition in the marketplace**

AAAs are seeing increasing competition around their core services from managed care organizations, health systems, private for-profit care providers, and other social service providers. Some drivers of this competition are: providers and payers increasing interest in addressing social needs; healthcare delivery systems and plans expanding business lines building services across the health continuum; perceived profit potential in providing care services for the growing population of older adults; and consolidated providers promising more efficient services and streamlined contracting. This increasing competition has led to loss of business for AAAs, including enrollment and Community HealthChoices.

*There is an opportunity to make money. If that means eliminating the AAA network so private businesses can make money on it, they will push to do that. Our funding primarily comes through lottery dollars but there's other people who want to raid the lottery.  
(county/gov't)*

*Because I fear their long-range goals are to do our work... I am seeing that the healthcare systems are moving more and more into the work we do into the services that we provide.  
(non-profit)*

### **The COVID-19 pandemic has driven changes in service delivery and demand**

The pandemic has led to a shift in AAA service delivery. There has been reduced demand for and ability to provide some core services, as well as an increased demand and modified delivery mechanisms for other services like meals and food support. Interviewees noted changes they experienced:

- Senior Centers have been altered: some have closed; participant numbers have been reduced due to social distancing and a lack of desire to use senior centers by consumers.
- Virtual and telephonic programming and services have increased, further emphasizing the need for access to Wi-Fi and knowledge of technology use among older adults.
- Meal and food support demand has increased; food delivery and distribution systems have been modified to transition from congregant meals.
- Some consumers and families no longer want caregivers to come into their homes.
- Growing desire to avoid nursing facilities.
- Mental health needs among older adults increasing.

*We have had a decline in our senior center. We had to shut it down for a couple months and then when we opened it back up, we did not have very many people interested in coming... they just do not feel comfortable coming back. (county/gov't)*

*We have had to increase certain services around COVID-19 - meals in particular, our meal program so that people didn't go without, if they had to stay at home or didn't have otherwise access to food or informal support. (non-profit)*



## **CASE STUDY: LESSONS FROM COMMUNITY HEALTHCHOICES**

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The Community Health Choices experience highlights a case where shifting external market influences coupled with internal network challenges resulted in a loss of core business for the AAAs, when the AAA network lost administration of the Community HealthChoices (CHC) program to managed care organizations and enrollment to the PA Independent Enrollment Broker (PA IEB). Below are interviewee reflections on lessons from this experience.

### ***External influences driving loss of business***

- State wanted outside and independent entities to administer the programs.
- Politics drove the state to write AAAs out of the program.
- State wanted one contract for the provision of the enrollment service.
- Providers and payers wanted an opportunity to bid on the business.
- Stakeholders wanted more choices in service delivery providers.
- MCOs saw C3 as an additional cost and wanted to contract directly with AAAs.

### ***Internal challenges driving loss of business***

- Inconsistency: Too much local variation in the AAA implementation of enrollment.
- Capacity: Some AAAs were unable to meet requirements of the RFP.
- Efficiency: With growing Medicaid costs and increasing proportions of older adults, the State thought managed care would deliver services more efficiently.

### ***Negative impact on AAAs***

- Loss of revenue source / financial strain.
- Elimination of staff.
- Lost staff that were hired by managed care organizations.

### ***Negative impact on Consumers***

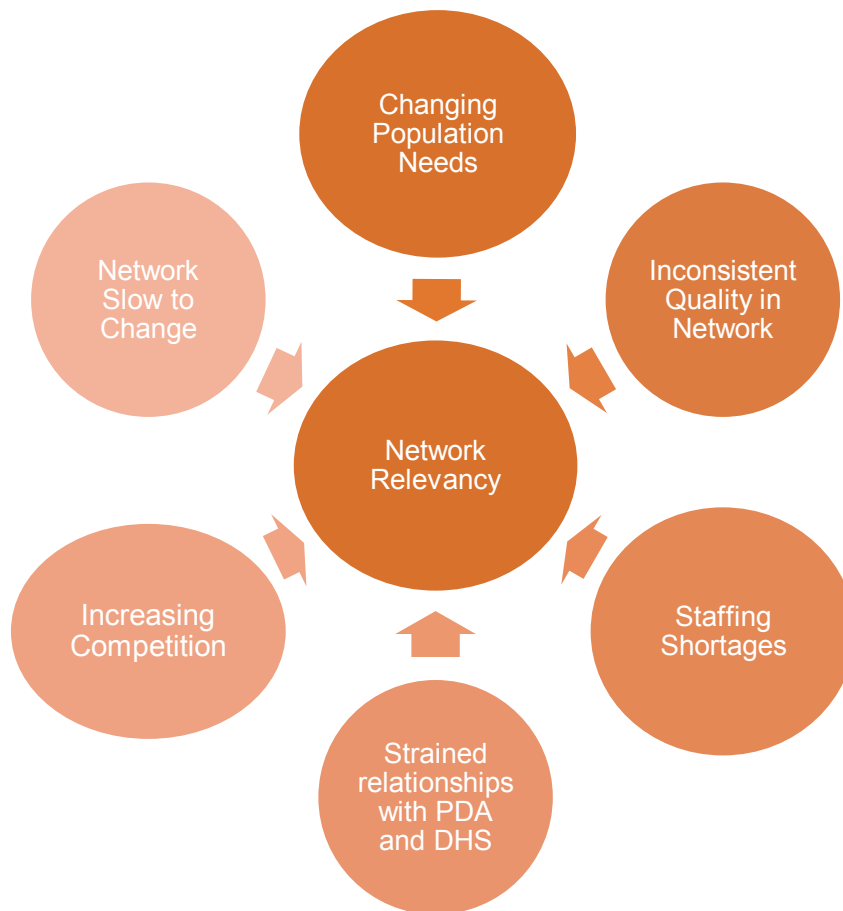
- Fragmented care with different entities providing different portions of the program.
- Consumer confusion still calling AAA for services they no longer provide.
- Consumers at increased risk: delay in enrollment of services, not as well supported in completing applications, increases in protective services as consumers not getting needed services and experience service delays.
- Consumers disappointed with service quality from MCOs.

### ***Positive outcomes for AAAs***

- Network pulled together to respond to the RFP and develop a strong collective business case illustrating their unique value.

## RISK: BECOMING IRRELAVENT

Interviewees noted their concerns that external influences such as changing needs and preferences of older adults, workforce shortages and increasing competition coupled with network challenges of inconsistent quality and service delivery, resistance or slowed ability to adapt by some AAAs, and strained relationships with PDA and DHS could ultimately threaten the relevancy and existence of the AAA network. They worried that without changes funding could be removed, core services/programs could be bid out to other providers, AAAs could be replaced or put out of business by managed care and other providers.



*Are we showing how important we are to the older adults? Either you work towards a yes or you work towards a no. And I do not think everybody works towards a yes, which makes us vulnerable to people that'll say, "Are they relevant? And are they necessary? And if we can replace them with this, why don't we do it?... OLTL would not mind if we went away and they got all the lottery money. (county/gov't)*

*If you continue to push us out of programs and move those programs over, AAAs will go out of business. A lot of AAA people will say 'but we're the expert"...we need to get rid of*

*that mentality. We are not the experts because this world is constantly changing. Our population needs are constantly changing. (county/gov't)*

*I believe that if those inconsistencies are not remedied our programs and services will be bid out to somebody else. (nonprofit)*

## ELEMENTS OF A THRIVING AAA NETWORK

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Interviewees shared the ways in which they would like to see the AAA network in Pennsylvania change, improve, and evolve. Together these create a picture of the elements of a thriving, future-oriented AAA Network.

### **Proactive planning and evolution**

- Proactively looking at changes and opportunities in the aging space to evolve network relevance and niche.
- Network members open to and integrate change based on market signals.
- P4A develops structures for ongoing identification and sharing of best practices both within and from outside the network.
- Leverage existing P4A workgroups, quarterly meetings, and other processes for network wide reflection, market assessment, strategic thinking, goal setting, and planning.
- P4A utilizes multiple avenues for engaging members and gathering input and facilitates processes for reaching common ground.
- Network is at the leading edge of trends and innovation in the aging space.

*Making sure that we are forward thinkers looking at the next steps, next possibilities, and next opportunities is going to be important. (non-profit)*

*Getting people together as thought leaders on some issues...maybe work groups of people who can identify how they're doing something that can translate to the rest of the state or that P4A can pick up as a calling that they want to take up as the rest of the state. (county/gov't)*

### **Consistent & high-quality service delivery across the network**

- Identify network wide key performance goals and measures.
- Utilize P4A to develop data systems to track, analyze, and show network impact.
- Aggregate network wide data to assess performance, identify gaps, enhance quality, and drive decisions.
- Develop network level training and peer mentoring based on identified needs (areas for improvement, consistent service delivery, key topics).
- P4A curates and organizes resources related to best practices, lessons learned, and quality service delivery so it is easy to access and search.

*We need peer reviews and monitoring of each other so that we can collectively say, "Yes, we do good work in this area." Not just because we believe we do good work, but because as a network we self-evaluate, and we monitor each other. (non-profit)*

*We are going to have to think more strategically, how do we teach? How do we connect? How do we make sure the people that are performing the services are engaged in a way they need to be engaged? (non-profit)*

### **Growing business with diversified revenue**

- Identify niche areas of service, core capabilities, and unique value of the network.
- Develop a data driven business case for services highlighting unique value, impact, and cost savings.
- Diversify funding sources beyond federal and state funding.
- Consider shared administrative infrastructure among some AAAs to increase capacity for business development and free up capacity for service delivery.
- Develop a shared business model and contracting mechanism to explore joint contracting opportunities with foundations, health care delivery organizations, MCOs, health plans, and private care management services involving all or part of the network.

*To be able to show what we're doing matters so that our funding from the state and from other sources continues... Needing to really be able to show people for what they're getting for their money that they're giving to us. (county/gov't)*

*When I say forward thinking, we need to think about other opportunities to generate revenue that are outside of the typical pathways of federal and state funding. (non-profit)*

### **Greater integration with healthcare**

- Build relationships and partnerships, with healthcare delivery organizations and health plans.
- Join health information exchanges.
- Pursue contracts with health systems and health plans to provide reimbursable services including care transitions services, care management, health education, chronic disease self-management, and other evidence-based services.
- Serve as a bridge between health systems and the community for social determinants of health initiatives.
- Collaborate regionally and as a statewide network to increase partnership opportunities with healthcare plans.

*I do not know why we are not saying, we can provide in-home services, health and wellness programs, meals when someone comes out of the hospital. We can transition them out of the hospital and keep them out of the hospital and do everything evidence-based .... You do not have to hire people to come into the community. We are here. We can do it for you. (non-profit)*

*I would like to see us spend time focusing on how we can work with healthcare plans and looking at the social determinant of health and bridging the gap between hospitals and services. (non-profit)*

### **Diverse partnerships for integrated service delivery**

- Pursue strategic partnerships that will expand capacity to meet the needs of communities and provide more integrated services.
- Identify and cultivate partnerships that will create opportunities and efficiencies in responding to needs of older adults including coordinated services, shared initiatives or programming opportunities, cross referrals, and shared advocacy.
- Explore partnerships with:
  - Other government agencies for more integrated service delivery
  - Other service providers: mental health, substance use disorder
  - Local community-based organizations
  - Other statewide non-profit organizations like United Way, Alzheimer's Association.

*In thinking about as a AAA network, are there collaborators, relationships, stakeholder groups that might not be in the norm but need to be cultivated as you think about kind of future thinking of future opportunities. (non-profit)*

*We would be an integrated network with meaningful collaborative partners doing substantive programming with data to back it up. (county/gov't)*

### **Collaborative relationship with and ability to codesign with PDA and OLTL**

- Opportunities for AAAs, PDA, and OLTL to dialogue around regulations and policies, how they impact consumers, and opportunities for improvement.
- OLTL consults PDA and AAAs and seeks their input when designing new regulations, policies, or programs.
- Policies, procedures, and programs are co-developed between AAAs and government agencies when possible.
- Training and feedback sessions provided by OLTL or PDA when new regulations come out to ensure shared understanding around implementation.

*Bring the aging network to the table, but do not have your mind already made up how you want this to go and invite us to the table just to placate us, ... Do not give us a seat at the table unless you are really going to listen to and use our input. (county/gov't)*

*If they were more willing to talk to us, to provide trainings on how we're supposed to do something instead of smacking you on the hand for not doing it when you don't even know you're supposed to do it. For regulations there needs to be a collaboration where we can sit down and talk and not go through email battles. (county/gov't)*

### **Strong advocacy**

- Continue advocating as a network on behalf of older Pennsylvanians and continue advocating for the network existence.
- Engage more in grassroots organizing to mobilize older adults and their communities.
- Advocate to the state around more flexibility in funding and regulations to meet consumer needs, and more services including mental health awareness and services, personal care homes, guardianship agencies.

*I think we can do advocacy a lot stronger; we used to load people up in buses and take them to Harrisburg...and now I think it should be the time that our seniors are in Harrisburg advocating, saying, 'we need more money to help us stay at home'. (non-profit)*

*I think that the AAA network does an excellent job on advocacy, and that's one of the top priorities for P4A, because many of the county AAAs are not able to advocate, but they need a system that does advocate on behalf of older Pennsylvanians. (non-profit)*

### **Relevant services**

- Transform and evolve services to remain relevant in meeting the changing needs and preferences of older adults.
- Explore service innovation opportunities including:
  - Healthy aging campuses vs. senior centers
  - Aging in place and holistic care models
  - Initiatives addressing social determinants of health
  - Housing modifications and affordable housing
  - Private care management and services
  - Multigenerational activities
  - Learning & education programs
  - Technology training
  - Wellness & prevention programs
  - Virtual programming
- Develop shared messaging and marketing that engages potential consumers, combats and preconceived programming notions, and rebrands and raises interest in relevant and enriching services.

*As people steer away from the traditional services, we are offering we are going to have to reinvent ourselves just as the senior centers are beginning to reinvent themselves.  
(county/gov't)*

*But you really do need to evolve and grow to stay relevant. And I think that is what we are going to have to do to keep our seniors engaged with us. (county/gov't)*

# Pennsylvania AAA Network Profile Survey Report

Pennsylvania Association of Area Agencies on Aging

November 2020



## Survey Overview

In September 2020, Collaborative Consulting conducted a network-wide survey that was distributed to all 52 Area Agencies on Aging in Pennsylvania. The survey was created and administered to help the Pennsylvania AAA network identify and inform strategic planning considerations and priorities for its future. The survey aimed to capture experiences and perspectives on the characteristics, challenges and opportunities of AAAs in Pennsylvania, as well as perspectives on Pennsylvania's AAA network and opportunities for its advancement.

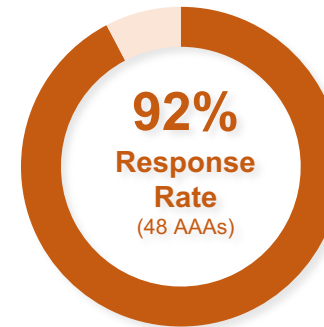
This report is a summary of the survey results. Responses have been aggregated and anonymized to respect individual and organizational privacy. The learning from the survey will be combined with the synthesis of a series of key informant interviews that were conducted with AAA leaders in Pennsylvania. A final AAA Network Profile will be produced based on the synthesis of these two primary research documents.

The survey results portray a group of passionate leaders and interconnected organizations that have many opportunities to advance and enhance how they work together to improve the health and wellbeing of their clients, their organizations, and their network. Findings reveal a cohort of organizations that share many similarities in individual and network-based perspectives and aspirations, as well as considerable differences and variation between individual AAAs, between regions, and between nonprofit and government-based agencies.

AAAs view their network as one of peer support and formal and informal partnership, with joint advocacy for funding and involvement in Pennsylvania's LTSS system, and with a similar level of consumer and public advocacy for the health and wellbeing of older adults. AAAs have many shared positive sentiments - and some critical feelings and perspectives - about their work, the AAA network, and the long-term services and supports system that they are situated in. There is an overwhelming shared sense that the services and programs AAAs offer and participate in, as well as their organizations, are severely under-funded and do not meet current or future levels of public need and demand for services that promote older adult health and wellbeing.

This report is structured in three parts that help capture AAA leader perspectives about their organizations' and the broader AAA network's characteristics, strengths, challenges, and opportunities. While many of the results demonstrate a broad distribution of perspectives and concerns, areas of alignment and shared perspectives are considered significant if they garnered a 75% or greater common response. These areas of alignment are summarized in the report conclusion.

## Survey Respondents



- 30 Rural AAAs
- 18 Urban AAAs
- 18 Nonprofit AAAs
- 30 Government-based AAAs

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# 1. Pennsylvania's AAAs: Snapshot

## Current Service Offerings

**Many AAAs deliver and target services specific to certain vulnerable populations, yet many gaps exist across the Commonwealth.**

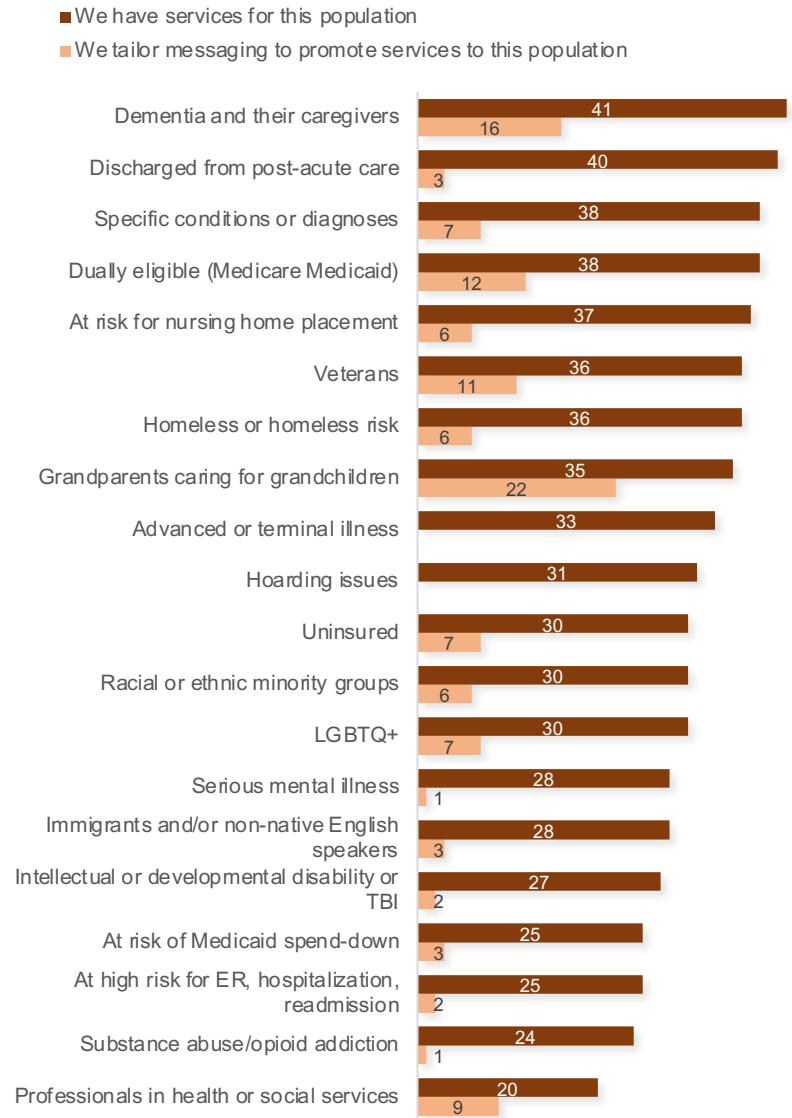
While there is significant coverage of some specific programs and targeting across the state, it is not universal. A significant number of Pennsylvania's AAAs (75% or greater) deliver and target services to a handful of specific populations, with the most common being individuals with dementia and their caregivers (85%), and individuals discharged from post-acute care (83%). A high number of AAAs tailoring services to certain populations indicates areas of natural alignment and shared objectives, where a shared approach to common practices, service improvements, performance measures, or common messaging could benefit from larger economies of scale and collaborative efforts.

AAAs are more focused on tailoring services for specific populations than on tailoring messaging to those populations. This indicates a need for AAAs to collectively strengthen targeted messaging to specific groups in order to ensure their services are getting to those best suited and most in need for specific services.

A comprehensive approach to offering core services statewide and targeting messaging to specific population groups could attract public and private grant funding as well as funding from health care organizations. With some tailored and targeted services and messaging already widely in place across the network, closing those service and targeting gaps could be achievable for the network in a relatively short timeframe. Services and programs that have significant gaps in availability, and specific populations that are not targeted, could be addressed on a longer timeframe with efforts across the state.

*Our greatest strength is that we have an established service area at the local level to serve older adults with our services, with information and referral to other services.*

### Services and Messaging for Specific Populations (n=48)



# 1. Pennsylvania's AAAs: Snapshot

## Current Service Offerings

**Only three evidence-based programs are commonly offered by 75% or more of Pennsylvania's AAAs.**

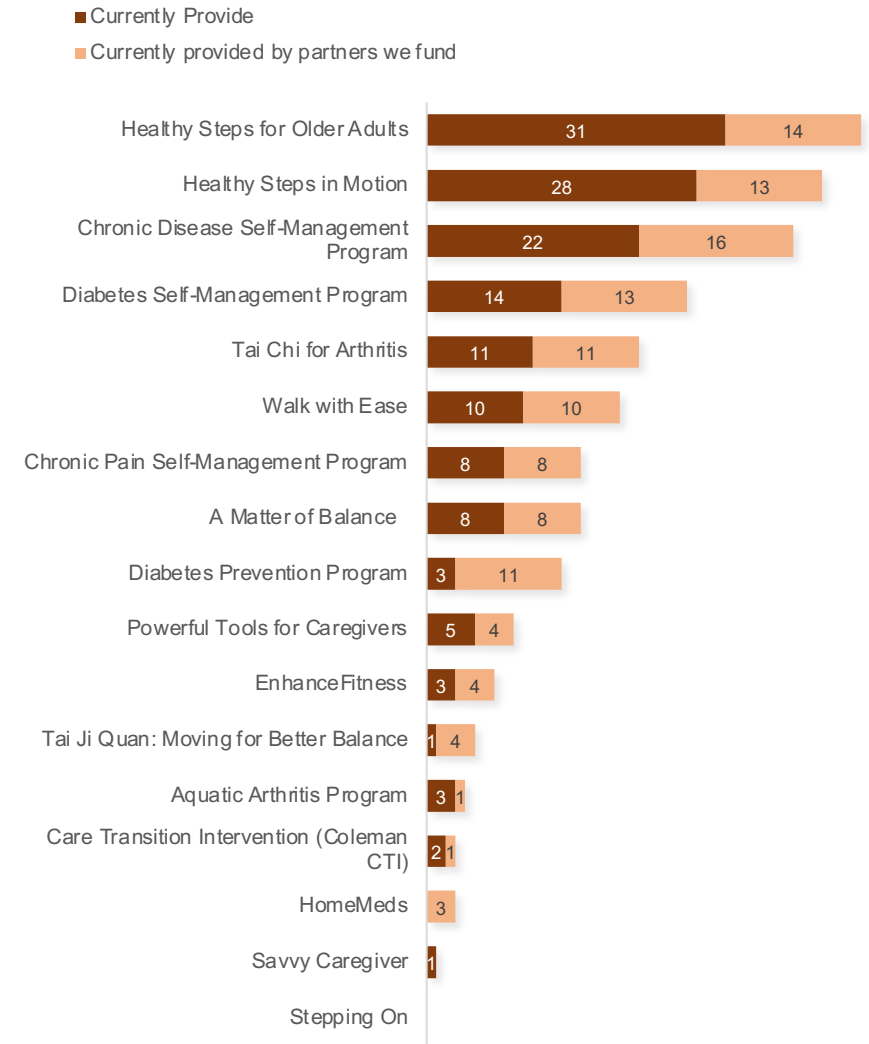
AAAs deliver and fund other organizations to deliver a wide array of evidence-based disease prevention and health promotion programs throughout the Commonwealth. While AAAs help to make many of these programs available to older Pennsylvanians, only three programs are commonly available by at least 75% of surveyed AAAs: Healthy Steps for Older Adults, Healthy Steps in Motion, and chronic disease self-management programs.

There is an opportunity for the network to explore commercial partnerships with health care organizations that may be seeking to contract with evidence-based wellness program providers in order to refer their patients and beneficiaries to vetted classes and receive some level of follow-up and communication from evidence-based program providers. Several AAAs have indicated that they have formal or informal partnerships with health care organizations to refer individuals to their wellness programs.

The limited availability of common evidence-based programs offered or funded by AAAs demonstrates an opportunity for the network to explore if this indicates gaps in programs in parts of the state, or if these services are financed and supplied by other organizations. The relatively low involvement of AAAs in evidence-based caregiver programs also warrants further exploration into public need and demand for caregiver services, or if these too are offered by other organizations.

*“We would love to hire a special projects coordinator whose sole purpose would be to look at other evidence-based programs out there that we could replicate - and help locate funding to provide those programs.”*

### Evidence-Based Programs Currently Available (n=48)



# 1. Pennsylvania's AAAs: Snapshot

## Current Service Offerings

**Many Pennsylvania's AAAs are participating or interested in participating in livable community initiatives, but their active involvement is lower than the national AAA average.**

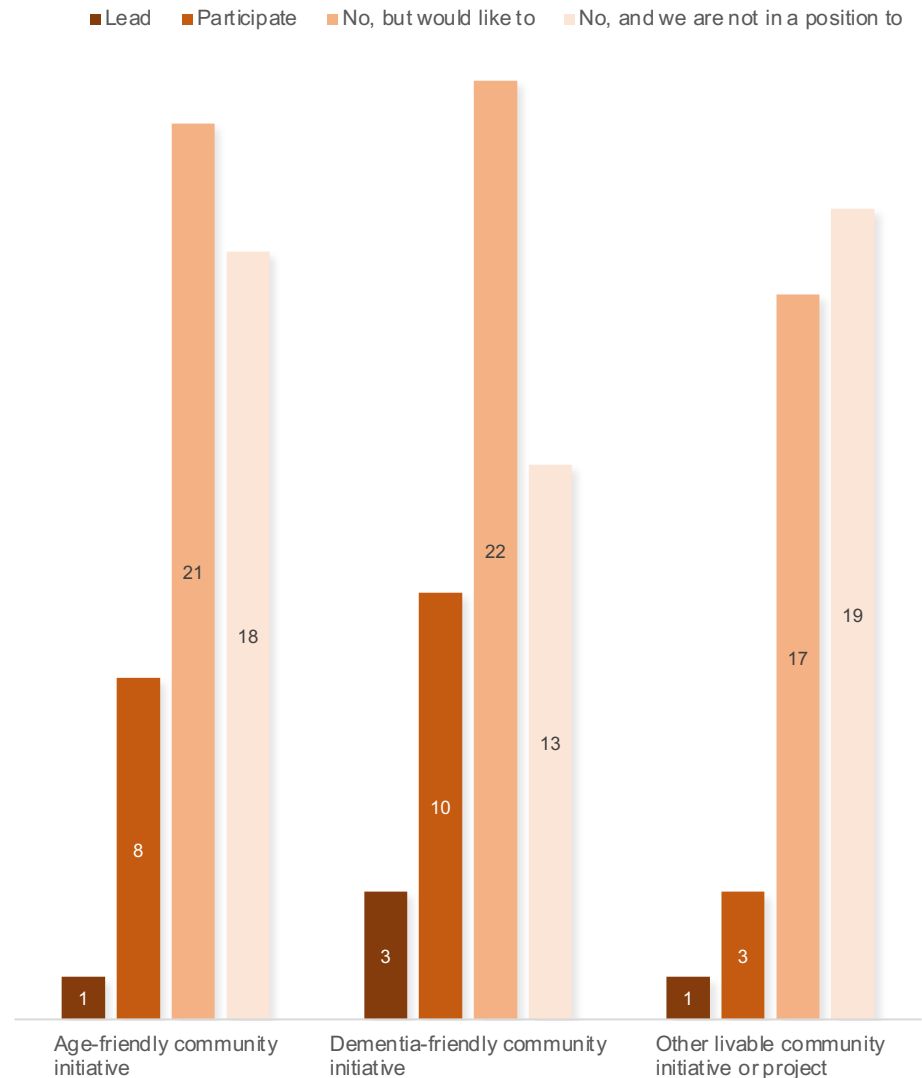
About two-thirds of AAAs surveyed lead, participate, or are interested in participating in age-friendly community initiatives, while a greater share lead, participate, or are interested in participating in dementia-friendly community initiatives. Nearly half of all AAAs surveyed are not currently leading or participating in livable community initiatives but would like to.

Nineteen percent of Pennsylvania AAAs are currently involved in age-friendly community initiatives, which is eleven percentage points lower than the national average according to n4a's most recent national survey. Twenty-seven percent are involved in dementia-friendly initiatives, ten percentage points lower than the national average. While current AAA activity in livable community initiatives is lower than the national average, there is considerable interest across much of the Pennsylvania AAA network. Given the level of interest that many AAAs have in the AAA network becoming more involved in collective impact initiatives, efforts to encourage livable communities planning at the regional and/or state level could be well-received by many AAAs.

The combination of AAA activity or interest in livable community initiatives, AAA activity in dementia-related services, and AAA interest in collective impact opportunities indicate an opportunity area to explore with the network around AAA-led regional and statewide livable community initiatives.

*“This network is strong and has a vast amount of resources within its ranks. Diversity and individuality needs to be balanced with a common vision.”*

Participation in Livable Communities initiatives (N=48)



# 1. Pennsylvania's AAAs: Snapshot

## Future Service Offerings

**AAAs are interested in many new program focus areas as well as enhancing their targeting to specific populations. Yet, no areas or populations attract a significant share of AAAs.**

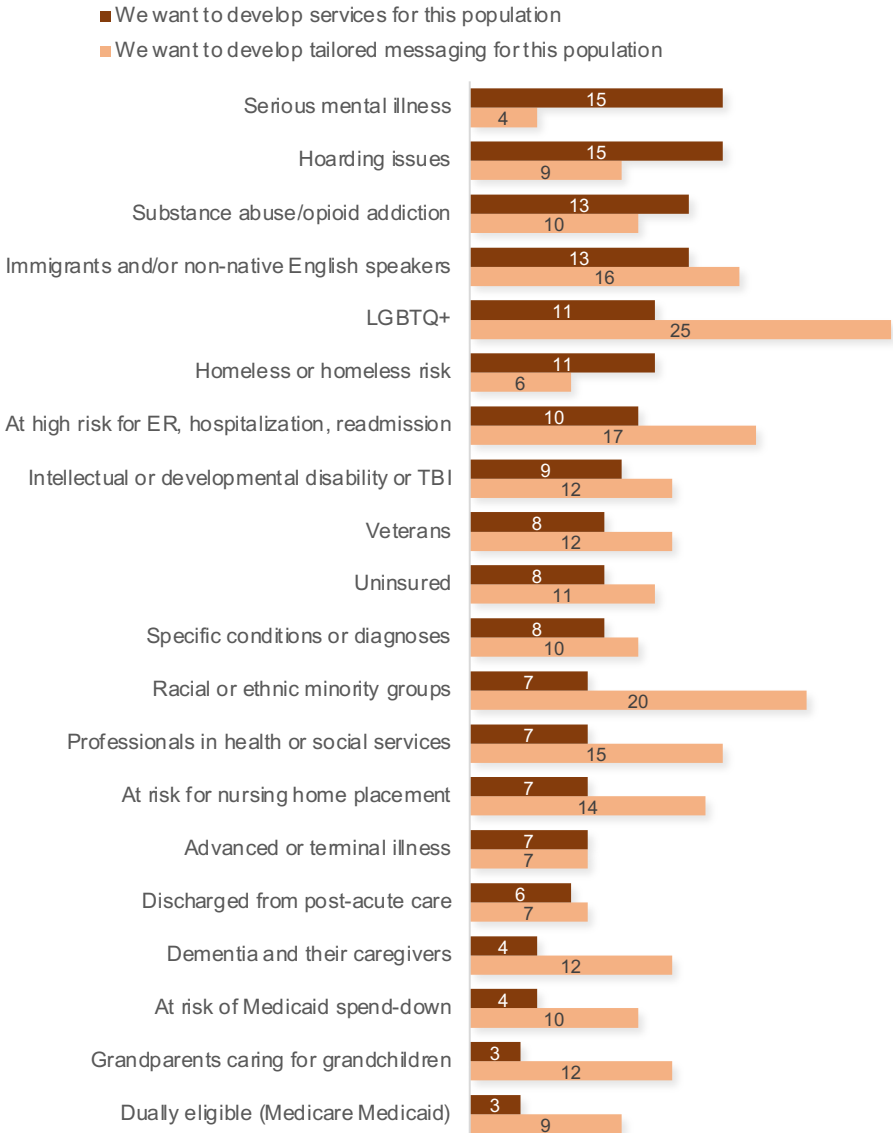
AAAs are interested in developing services and tailored messaging to target many specific populations. The most common service areas for specific populations that AAAs would like to develop are for individuals with serious mental illness and individuals with hoarding issues (31% of respondents), followed by individuals experiencing substance abuse or opioid addiction, and immigrants or non-native English speakers (27%).

In terms of developing more targeted messaging to specific populations, there is a bit more interest to focus on certain populations. The largest share of AAAs are interested in developing targeted messaging to LGBTQ+ older adults (52%) and specific racial or ethnic minority groups (42%).

These findings help demonstrate the diversity of AAAs and how they are oriented to the specific needs of their communities, as well as the array of subpopulations they serve. Areas for further exploration for the network could involve how the AAAs can collectively support this diversity while identifying areas of shared opportunity for service development and targeting to specific subpopulations.

*We need to work on understanding the new face of aging boomers, and how they intend to move into the future.*

### Desired Services and Messaging for Specific Populations (n=48)



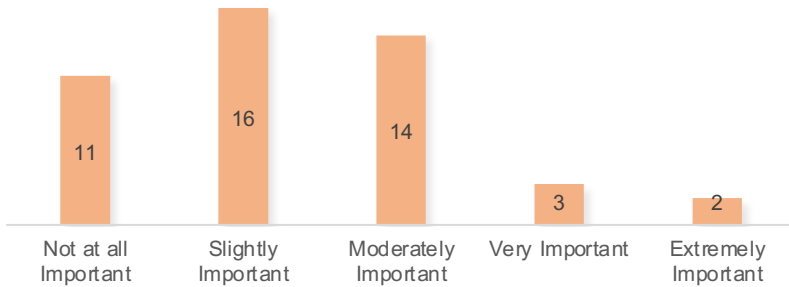
# 1. Pennsylvania's AAAs: Snapshot

## Future Service Offerings

AAAs vary in terms of additional services or programs they would like to provide. The majority, however, think that serving more adults with disabilities is not very or extremely important.

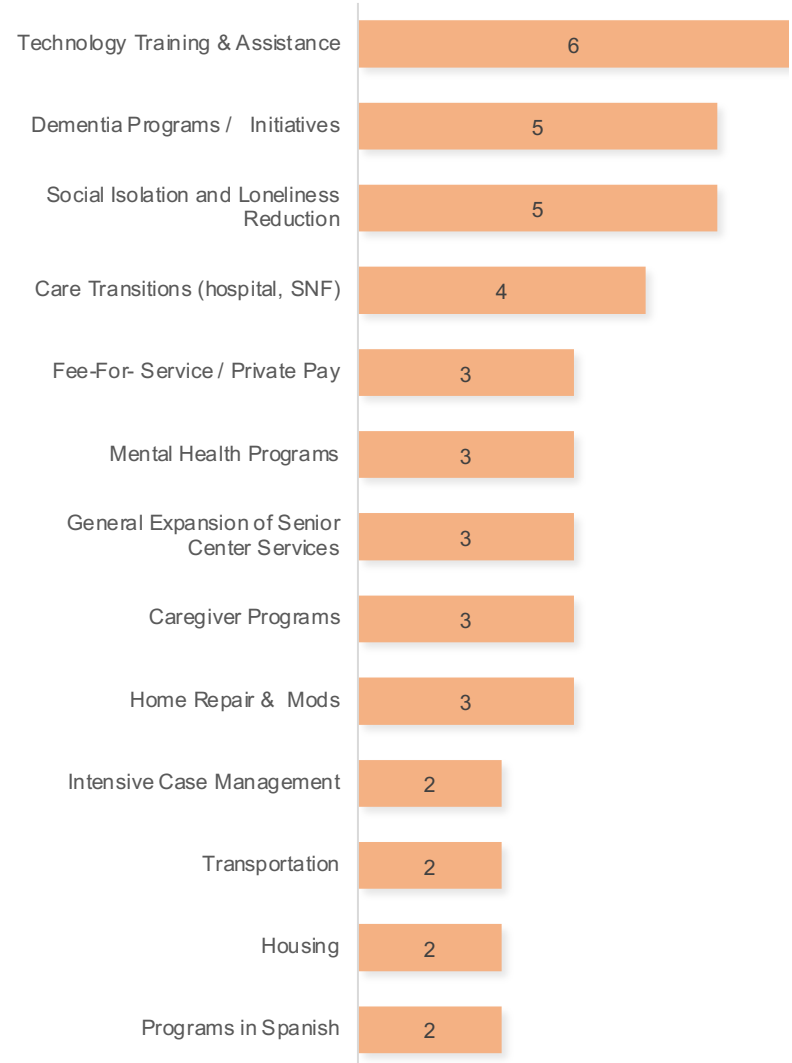
Other services or programs AAAs would like to provide in the future demonstrate the diversity across the network, with no service area garnering more than 18% of AAA interest. Among the highest areas of interest, technology training and assistance and social isolation and loneliness reduction, are likely driven by the current pandemic and the recent rise in reliance on digital technologies and attention to social isolation and loneliness. The AAA network does not see an expansion of AAA focus on serving adults 18+ years of age with disabilities as being critically important, with only 11% of AAAs surveyed indicating high levels (“very” or “extremely”) of importance in this area.

### Importance for AAAs to expand focus to serve more adults 18+ years of age with disabilities (n=46)



*“We would like to offer a private pay version of our care management and service coordination services.”*

### Other services or programs AAAs would like to provide in the future (n=34)



# 1. Pennsylvania's AAAs: Snapshot

## Future Service Offerings

**The largest share of AAAs are most interested in expanding programs for family caregivers.**

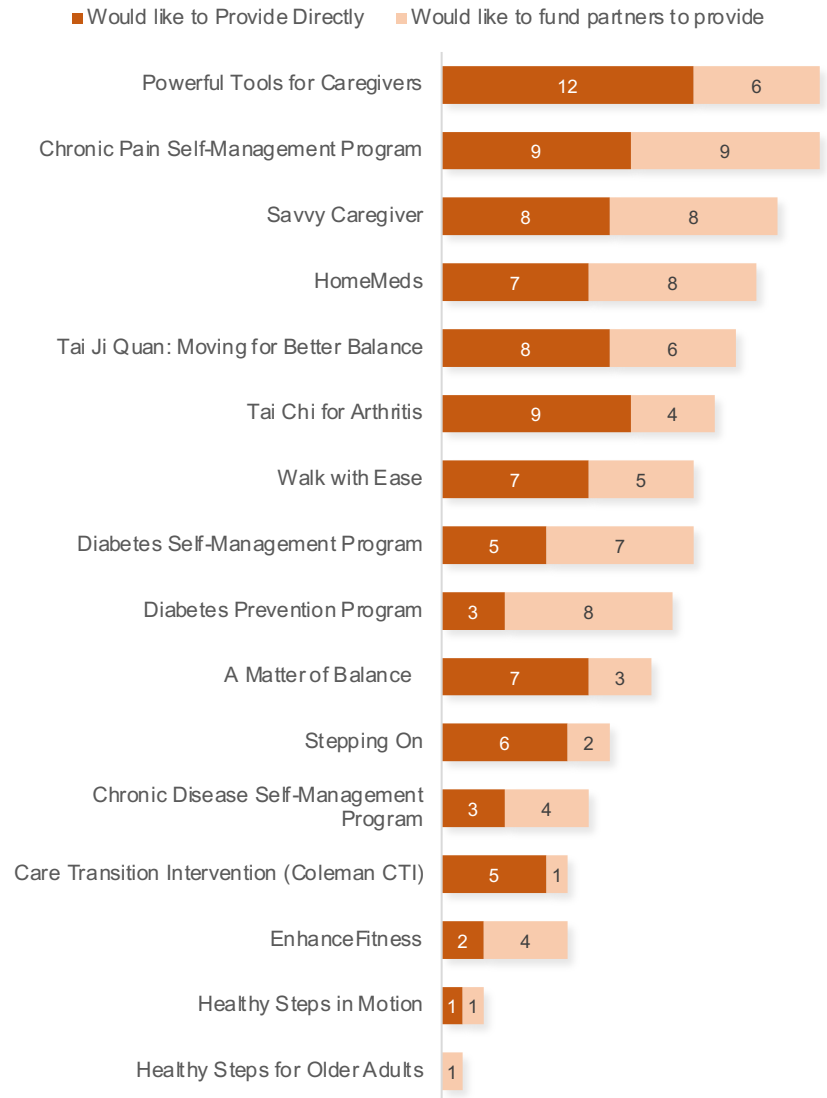
AAAs have broad interest in expanding the evidence-based programs they fund and provide. While no programs earned the interest of the majority of survey respondents, programs for caregivers (38% and 33%) and Chronic Pain Self-Management (38%) are the programs that AAAs are most commonly interested in expanding, followed by the HomeMeds (31%) and Tai Ji Quan: Moving for Better Balance (29%).

The limited involvement of AAAs in programs for caregivers, and the high demand to develop these programs demonstrates an opportunity for AAAs to work in greater collaboration on building program capacities and availability. A networked effort to expand caregiver programs could reduce the individual costs of building, promoting, and delivering new programs, and provide an opportunity for multiple AAAs to seek additional funding for these programs from health care organizations, private grantors, or even private payers. This is a trend in other states where AAAs and other service providers are working together to offer statewide portfolios of evidence-based programs - many in partnership with health care organizations with a focus on enhancing referral mechanisms and closed-loop communications, program quality assurance and improvement, and the breadth of common program offerings at scale.

As evidence-based programs are attracting greater funding interest from health care organizations, AAAs may want to explore ways to develop their own provision of services as opposed to contracting with other providers to offer them. Some AAAs expressed a desire to grow their evidence-based program offerings but lack the financial and staffing resources to devote to developing and launching new programs, further demonstrating the opportunity for AAAs to work together to expand these important programs.

*“We want to provide several evidence-based courses, but the costs are way too high.”*

### Desired Evidence-Based Programs (n=48)





# 1. Pennsylvania's AAAs: Snapshot

## Future Service Offerings

The pandemic is changing the way consumers and AAAs access and deliver services, forcing service changes as well as innovations.

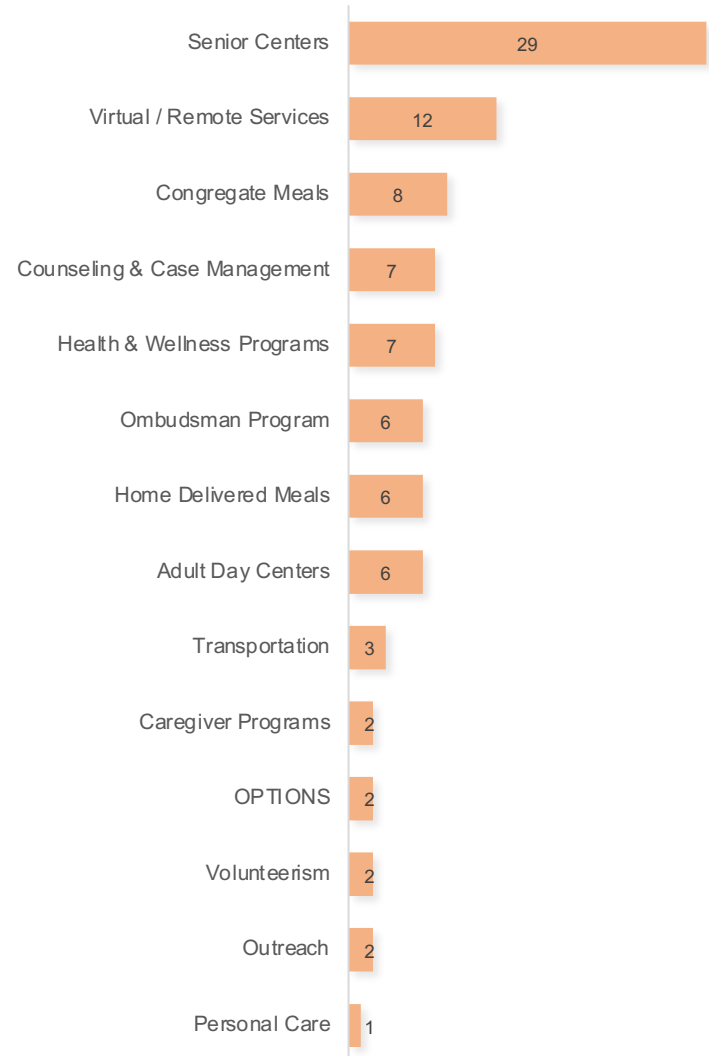
The pandemic continues to disrupt the lives of many older Pennsylvanians and the services and strategic outlooks of many community-based organizations that serve them. AAAs are experiencing the personal and systemic effects of the pandemic up close, and many foresee some services permanently changing as the pandemic persists and eventually subsides.

The greatest share (71%) of AAAs are convinced that services and programs in their Senior Centers will permanently change as a result of the pandemic. Dramatic changes took place early in the pandemic as senior centers expanded home deliveries as alternatives to congregate dining and developed or expanded online classes and programs in order to maintain contact with and activities for older adults. Many AAAs see this time of major change as an opportunity to re-vision what the future should look like for senior centers and their programs.

The second most common pandemic-driven permanent change to services involves AAAs adopting more virtual and remote services. AAAs recognize that these changes have forced their organizations to invest in new platforms, develop new skills and techniques, experiment with new service delivery modalities, and cater to consumer preferences and expectations that have shifted suddenly. For some, these changes are also influencing their administrative systems, forcing their staff to adjust to fewer paper-based and more digital tracking and reporting processes.

*“COVID-19 has proven that our current health system is failing, most notably in the LTSS arena. We have elderly people who have been isolated since March, dying alone in nursing homes. The baby boomer generation will not accept that fate and we need to grow and change in response.”*

Services that will permanently change as a result of the pandemic (n=41)

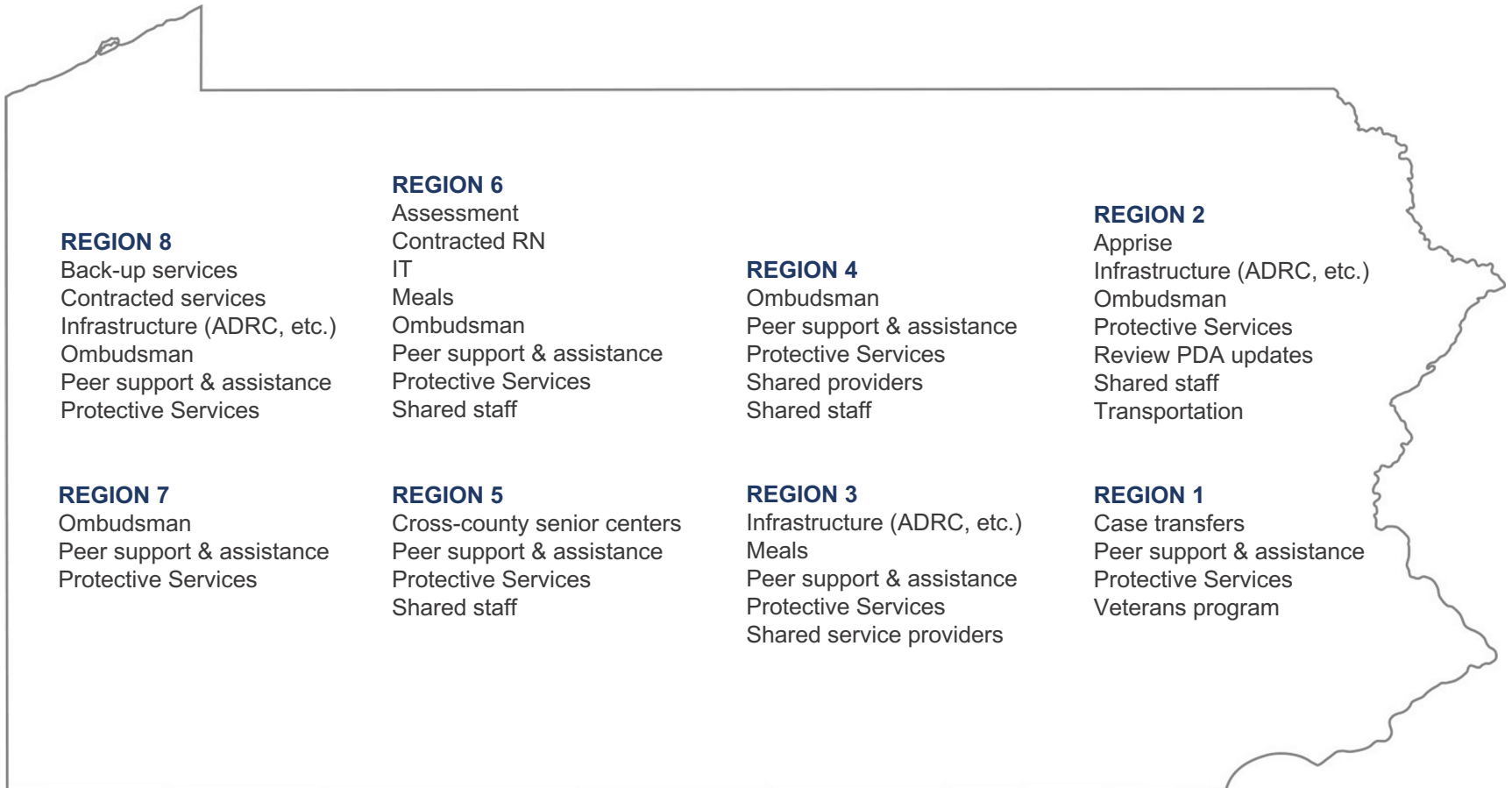


# 1. Pennsylvania's AAAs: Snapshot

## Partnerships with AAAs

**AAAs are highly networked at the regional level, indicating opportunities to explore strengthening intra-regional and inter-regional relationships and partnerships.**

AAAs are formally and informally partnering or collaborating with other AAAs – particularly at the regional level. Formal relationships involve sharing of staff, contracting for some direct services, and shared IT infrastructure. AAAs' informal relationships involve peer support and technical assistance, reviewing policy and procedure updates from the Department of Aging, and helping coordinate services for clients that may live or seek services in another AAA's coverage area. This diversity of activity among clusters of AAAs indicates the potential for enhancing these strategic and operational ties in order to solve evolving AAA challenges and meet emerging and future opportunities to partner and collaborate on growth-oriented or mission-driven initiatives.

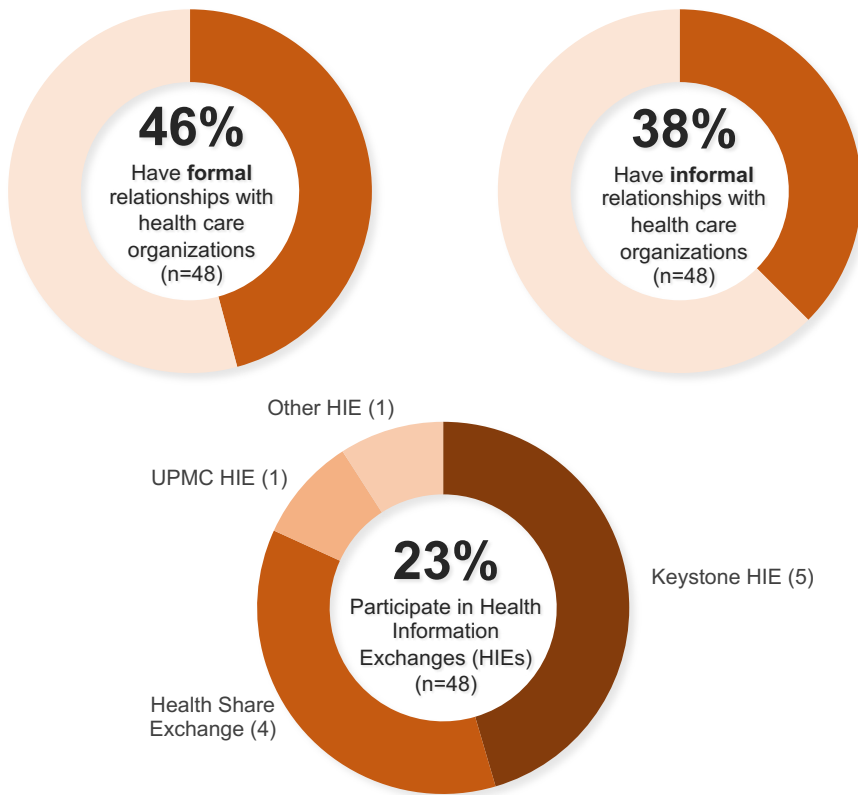


# 1. Pennsylvania's AAAs: Snapshot

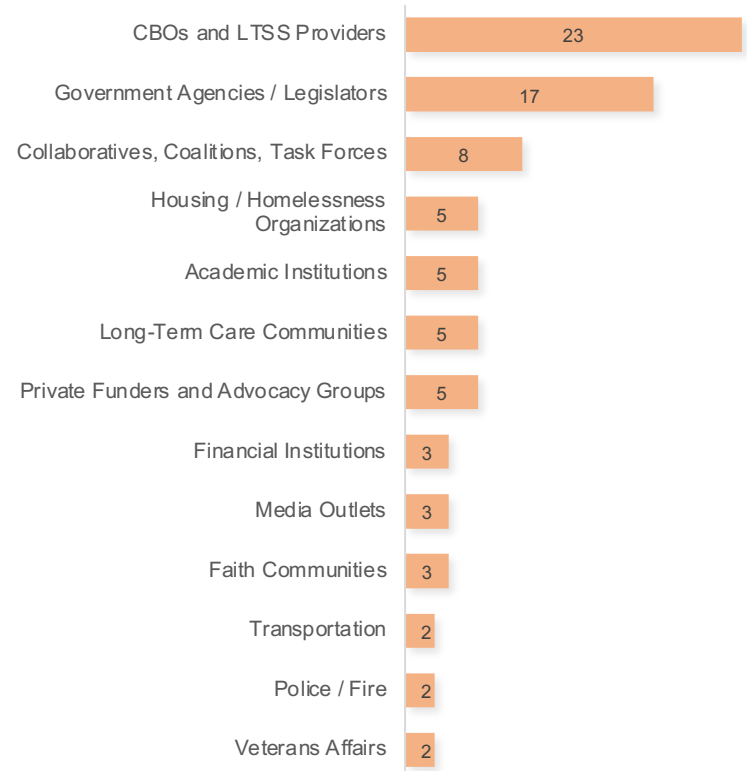
## Partnerships with Non-AAA Organizations

**AAAs are well-connected within local home- and community-based services and health care systems, and less so outside of those systems.**

Nearly half of all AAAs surveyed have at least one formal relationship with a health care organization (indicated by a signed agreement between parties). Over one third of AAAs surveyed have at least one informal relationship with a health care organization. While only about one in five AAAs participate in health information exchanges (HIEs) in Pennsylvania, this number is rising. AAAs are well-connected to groups and organizations offering and advocating for long-term services and supports, with the greatest share of AAAs partnering with CBOs and LTSS providers, and government agencies and legislative offices. Roughly a quarter of surveyed AAAs participate in at least one collaborative, coalition, or task force, indicating that not many are involved in collaborative or collective action in their communities. While AAAs appear to be connected to their immediate LTSS system counterparts, opportunities to expand relationships to other groups and organizations beyond LTSS are significant.



### Organizations beyond sub-contracted providers and health care organizations that AAAs have partnerships with (n=30)



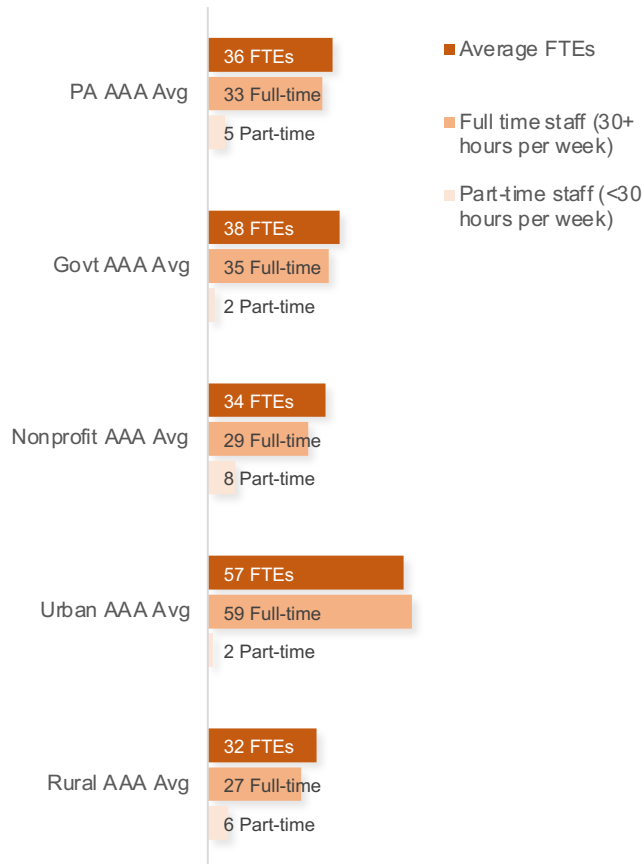
# 1. Pennsylvania's AAAs: Snapshot

## Staffing & Funding Profile

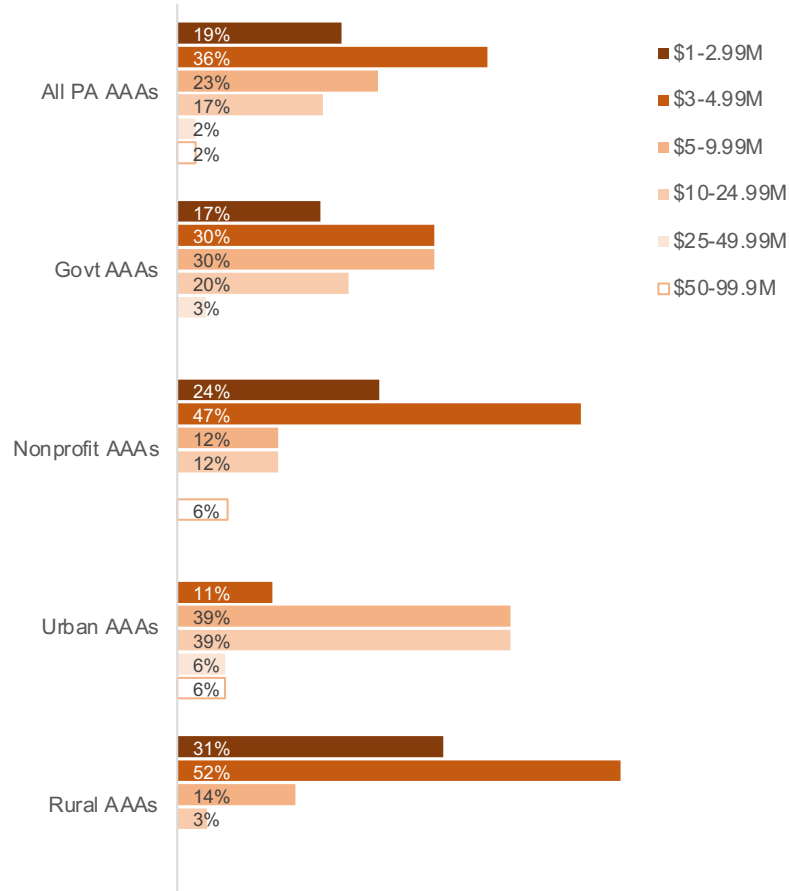
Staffing and funding are two areas where Pennsylvania's diversity of AAAs becomes more pronounced.

While the average staff sizes of government and nonprofit AAAs are similar, nonprofit AAAs have slightly smaller workforce sizes and rely more on part-time workers. Government-based AAAs have slightly higher than the network average staff size, while nonprofit staff is slightly lower. Urban AAAs have a significantly larger staff size due to larger budgets and older adult populations, while rural AAAs experience the lowest staff sizes. More than half of AAAs surveyed had annual budgets under \$5 million per year, with about 20% having budgets of \$10 million or more per year. Annual monitoring and reporting of staffing and budget sizes across the network could be one way to measure the extent to which members are fluctuating in size as public needs and demands, as well as funding streams, evolve.

AAA staffing averages (median) (n=46)



AAA annual budgets (n=47)



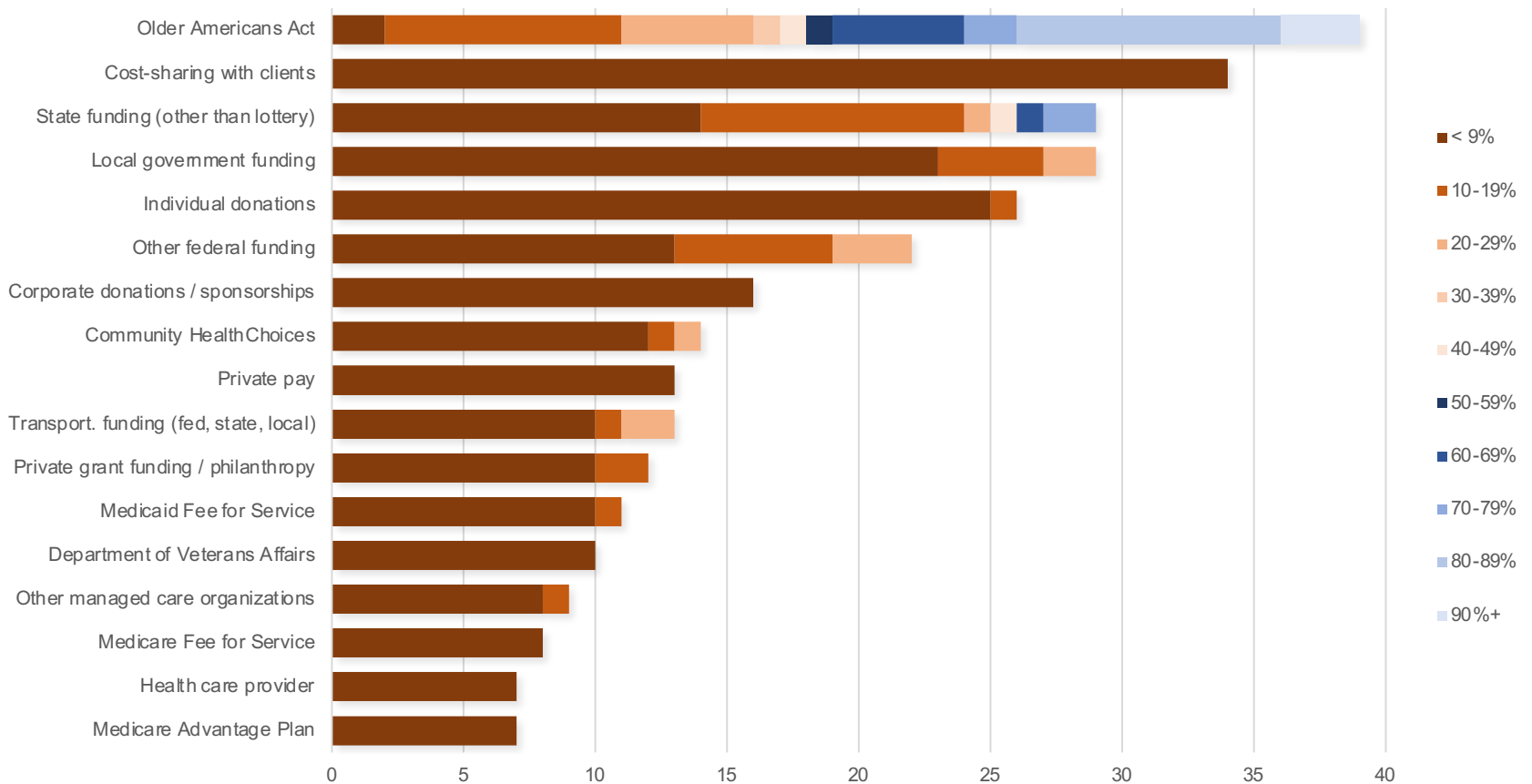
# 1. Pennsylvania's AAAs: Snapshot

## Staffing & Funding Profile

**AAAs average between seven and eight different revenue sources, with nonprofits averaging slightly more diversified revenue streams than their government-based peers.**

AAAs source their revenues in a variety of ways and from a variety of payers and funders. Some AAA revenues are much more diversified than others, with nontraditional funding sources such as Medicare Advantage plans, health care provider organizations, Medicare fee-for-service, and consumer sources including cost sharing, private pay, and charitable donations. Eighteen percent of respondents identified at least 15 different revenue sources for their AAAs (a mix of nonprofit and government, and urban and rural AAAs), while 43% identified no more than five different revenue sources. This demonstrates the opportunities AAAs have to work together and learn from each other on how to diversify and increase their revenues.

**AAA Revenue Sources Outside of Lottery Funds (% Share of Revenue by Revenue Type) (n=40)**



# 1. Pennsylvania's AAAs: Snapshot

## Defining & Measuring Success

### Most AAAs aren't measuring the outcomes of their services.

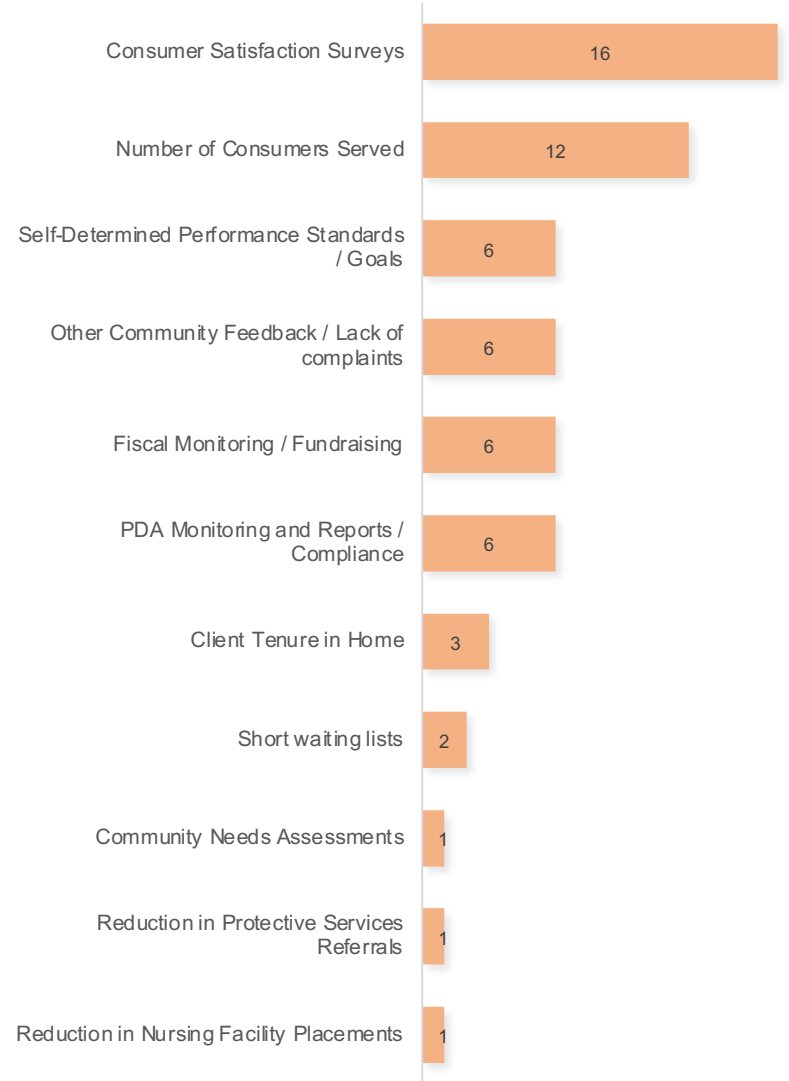
AAAs define and measure their performance in a variety of ways. The greatest number of AAAs rely on consumer satisfaction surveys to assess the performance of their services (nearly 50% of AAAs), followed by counting the number of consumers they serve as another measure of how well they are performing (36% of AAAs). A minority of AAAs report that they measure outcomes-related indicators such as client tenures in their homes (as opposed to long term care facilities), reductions in protective services referrals (although this type of measure may not be a reliable standalone performance indicator), and reductions in nursing facility placements.

There is an opportunity for AAAs to explore shared measurement systems and resources, which could be cost effective and help to standardize outcomes measurements in order to better gauge and compare performance across AAA regions. AAAs can share performance measurement and management systems best practices that have helped improve consumer outcomes, financial sustainability, staff performance, and contract-based and grant funded program performance.

AAAs are poised to advance their outcomes measurement capabilities by leveraging their existing consumer satisfaction survey infrastructure to focus more on consumer self-reported outcomes. These surveys could also be co-developed by multiple AAAs, regions, or the entire network to standardize questions and performance indicators in order to collectively gauge and compare performance - and work to improve or modify services and programs that are not generating the intended outcomes.

*“We need better tools to define measurements and outcomes to better assess how well we are doing. Right now, it's just a matter of: do we hit our target numbers, do we meet as many needs as possible to as many consumers as possible, and in a timely and satisfactory manner (i.e. lack of service complaints)?”*

### How AAAs define and assess overall success (n=33)



## 2. Pennsylvania's AAAs: Challenges & Opportunities

### Systems Gaps & Barriers Experienced by Older Adults

**AAAs recognize systems barriers and gaps that older adults are experiencing in their communities – and have many ideas for improvement.**

AAAs shared that older adults face challenges involving waitlists, delays, and inefficiencies involving services for older adults, which they attribute to, among other reasons, insufficient program funding, poor quality service delivery by other organizations in the system (e.g. enrollment brokers), and lengthy mandatory assessment processes. AAAs also identify eligibility gaps and limitations to care plans that can jeopardize positive consumer outcomes.

AAAs have many ideas for improving programs, service providers, and systems to better serve and care for older adults. A significant share of these ideas involve political advocacy for public funding increases and program policy changes, making services more consumer-oriented and efficient, and improving existing service and program designs to achieve greater consumer outcomes.

GAPS AND BARRIERS	Service waitlists, delays, inefficiencies	Transportation gaps and barriers	Income eligibility gaps
POTENTIAL SOLUTIONS	<ul style="list-style-type: none"> <li>• Improve consumer navigation services</li> <li>• Simplify enrollment processes and improve enrollment times</li> <li>• Expand funding, including for Protective Services and OPTIONS</li> <li>• Change enrollment brokers or promote greater local involvement in Waiver enrollment</li> <li>• Expand care plan caps</li> <li>• Encourage live answering for any public services that older adult access (e.g. County Assistance Offices)</li> <li>• Shorten needs assessment tools and processes</li> <li>• Establish local needs-based budgeting for AAAs based on their greatest economic and populations' service needs</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce ride and wait times, promote same-day service</li> <li>• Encourage older adults to relocate from areas with transportation gaps</li> <li>• Improve / expand fixed transportation routes</li> <li>• Promote development of senior living complexes in rural communities that can be connected to transit routes</li> <li>• Establish all-ages and abilities transportation coalition to research issues and solutions</li> <li>• Develop / expand volunteer driver network</li> <li>• Contract with more transportation providers, including private companies</li> <li>• Coordinate directly with transportation companies to improve services for older adults</li> </ul>	<ul style="list-style-type: none"> <li>• Funding expansion or special allocations for services targeted to this population</li> <li>• Establish sliding scale fees and avoid limiting care plans</li> <li>• Raise PACE and PACENET income eligibility levels</li> <li>• Advocate for expansion of health care coverage</li> <li>• Raise political awareness of income gaps and how to close them</li> <li>• Offer / promote services that help consumers avoid or delay spend-down</li> </ul>



## 2. Pennsylvania's AAAs: Challenges & Opportunities

### Systems Gaps & Barriers Experienced by Older Adults

Additional gaps and barriers that AAAs recognize as counter-productive to aging well in their communities range from the availability and accessibility of services and supports, to mental models of aging and disability, lack of public awareness of available services, and lack of coordination among and between social services and health care organizations.

<b>GAPS &amp; BARRIERS</b>	<b>Limited consumer access to technology</b>	<b>Limited consumer access to mental health services</b>	<b>Social isolation and social stigma of aging and disability</b>
<b>POTENTIAL SOLUTIONS</b>	<ul style="list-style-type: none"> <li>• Expand broadband</li> <li>• Expand funding and allocations to technology-related services</li> <li>• Subsidize internet connection costs</li> <li>• Create technology libraries with training</li> <li>• Expand funding and training for more tech-oriented support and assistance programs</li> </ul>	<ul style="list-style-type: none"> <li>• Increase partnerships</li> <li>• Increase targeted public awareness and education about services</li> <li>• Offer in-home mental health case management services</li> <li>• Advocate for funding increases</li> </ul>	<ul style="list-style-type: none"> <li>• Support technology use in home</li> <li>• Promote development of senior living complexes in rural communities that can be connected to transit routes</li> <li>• Expand funding for Guardianship services</li> <li>• Develop Reframing Aging initiatives</li> </ul>
<b>GAPS &amp; BARRIERS</b>	<b>Lack of care coordination</b>	<b>Lack of services for grandparents and family caregivers</b>	<b>Lack of awareness of aging services</b>
<b>POTENTIAL SOLUTIONS</b>	<ul style="list-style-type: none"> <li>• Use HIEs</li> <li>• Advocate for more coordination between OLTL, PDA, CHC, AAAs</li> </ul>	<ul style="list-style-type: none"> <li>• Provide services for younger (&lt;60) grandparents</li> <li>• Advocate for employer policies the support caregiving</li> </ul>	<ul style="list-style-type: none"> <li>• Better public messaging and targeting of available services</li> <li>• Partner with healthcare providers to promote AAA services</li> </ul>
<b>GAPS &amp; BARRIERS</b>	<b>Limited affordable and accessible housing</b>	<b>Limited capacity for home-based meals and nutrition services</b>	<b>Limited chore and errand services</b>
<b>POTENTIAL SOLUTIONS</b>	<ul style="list-style-type: none"> <li>• Right-sizing services and care settings</li> <li>• Acquire and reuse vacant properties</li> </ul>	<ul style="list-style-type: none"> <li>• Partner with grocery stores for deliveries</li> </ul>	<ul style="list-style-type: none"> <li>• Expand volunteer programs</li> </ul>

## 2. Pennsylvania's AAAs: Challenges & Opportunities

### AAA Challenges

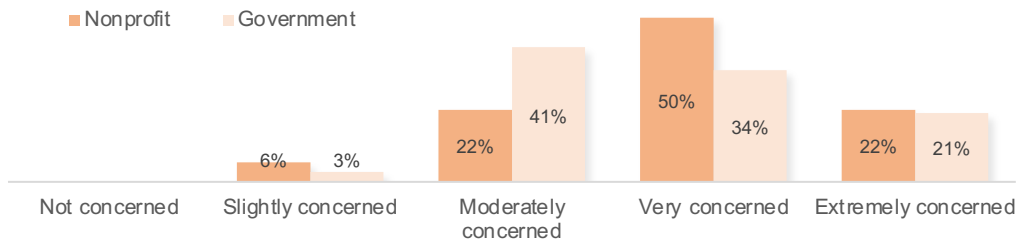
#### AAAs' greatest challenges involve funding and staffing.

AAAs are concerned with delivering the spectrum and quantity of services to meet demand in their communities as well as being able to attract and afford highly qualified and motivated professionals to deliver and oversee AAA services. Every AAA is at least slightly concerned about their ability to maintain current funding levels into the future, and nearly three-quarters of nonprofit and over half of government AAAs are highly concerned.

In this open-ended question, respondents commonly focused on their agencies' needs for increased funding in order to increase the amount of services, and not on operating in more economical, efficient, or cost-effective ways. Similarly, few AAAs (2) identified demonstrating outcomes as a challenge, indicating that it is either not difficult or not a focus area for many.

Funding is a response to a service capacity challenge, as well as a challenge in and of itself. AAAs are already demonstrating ways in which they are networking to cut costs and create economies of scale through staff sharing partnerships. Given these and similar kinds of existing arrangements between AAAs, opportunities for greater cost sharing and creating efficiencies are substantial.

#### AAA concerns about their ability to maintain current funding levels into the future (n=47)



*Our workplace culture is still in the 1985/1990 time frame. There is resistance to be innovative and progressive in technology, procedures, and in meeting the agency's mission. The labor force has been here for decades and wants to keep things as they were.*

#### Greatest challenges for AAAs (n=45)



## 2. Pennsylvania's AAAs: Challenges & Opportunities

### AAA Workforce Challenges

The greatest workforce challenges for AAAs involve funding to build capacity, maintain competitive wages, and attract strong applicants.

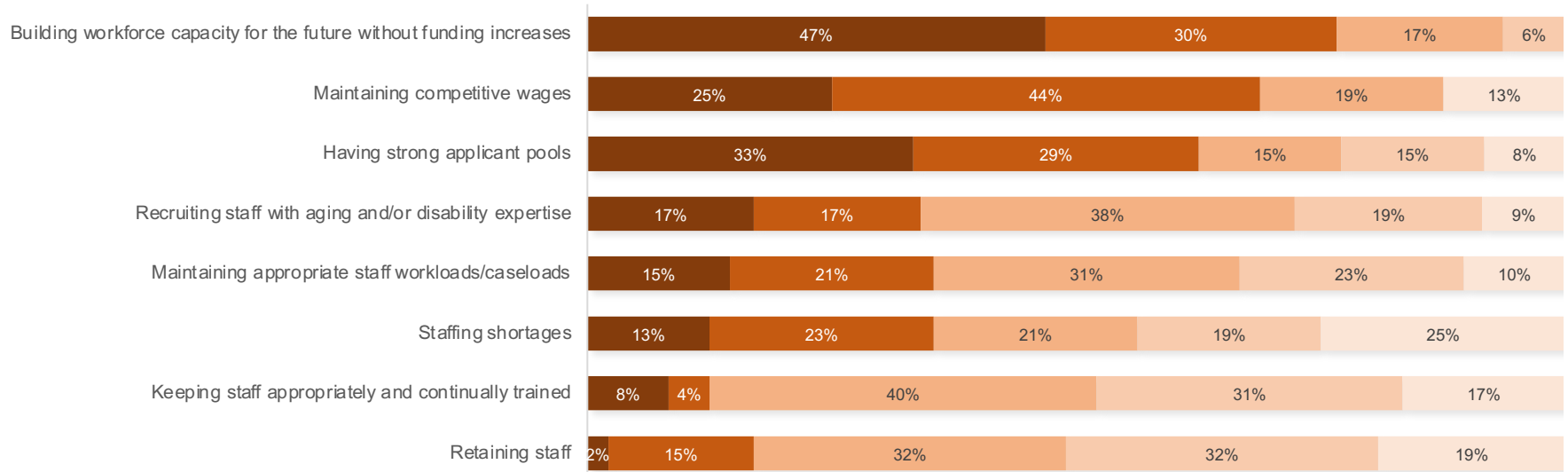
AAAs in the Commonwealth report being “very” or “extremely” challenged in building their workforce capacities for the future without funding increases (75%), maintaining competitive wages (69%), and having strong applicant pools (63%) a consequence of not offering competitive wages. AAAs also demonstrate their workforce strengths in avoiding or managing staffing shortages, keeping staff trained, and high staff retention. AAAs commented with additional workforce areas that are “very” or “extremely” challenging, including:

- Civil Service hiring policies and processes
- Ability to find support staff who are willing to work, able to pass a drug test, and reliable
- Ability to recruit people that can meet eligibility criteria for Protective Services positions
- Working with County Commissioners on funding needs
- Working within county policies and systems
- Workforce resistance to change

The workforce challenges that are experienced by AAAs indicate opportunities for the network to explore creative and collaborative solutions, which could involve human resources best practice sharing, advocacy for regulatory changes, tactics for local political advocacy and funding increases, and working together to attract greater revenues to pay for additional staff and higher salaries.

#### AAA workforce challenges (n=48)

■ Extremely Challenging ■ Very Challenging ■ Moderately Challenging ■ Slightly Challenging ■ Not a Challenge



## 2. Pennsylvania's AAAs: Challenges & Opportunities

### AAA Workforce Challenges: Government & Nonprofit AAAs

**Workforce challenges are experienced more acutely by nonprofit AAAs.**

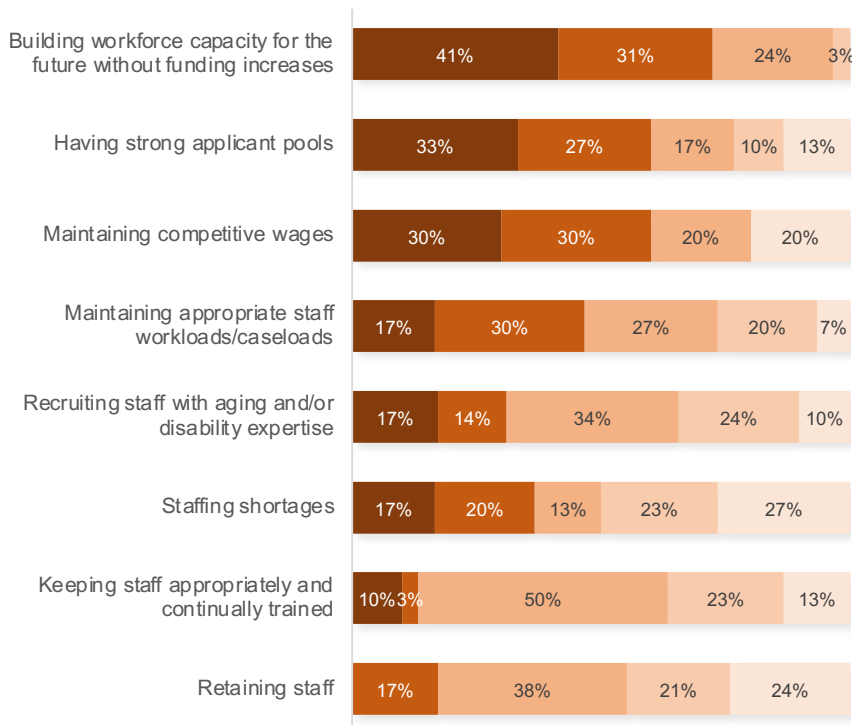
Building workforce capacity for the future without funding increases is, by far, the greatest workforce challenging for AAAs, with nonprofit AAAs reporting greater severity of this challenge. Similarly, nonprofits face greater overall challenges in maintaining competitive wages than their government-based peers. Meanwhile, government-based AAAs report experiencing greater workforce challenges involving staff workloads and caseloads, and keeping staff appropriately and continually trained, than their nonprofit counterparts. The fact that government AAAs report experiencing fewer challenges with applicant pools and maintaining competitive wages is likely attributed to their access to local public funding sources as well as the attractiveness of government employment to some applicants. Due to their typically bureaucratic structure, government-based AAAs may lack control over applicant screenings, wages, and establishing new positions within their agencies

#### Workforce challenges: ranked by most challenging, comparing government-based and nonprofit AAAs

**Government-based AAAs (N=30)**

**Nonprofit AAAs (n=18)**

■ Extremely Challenging   
 ■ Very Challenging   
 ■ Moderately Challenging  
■ Slightly Challenging   
 ■ Not a Challenge



## 2. Pennsylvania's AAAs: Challenges & Opportunities

### AAA Solutions to Challenges

**AAAs overwhelmingly see increasing their revenues as the top solution to their challenges.**

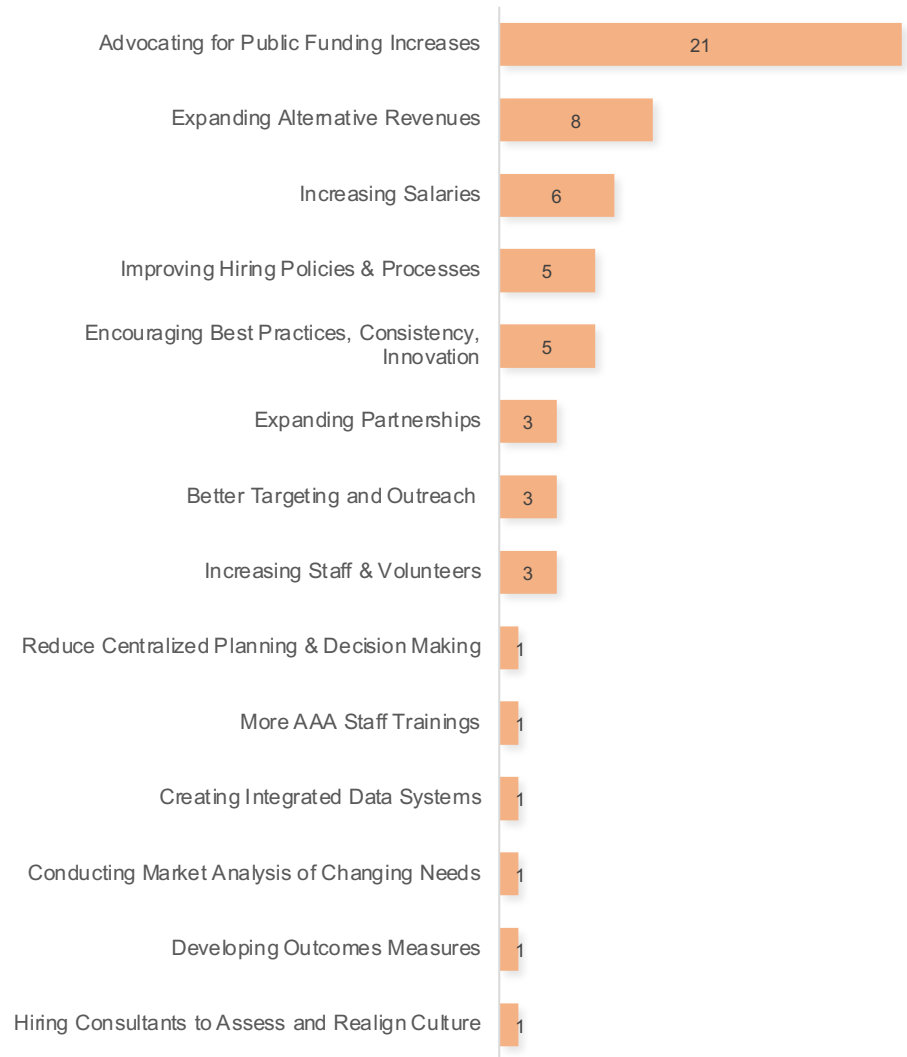
AAAs see their financial and workforce challenges being addressed by advocating for public funding increases (51%) and expanding alternative revenue streams (20%). A commonly shared solution to these challenges is for AAAs to expand revenues through greater political advocacy for increased public budget allocations, as well as diversifying revenue by pursuing strategies that would include private pay and contract-based earned revenues.

AAAs shared ideas for improving hiring policies and processes particularly relating to the Civil Service hiring system, encouraging best practices and consistency, rewarding and sharing successful innovations within the network, and expanding partnerships with other groups and organizations that are strategically and philosophically aligned with AAAs.

The workforce and operational challenges and solutions that AAAs identify offer many opportunities for the network to enhance collective efforts to encourage and attract increased funding, improve hiring and recruitment, and demonstrate and implement best practices.

*More programmatic consistency for the consumers would hopefully provide them with a better understanding of services, ease with linkage to services, and result in less staff frustration and burn out.*

### AAA challenges could be overcome by... (n=41)



## 2. Pennsylvania's AAAs: Challenges & Opportunities

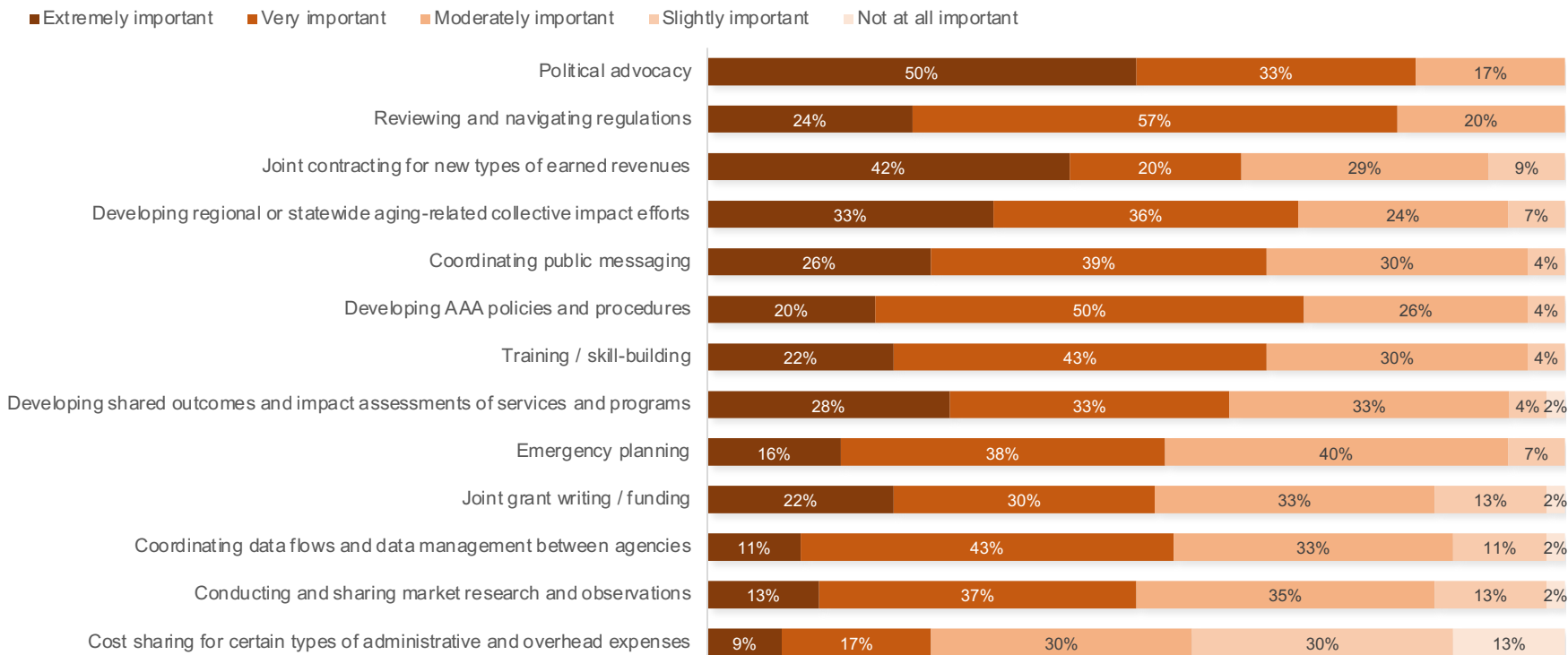
### Current Value of the Network to AAAs

**AAAs see the network playing important roles in their agency-level work, with the most important involving political advocacy, regulations, and joint contracting for earned revenues.**

AAA leaders ranked how important network-oriented activities are to their agencies. They see their AAA peers as valuable resources in advancing broader strategic and administrative objectives. Given the ways in which AAAs currently interact and partner (see page 9 for additional insights), AAAs are operating as a system of smaller networks within a larger statewide network.

Political advocacy is by far the most important focus area for the network, followed by reviewing and navigating regulations, joint contracting for new types of earned revenues, and developing regional or statewide aging-related collective impact efforts. The areas with the lowest importance among AAAs were coordinating data flows and data management between agencies, conducting and sharing market research and observations, and cost sharing for certain types of administrative and overhead expenses. These areas of lesser importance to AAAs may have greater significance at the regional level.

### Areas of importance to AAAs for the AAA network to work together (n=46)



## 2. Pennsylvania's AAAs: Challenges & Opportunities

### Current Value of the Network to AAAs: Government & Nonprofit AAAs

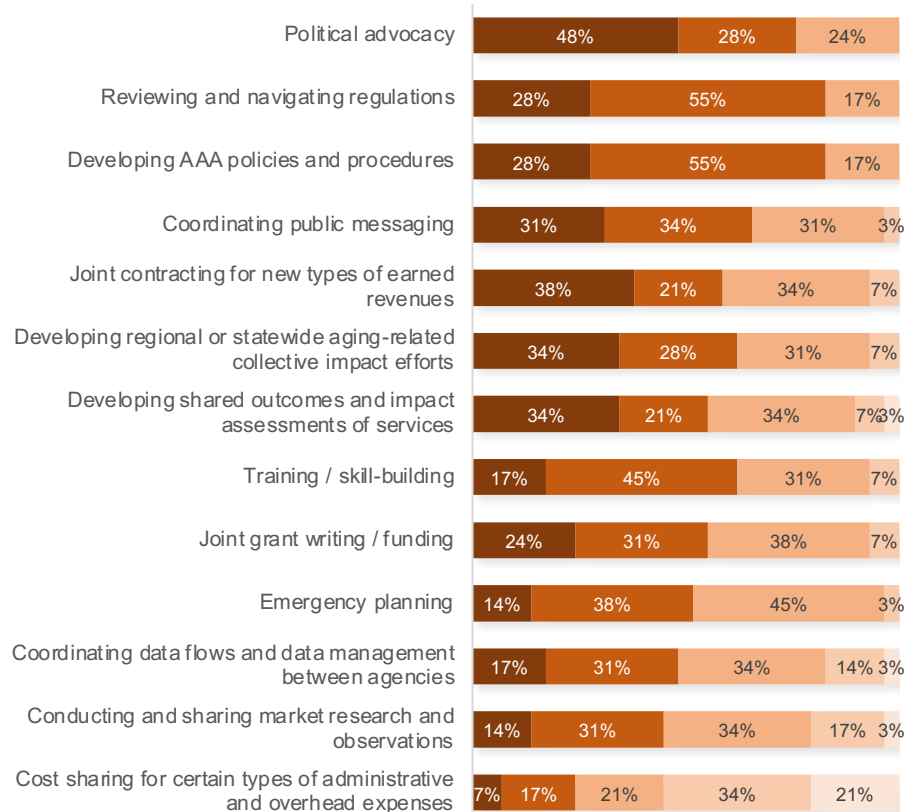
Government-based and nonprofit AAAs differ slightly on the objectives of working together as a network.

Beyond political advocacy, most government-based AAAs see the network's greatest importance to their agencies involving regulations, policies, and procedures, while nonprofits see the network as an opportunity to expand contract-based revenues and develop collective impact efforts. The findings demonstrate how the network adds different kinds of value to the diverse cohort of agencies. Clustered differences like these present opportunities for the network to consider pockets of focus areas that may be driven by clustered priorities, need, and geography of AAAs in Pennsylvania.

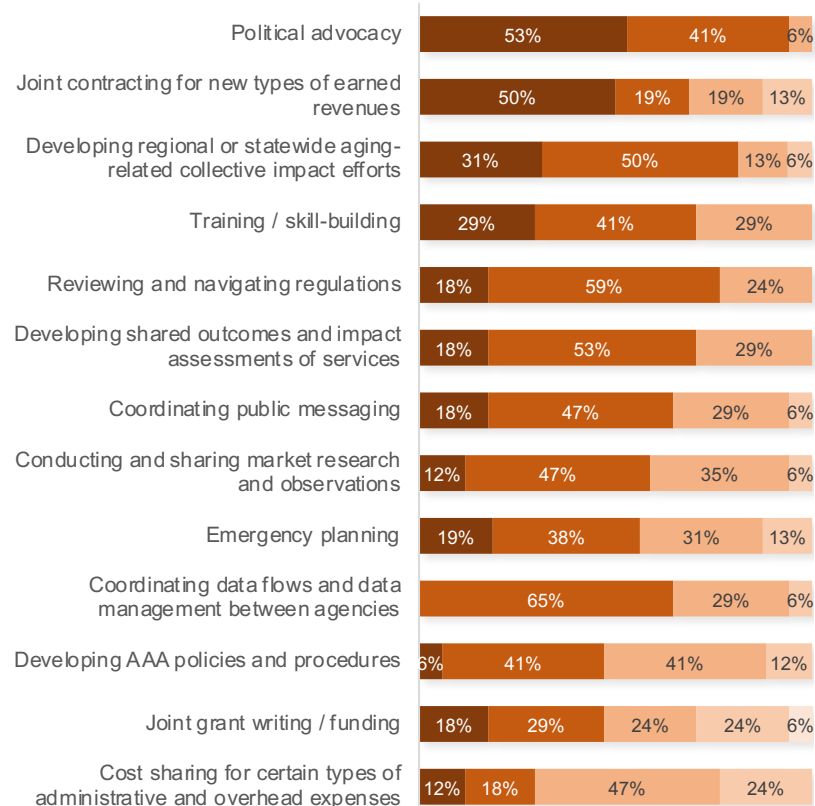
#### Areas of most importance to government-based and nonprofit AAAs for the AAA network to work together, ranked by most important

##### Government-based AAAs (n=29)

■ Extremely important   
 ■ Very important   
 ■ Moderately important  
■ Slightly important   
 ■ Not at all important



##### Nonprofit AAAs (n=17)





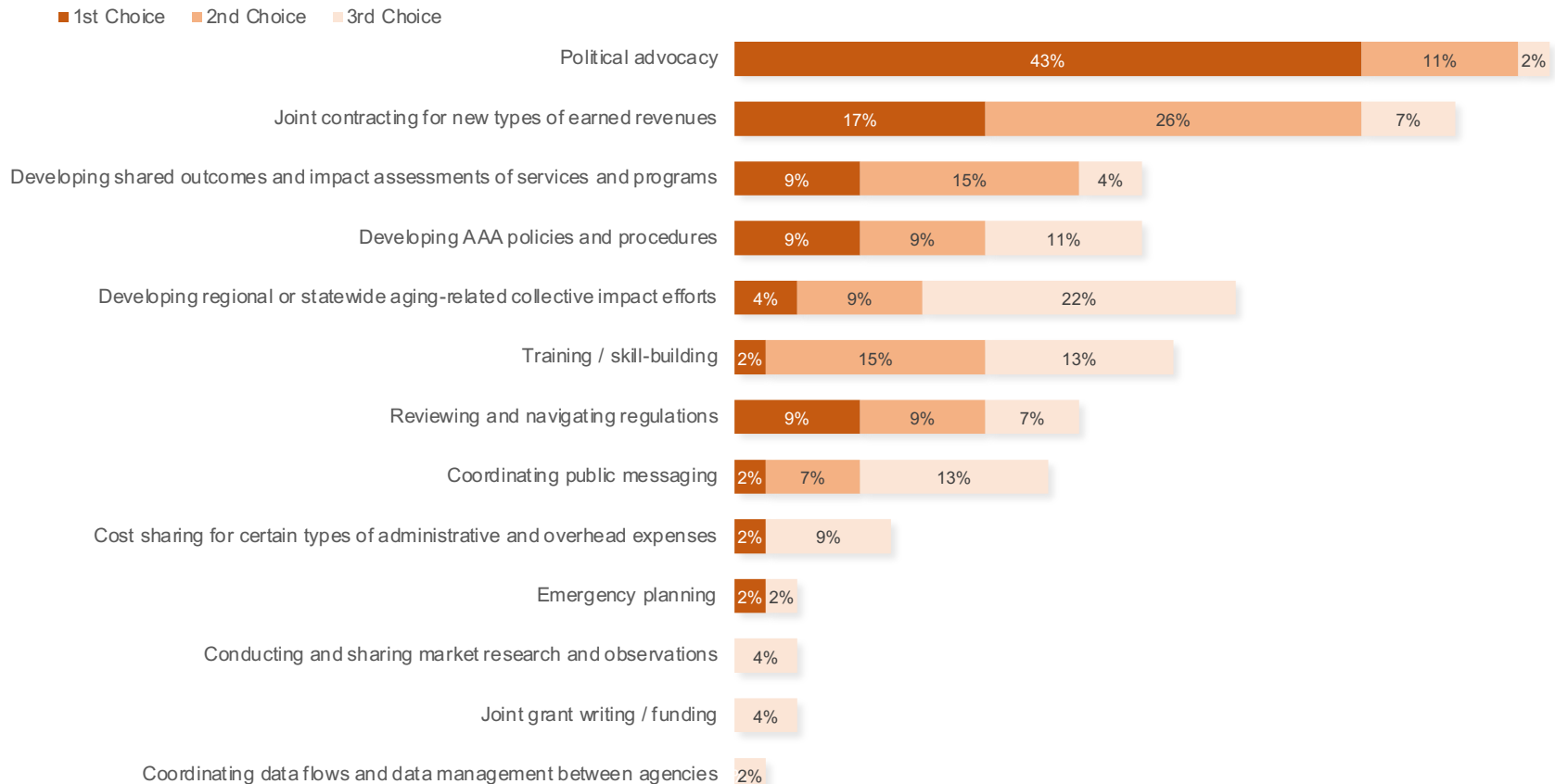
## 2. Pennsylvania's AAAs: Challenges & Opportunities

### Leveraging the AAA Network for the Future

When prioritizing how the AAA network should be leveraged to enhance the work of AAAs, most desire to see a more collaborative and coordinated network.

AAAs were asked to choose the top three ways in which they think the network should be leveraged to enhance their work and missions. When weighted and aggregated, the results are slightly different than how AAAs currently value the network and its importance to their agency. Political advocacy remains the most critical focus area for AAAs overall, but this is followed by joint contracting for new types of earned revenues as a second priority, followed by developing shared outcomes and impact assessments of services and programs. By limiting choices for how the network should be leveraged, areas that are least attractive also become more pronounced: conducting and sharing market research, joint grant writing, and coordinating data flows and management between AAAs.

#### How the network should be leveraged to enhance AAA work and missions (n=46)



## 2. Pennsylvania's AAAs: Challenges & Opportunities

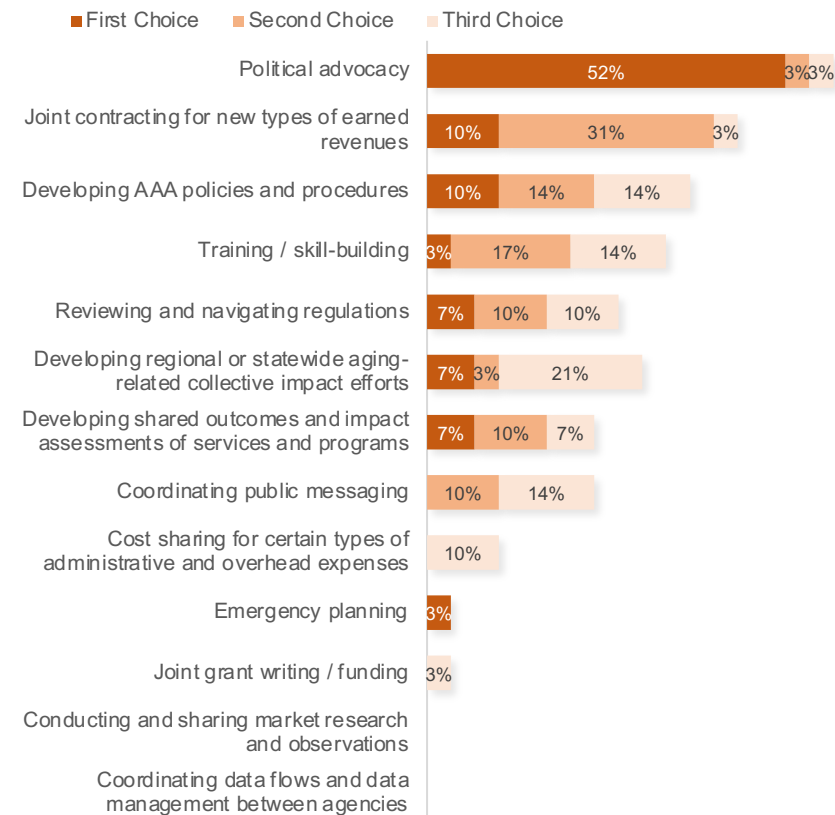
### Leveraging the AAA Network for the Future: Government & Nonprofit AAAs

The government-based AAAs wish to leverage the network for political advocacy, while nonprofits are mixed between this and joint contracting for earned revenues.

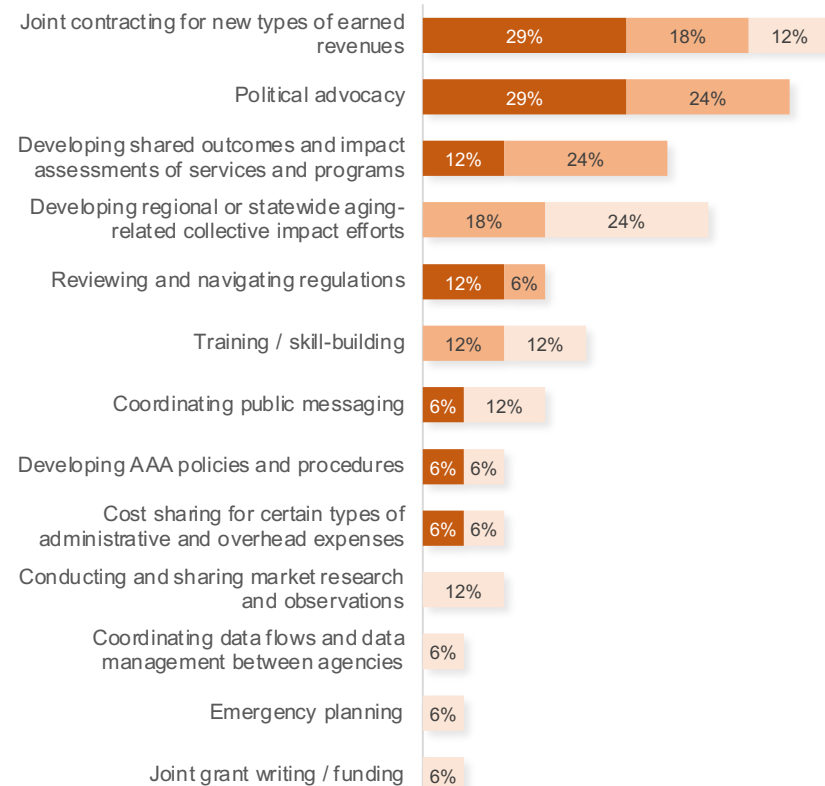
When comparing government-based and nonprofit AAAs responses to how they prioritize leveraging the network to enhance their work and missions, some differences and similarities emerge. AAAs are in alignment in areas involving political advocacy, joint contracting for earned revenues, training and skill-building, and reviewing and navigating regulations, but differences are also apparent. Government-based AAAs prefer leveraging the network to help develop AAA policies and procedures more so than nonprofits. The nonprofits express more interest in developing shared outcomes and impact assessments of services and developing collective impact efforts.

#### How the network should be leveraged to enhance AAA work and missions

##### Government-based AAAs (n=29)



##### Nonprofit AAAs (n=17)



## 2. Pennsylvania's AAAs: Challenges & Opportunities

### Leveraging the AAA Network for the Future: Regional Trends

**When organized by region, responses were in alignment around how the network should be leveraged - with a few noteworthy outliers.**

This index shows how each AAA region scored how the network should be leveraged to enhance AAA work and missions. Regions generally, though not universally, see the network first and foremost helping to advance greater political advocacy efforts across the state, followed by working together on joint contracting for earned revenues, then developing AAA policies and procedures. Regional preferences are subtly, and in some cases, dramatically different. Region 1 has greater interest in developing collective impact efforts than the others, while Region 3 is most interested in training and skill-building. Region 5 see joint contracting and developing shared outcomes as being much more important than political advocacy, while Region 7 is most interested in political advocacy. Region 8's priority is reviewing and navigating regulations prior to political advocacy.

These similarities and differences demonstrate how tailored regional-level approaches to network-based work may be a strategic consideration for the network's future.

#### How the network should be leveraged to enhance AAA work and missions, indexed by region\* (n=46)

REGION	1 (n=5)	2 (n=7)	3 (n=6)	4 (n=6)	5 (n=4)	6 (n=8)	7 (n=5)	8 (n=7)
Political Advocacy	53%	71%	33%	61%	67%	17%	80%	48%
Joint Contracting for Earned Revenues	13%	48%	33%	39%	25%	67%	13%	33%
Developing AAA Policies & Procedures	13%	19%	17%	17%	25%	13%	27%	14%
Developing Shared Outcomes and Impact Assessments	20%	24%	28%	11%	0%	38%	0%	19%
Developing Collective Impact Efforts	40%	10%	11%	17%	8%	17%	27%	10%
Reviewing & Navigating Regulations	0%	10%	17%	6%	0%	8%	13%	52%
Training / Skill-building	0%	19%	44%	11%	17%	8%	13%	14%
Coordinating Public Messaging	7%	14%	11%	6%	0%	21%	20%	0%
Cost Sharing for Administrative and Overhead Expenses	7%	0%	6%	0%	25%	4%	7%	0%
Emergency Planning	0%	14%	0%	0%	0%	8%	0%	0%
Joint Grant Writing / Funding	0%	0%	0%	0%	8%	0%	0%	5%
Conducting and Sharing Market Research	7%	0%	0%	0%	0%	4%	0%	0%
Interagency Data Flows and Management	0%	0%	0%	0%	0%	0%	0%	5%

\* Weighted region index score formula:  $\text{sum of } [(\# \text{ of } 1^{\text{st}} \text{ choices} \times 3) + (\# \text{ of } 2^{\text{nd}} \text{ choices} \times 2) + (\# \text{ of } 3^{\text{rd}} \text{ choices})] / \text{number of region's AAAs completing the survey question, } / \text{ by } 3$ . A score of 100% would indicate that every AAA in that region selected the area as a first choice.

### 3. Enhancing Pennsylvania's AAA Network

#### Strengths of the Network

The network's greatest strengths, according to AAAs, are its ability to form unity around critical issues and to transmit communications effectively.

AAAs praise the network for its capacity to offer peer-to-peer assistance between AAAs, as well as for the ways in which resources are shared within the network. About a quarter of AAAs see the network's greatest strength as its ability to advocate collectively for AAAs, favorable policies, and older adults.

Respondents were asked to provide three words that come to mind when describing Pennsylvania's AAA network. Responses were overwhelmingly positive, with the words "Advocates" (9 times), "Caring" (7 times), and "Dedicated" (7 times) the most frequently used. Other frequently used words included "Strong," "Trust," and "Collaborative." Some critical words included "Disjointed," "Stagnant," and "Complaining."

Words AAAs use to describe the AAA network (n=43)



The network's greatest strengths (n=41)



### 3. Enhancing Pennsylvania's AAA Network

#### Challenges of the Network

**AAAs view the network's greatest challenge as being the number and diversity of its constituent AAAs.**

AAAs overwhelmingly identified the greatest challenge preventing Pennsylvania's AAA network from realizing its potential more fully as being the operational and structural differences of its many AAAs. Respondents noted how AAAs generally act independent of one another given the high number of distributed, locally-based agencies. Also noted was the numerous different governing structures of AAAs in the state, and how government-based AAAs operate by different rules and leadership and decision-making structures than the nonprofits, hindering their ability to act flexibly and independently under larger bureaucratic systems.

Some see the diversity of AAAs and their being highly localized to meet the needs of the communities they are embedded in as an important strength, and one the network should recognize and work with when considering network-wide initiatives and activities.

The diversity of AAA preferences, priorities, and characteristics across the state is demonstrated by many of the results in this report, where findings show broadly distributed responses to certain question areas, and where there is a lack of a majority (greater than 50%) or significant majority (75% or more). Understanding this diversity should be an important step for the network when determining how to best design inclusive strategic thinking and planning processes.

*“The diversity of our agencies is a blessing and a curse. It benefits us by allowing us to have flexibility to work locally to use our funding in a way that works in our own communities, but some see that as us all doing things differently.”*

**Challenges that prevent the network from realizing its potential more fully (n=36)**



### 3. Enhancing Pennsylvania's AAA Network Towards a Thriving Network

#### AAAs have a strong sense of what a thriving network looks like.

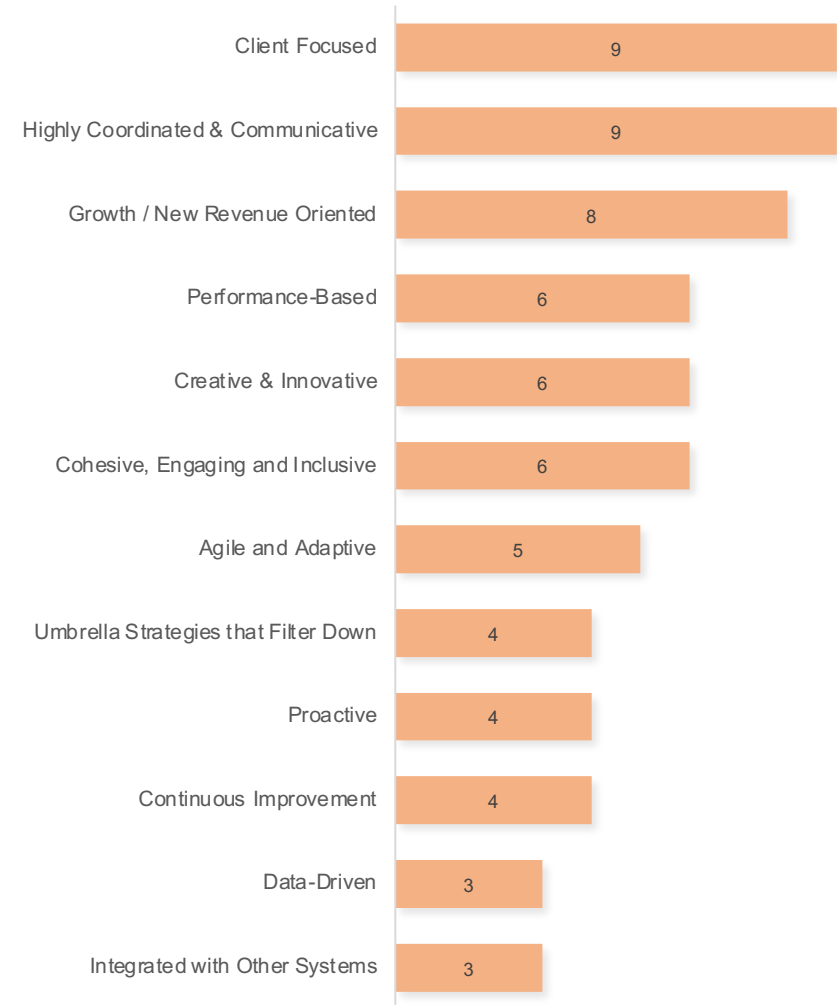
AAAs have a broad picture of what they see as a thriving network: one that is action-oriented, performance-based, client-centered, and improvement-focused. While no themes emerged out of this question that drew more than a third of the respondents, the leading answers to this question reinforce other areas of the survey findings that show AAA interest in expanding funding, enhancing interagency coordination and communications, and a stronger sense of network cohesion.

While many AAAs see a thriving network as being responsive to the needs of their target populations, there appears to be little demonstrated interest from the survey results that AAAs want to work together to better understand their target populations through needs assessments, market research, public health data, or other means. This could be attributed to the fact that AAAs see their role in understanding their target populations as one that is highly localized and independent.

The distributed responses to this question demonstrate the existence of foundational visions across the network that could fuel the advancement of more inclusive network-oriented strategic thinking and planning by constituent AAAs, as there is clearly a collective interest in seeing the network advance – in a variety of ways.

*“A thriving network is one that is continually striving to improve and solve challenges. One that is not content with the status quo. One that keeps the older adult and their needs as the focus and strives to proactively anticipate ways to meet those needs.”*

#### What a thriving network looks like to AAAs (n=31)



### 3. Enhancing Pennsylvania's AAA Network

#### Towards a Thriving Network



*Innovative, new revenue streams, superior reporting.*

*A network that quickly adapts to change by developing creative ways to sustain, improve or enhance services.*

*A network that can be flexible and adaptable to the ever-changing needs and wants of its target populations.*

*One that is adequately funded and can adequately provide services and supports to all Older Adults who are in need. It has the ability to adapt quickly to technological changes, and to shift operations whenever needed. It has multiple renewable revenue sources, and an arm that has partnerships with organizations that can advocate at all levels of Government.*

*AAAs no longer struggling with regulations, poor monitoring results, so that the entire network is clean and efficient and commanding their place in the world of aging.*

*Engaged, committed, sharing the same message and willingness to continue to provide the best quality of services across the Commonwealth.*

*Working together with the focus on the same goal.*

*Seniors share equally in access to services across PA. Few to no gaps in service or providers.*

*One that can say we do a good job and show the data to support those claims. One that has accountability at every level, not only to their individual agency, but to the network as a whole.*

*Each AAA has the tools and support to serve its clients and fulfill its mission.*

*Well coordinated, more agile and concerted group that pursues non-traditional funding to complement traditional funding.*

*The association provides an overarching marketing plan for the AAA network. Each AAA then builds upon the marketing at the local level - "branding" the AAA network. Continuing to work together as a team to assist the older adults of PA.*

*More proactive to changes necessary to be at the forefront of aging services, and less reactive.*

*Innovative programs and supports that help older adults. A network that works cooperatively toward an agreed upon result.*

*One where we are not constantly struggling to meet the demands of protective services. A network that has sufficient funds to create new programs.*

*A network that is involved with problem solving, develops new funding streams and protects / serves their population well.*

*One that is a player in new opportunities like we have done with Aging Well and will try to accomplish with the IEB RFA and hopefully Medicare opportunities.*

*One that is meeting the new challenges of more older adults needing care, while providing services in a way that includes technology and its efficiencies.*

*A transparent and progressive organization with a shared vision and ever evolving series of long term and short-term goals that can be measured.*



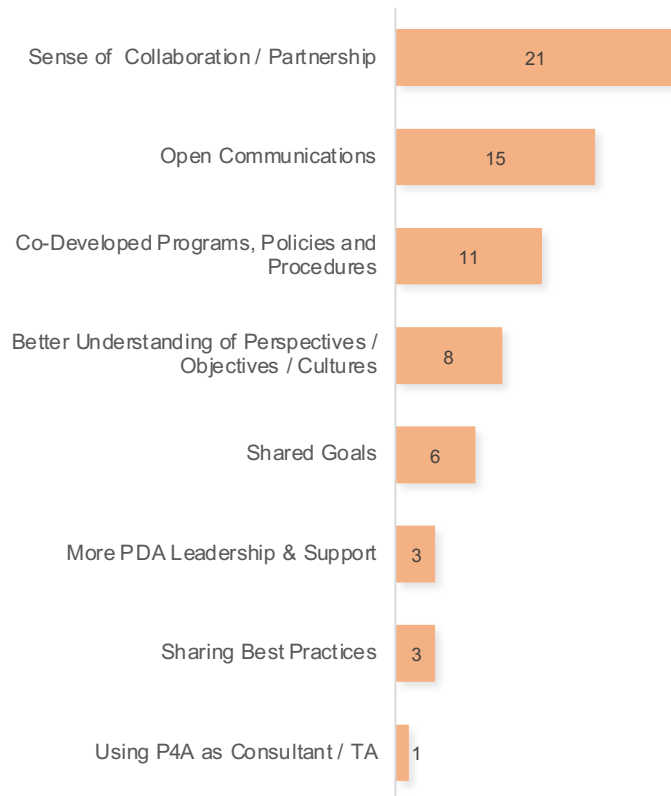


### 3. Enhancing Pennsylvania's AAA Network Network Partnerships

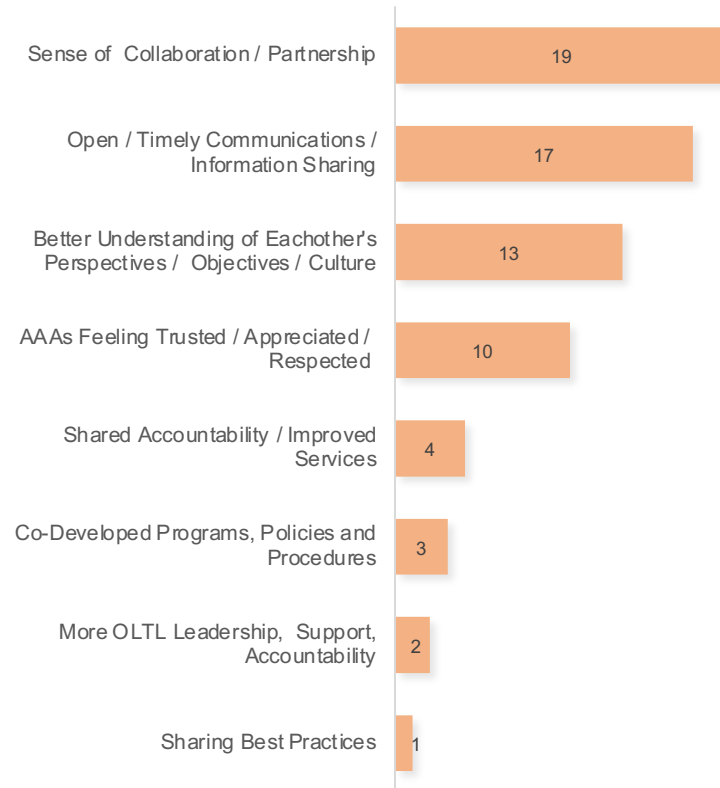
#### AAAs would like to see improved relationships with the Department of Aging and Office of Long-Term Living.

More than half of the survey respondents shared that ideal relationships with both state entities would involve a stronger sense of collaboration and partnership, of working together to achieve shared goals and objectives. There is a desire to see improved communications in terms of timeliness of information shared with the AAA network as well as achieving more open and frequent communications between AAAs, the network, and both state entities. There is a desire to work with the Department of Aging to co-develop new programs as well as help inform the development and revision of policies and procedures and determine areas of shared goal-making and measurement. AAAs also described an ideal where both state entities had a better sense of AAA perspectives and cultures.

#### What an ideal relationship between the AAA network and Department of Aging would look like (n=40)



#### What an ideal relationship between the AAA network and the Office of Long-Term Living would look like (n=35)



### 3. Enhancing Pennsylvania's AAA Network Network Partnerships

**AAAs would like to see the network prioritize partnerships with health care organizations.**

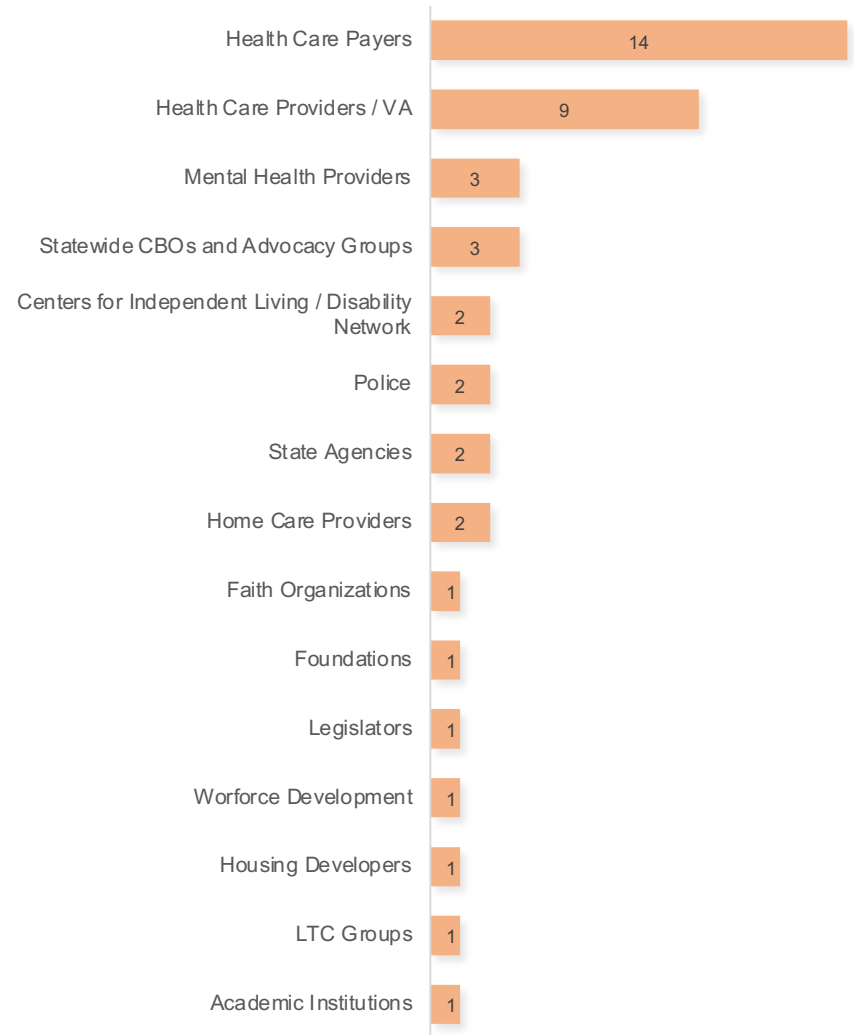
Many AAAs would like to see the network prioritize partnerships with a variety of groups and organizations, with health care organizations attracting the most attention. Several respondents specified that they would like to see the network build partnerships with Medicare Advantage plans, Veterans Affairs health care providers, and hospitals seeking to reduce readmissions.

Beyond health care partnerships, AAAs vary significantly in areas where they would like to see the network prioritize partnerships. These differences could be due to the diversity of strategic orientations and partnerships that AAAs have across the Commonwealth, or the ways AAAs conceive of the idea of the entire network building strategic or commercial partnerships. They could also indicate areas of existing strategic alignment and coordination for the network (Medicaid, for example) and areas where there has not been as much strategic alignment.

Respondents commented that they would like to see the network build and expand relationships with statewide organizations like AARP and United Way, as well as disability organizations that are part of the disability network serving adults with disabilities across the state, such as centers for independent living. Some noted the challenges of building partnerships at the network level because of the many different AAAs in the network, while others saw opportunities for the network to work on building new kinds of partnerships with non-governmental organizations in order to improve the public image of AAAs.

*“We care, are passionate and have wealth of knowledge and experience to draw on - but are a difficult partner to work with.”*

**Partners and partnerships the AAA network should prioritize (n=30)**

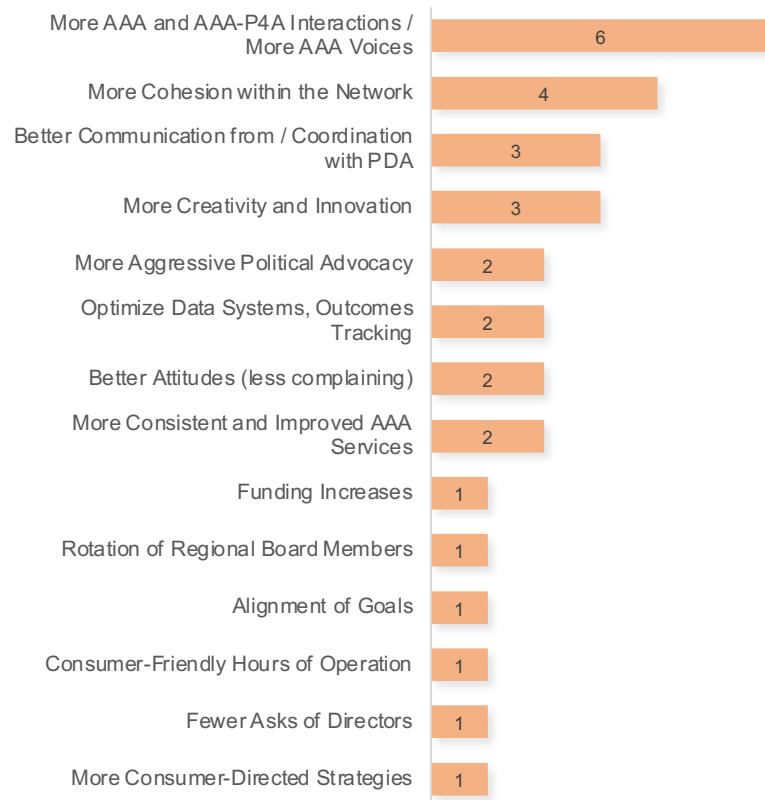


### 3. Enhancing Pennsylvania's AAA Network Network Improvements & Innovations

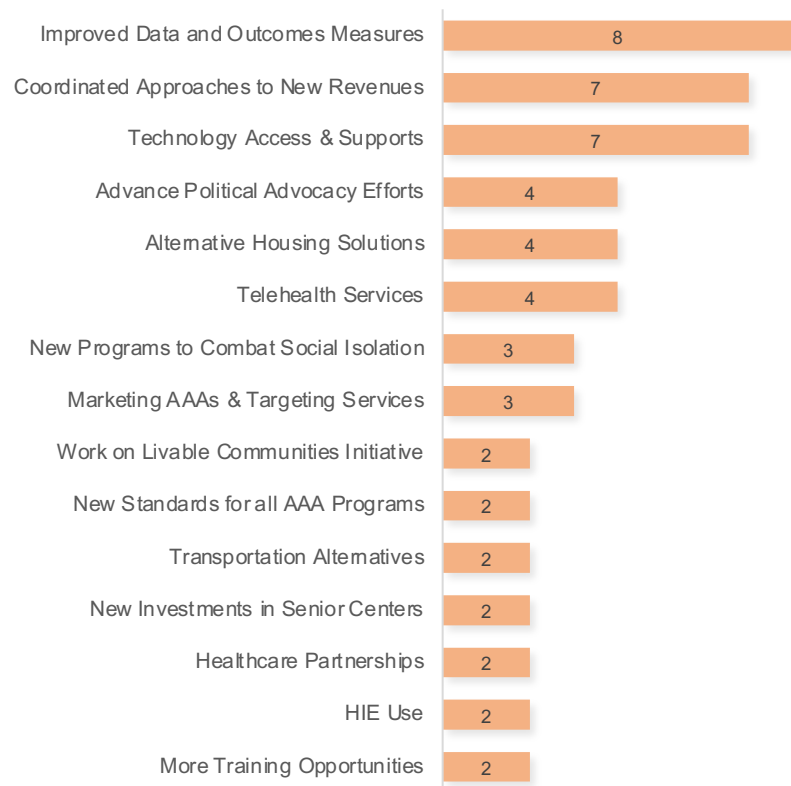
AAAs would like more AAA and AAA-P4A interactions and a more innovative focus on data and outcomes.

AAAs shared many ways in which they would like to see changes or improvements to the AAA network in Pennsylvania, with no area garnering the attention of greater than a quarter of respondents. Some AAAs desire for there to be a greater sense of cohesion within the network, driven by the increase in voices and interactions as well as greater coordination and partnerships among AAAs. AAAs have many ideas for ways in which the network can foster innovative approaches to their work, with the most common areas involving data and outcomes measures, coordinated approaches to new revenues, and helping AAAs adopt and advance technological solutions to better serve their clients.

#### What AAAs would like to change or improve about the AAA network in Pennsylvania (n=26)



#### Innovations AAAs would like to see adopted by the network (n=26)



## 4. Conclusion

These survey findings illustrate a network with clear signs of strategic alignment as well as signs of diversified yet complimentary challenges, preferences and priorities. Most AAAs can easily conceive of what a thriving AAA network could look like, indicating clear opportunities to advance strategic visioning work with members across the network. Furthermore, the high AAA response rate to the survey indicates broad AAA interest in strategic thinking and planning processes, and willingness among AAA leaders to devote time and energy toward a collective strategic effort.

AAA leaders in the network seem oriented to varying degrees of organizational and network growth, adaptation, and advancement, beyond the typical and predictable policy and regulatory arena that is familiar to every AAA. Pennsylvania's AAAs took the opportunity in this survey to think beyond the present, conceptualize Pennsylvania's cohort of AAAs as a network (with smaller networks within it), and share candid thoughts about challenges and solutions for the future.

This survey offers the network a starting point for future network assessment or profile surveys that can help capture, gauge and share AAA sentiments, performance, and experiences. Some of the questions in this survey were extracted from the n4a national survey of AAAs, which allows for additional comparisons of Pennsylvania's AAAs and AAA network against other AAAs and states.

Pennsylvania's AAAs have many different perspectives and priorities, demonstrating their diversity across the Commonwealth and the ways in which they are embedded in and responsive to their local communities. These differences can signal areas of opportunity for the network to generate greater strategic alignment, organize greater coordination and collaboration, and work to share, benefit from, and foster the strengths of each constituent AAA.

*I would like to see us have the ability to be proactive and in cases where a reaction is necessary, be able to react more quickly... A stronger focus and push related to advocacy... And data to prove our worth, rather than just claim we have worth.*

### Areas of Opportunity for Greater Alignment

A range of different AAA perspectives and preferences indicate some areas of opportunity to explore greater alignment within the network:

- Expanding to serve adults with disabilities
- Collective approaches to livable communities initiatives
- Measuring and managing performance
- Developing more collaborative and diversified revenue strategies
- Advancing and bringing the network together given AAA differences
- Continuing to refine what a thriving network should look like

### Areas of Strong Network Alignment

Areas where at least 75% of respondents shared common responses or sentiments:

- Services offered to specific populations:
  - People with dementia and their caregivers (85%)
  - Discharged from post-acute care (83%)
  - Specific conditions or diagnoses (79%)
  - Dually eligible (79%)
  - At risk of nursing home placement (77%)
  - Veterans (75%)
  - Homeless or homeless risk (75%)
- Evidence-based programs funded or delivered:
  - Healthy Steps for Older Adults (94%)
  - Healthy Steps in Motion (85%)
  - Chronic Disease Self-Management (79%)
- Building workforce capacity for the future without funding increases as very or extremely challenging (75%)
- Nonprofit AAAs maintaining competitive wages as very or extremely challenging (84%)
- Areas of high (very or extreme) importance to AAAs for the network to work together:
  - Political advocacy (83%)
  - Reviewing and navigating regulations (80%)

# External Market Assessment

Pennsylvania Association of Area Agencies on Aging

September 2020

# INTRODUCTION

*The aging network, while born in a different era, has unique strengths that will be critical to meet [future] programmatic and demographic challenges.*

Robert Applebaum and Suzanne Kunkel  
Scripps Gerontology Center

## Purpose

This external market assessment offers Pennsylvania's Area Agencies on Aging a series of strategic insights and considerations for planning and orienting services and activities to current, emerging, and future social, public policy, and market-based trends. The findings and observations detailed in this report describe a confluence of forces that reinforce the need for AAAs to collectively plan for a different future. A future that will require inspiration and realization of solutions and responses to a host of challenges and opportunities. These include growing public need and demand for services, evolving public policies that will continue to shift the roles AAAs play in public and private health care and human services systems, and the continued advancement of consumer and business technologies that are altering daily life of older adults and people with disabilities.

## External Drivers of Change and Influence

The assessment is organized as a series of trends across four broad areas that influence - or drive - current and future opportunities and challenges of AAAs and the people they serve. Some trends are specific to Pennsylvania; others are broader and relate to national patterns, federal policies, and market-based activities that impact people, organizations, and systems of social and health care in Pennsylvania. These trends are by no means meant to be an exhaustive list, but represent broad, immediate, and significant factors for strategic considerations of AAAs. The four drivers are:

- **SOCIAL DRIVERS**
- **HEALTH CARE DRIVERS**
- **AGING SERVICES DRIVERS**
- **TECHNOLOGY DRIVERS**

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## A Convergence of Drivers

AAAs are intersectional by nature, occupying a place in their communities that bridges organizations, industries, and systems in order to help individuals achieve the greatest outcomes possible. AAAs influence and are influenced by a host of interconnected forces many of which are considered in the four driver areas of this assessment.

The evolution of health care and human services policies and regulations have created greater formal and informal integration across sectors, fueling the growth of new commercial partnership opportunities and the emergence of more for-profit organizations that are presenting both partnership opportunities and competition to AAAs. Greater societal focus and understanding of the social determinants of health, of social and health equity, and evidence-based social interventions are demonstrating that the gaps and barriers that prevent some individuals from accessing the resources they need to live healthy, independent lives are much more complex and span more systems of care and support than previously thought.

At the same time, the share of the population that are aging – and aging into disability – is growing, far outpacing budgets available to finance care across the continuum. While lifespans have increased, healthspans are lagging, resulting in older adults spending more years in poor health than ever before. These drivers present AAAs with significant strategic and tactical considerations as they look toward a future that is very different than the past.

## The Rise of Networks

As a response to the rise in large, complex political, social, and market-based challenges and opportunities, AAAs across the US have been organizing in greater numbers and with greater strategic intent than ever before, resulting in many favorable policy changes, greater client outcomes, systems improvements, and increased organizational and network capabilities.

## AAA Network Leveraging Strategies

AAAs at the regional, state, and national level have been organizing to accomplish greater involvement and impact in long-term services and supports and health care policies and systems. This coordinated work has taken shape in many ways, depending on local and regional priorities of groups of AAAs as well as broader national priorities and agendas of aging services advocacy organizations and trade associations.

AAAs are working in greater coordination and collaboration to expand their capacities and enhance their capabilities by aligning around shared strategic goals and objectives, including political advocacy, research and development, cost mitigation, skill-building, joint contracting, and many other practices that are explained further in this assessment.

## Structure of this Report

There are two overarching parts to this report. The first entails four broad areas of external trends – drivers - that are influencing the current and future experiences and strategic imperatives of AAAs. These are combinations of challenges and opportunities within and beyond Pennsylvania that are growing in complexity and scale. Within each area are microtrends that impact AAAs and the AAA network. The second part of this report considers how AAA networks are aligning and organizing in relation and response to many of these trends.

Readers are encouraged to engage with this report in the context of change and future thinking by recognizing past, present, and emerging forces that influence the lives of those served as well as the organizations and professionals committed to serving them. It is crucial that AAAs maximize operations in the present while anticipating and planning for a future that presents significant opportunities and threats. AAAs will need to exercise abilities in meeting the demands of today while planning and preparing for greater demands and opportunities for tomorrow.



# 1. SOCIAL DRIVERS

*By the year 2020, the year of perfect vision, the old will outnumber the young.*

Maggie Kuhn

Pennsylvania, like many parts of the US, is undergoing significant population change, with a higher share of the population entering older age and experiencing physical and cognitive disabilities. The state ranks in the top 10 for states with the highest rate of older adults per capita. Health and income disparities exist between different racial and ethnic groups, as well as between urban and rural residents. The state's size and diversity of geographic characteristics results in significant differences in lived experiences, variations of population aging and health trends, concentrations of cultural and racial and ethnic diversity, and mixed availability and accessibility of services and resources for an aging population.

Consumer preferences are also changing as a new generation enters older age and as a greater number and share of older Pennsylvanians are minorities. The current pandemic is a significant event that has ended, threatened, and/or disrupted the life of nearly every older adult in Pennsylvania. These evolving social trends place increasing pressure on AAAs as both public advocacy and social service organizations.

The trends fueling social drivers are:

- **Aging**
- **Disabilities**
- **Disparities**
- **Consumer Preferences**
- **Pandemic Implications**

## 1. Increasing numbers of older and lower income adults will place rising demands on systems and organizations.

This will force AAAs to continue to research, design, and adopt services and programs that can minimize utilization of costly care settings while encouraging service, home, and community design that can accommodate greater numbers of high risk, lower-income older adults.

## 2. The rise in the share of the population with cognitive and physical disabilities will require greater advocacy and tailored services to individuals and caregivers.

With the growing aging population there will be an increase in the share of the population that age into disability, while at the same time a greater share of adults with existing disabilities that are entering older age. This will continue to force AAAs to consider their role as advocates and service providers for people with disabilities, as well as community partners with other organizations and groups that advocate and deliver services for people with disabilities.

## 3. Greater racial and ethnic diversity means greater health and income disparities.

An increase in minority households in the state presents growing need for social service organizations to become more responsive to cultural differences and preferences. Given the health and income disparities that exist between racial and ethnic groups, this also means that organizations serving those most in need must become experts in targeting and reaching populations that may be hardest to reach. Meanwhile, many voices are calling for radical changes to systems and institutions that explicitly and implicitly perpetuate disparities and injustices.

## 4. Consumer behaviors are changing, driven by a new generations of older adults, greater racial and ethnic diversity, and the pandemic.

These changes will include how older adults access services, the adoption and integration of new technologies in daily life, a greater desire for safe spaces, and greater desire to age in place and outside of congregate living facilities.

## SOCIAL DRIVERS

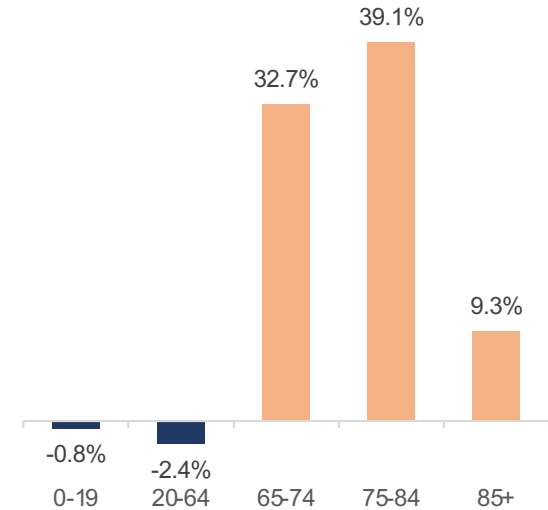
# Aging

Pennsylvania ranks as the state with the eighth highest rate of adults age 65 and older among its population. As of 2019, Pennsylvania's 65+ population represented 18.2% of the total state's population, 2.6% higher than the national average. Statewide, the aging trend is expected to continue through 2030, when 29% of the population will be 65 years or older. While Pennsylvanians' lifespans have increased, healthspans (the years of life spent in good health) have not increased at the same rate. Older adults in the US live an average of 9-10 years in poor health.

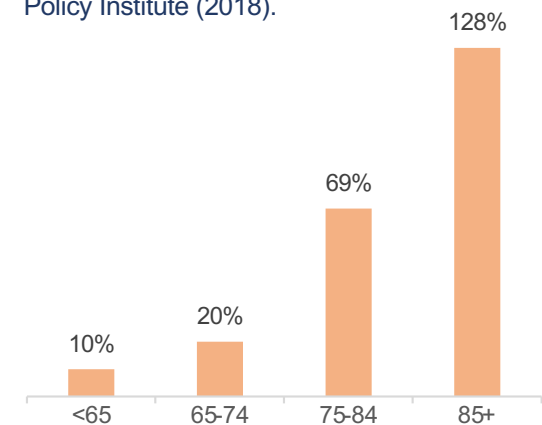
Since 2018, the number of home health care workers in Pennsylvania increased by 6%, and Pennsylvania ranks 13th nationally in home health aides per capita. Despite this workforce increase, the unpaid caregiver population (friends and family) is aging at a higher rate than the national average, as nearly 30% of family caregivers in Pennsylvania are 60 years or older, compared to 17% in the US. Risk of social isolation and loneliness among older Pennsylvanians is also increasing, as a greater number and share of Pennsylvania's older adults are living alone, and nearly half of all single-resident households are 65 years or older. Among the state's older residents, 28.3% live alone (compared to 26.7% nationally), 39.2% are divorced or widowed (compared to 38.8% nationally), and 14.3% are homebound (compared to 14.1% nationally).

TRENDS	IMPACT ON THE AAA NETWORK
<ul style="list-style-type: none"> <li>More residents in the oldest age cohort (85+)</li> </ul>	<ul style="list-style-type: none"> <li>Greater ADL and IADL assistance needs</li> <li>Higher level of care needs</li> <li>Greater complexity of cases</li> </ul>
<ul style="list-style-type: none"> <li>Higher rates of chronic conditions</li> </ul>	<ul style="list-style-type: none"> <li>Increased need to deliver disease prevention and health promotion programs</li> </ul>
<ul style="list-style-type: none"> <li>Decreasing availability of friend and family caregivers</li> </ul>	<ul style="list-style-type: none"> <li>Increased demand for in-home assistance and caregiver support programs</li> </ul>
<ul style="list-style-type: none"> <li>Greater desire for aging in homes and outside of congregate living facilities</li> </ul>	<ul style="list-style-type: none"> <li>Increased demand for affordable and accessible living environments as well as in-home and community-based services</li> </ul>

Change in Pennsylvania's Population by Age Group, 2015-2025. Source: US Census



Change in Pennsylvania's Population by Age Group, 2015-2050. Source: AARP Public Policy Institute (2018).



## SOCIAL DRIVERS

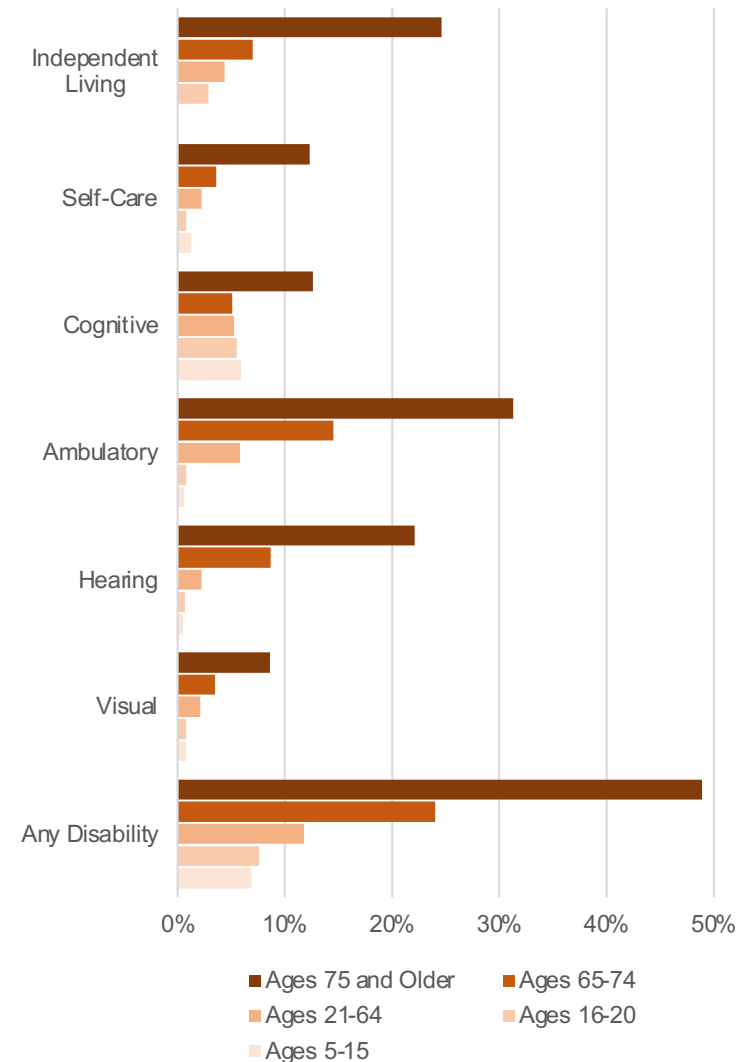
# Disabilities

Rates of disability are increasing as the likelihood of having a physical or cognitive disability increases with age. One in four of Pennsylvanians aged 65-74 have one or more disabilities, and 69% of the US population 85+ had at least one disability, compared to just 9% of Americans under the age of 65. The disability with the highest prevalence among older Pennsylvanians is ambulatory at 14.3% (walking or climbing up stairs), while the lowest is self-care at 3.6% (difficulty dressing or bathing). As Pennsylvania's population ages, it will be critical to anticipate a dramatic rise in residents with disabilities.

Cognitive and mental health conditions are rising while dementia rates are falling. As of 2017, Alzheimer's and Parkinson's disease were the leading causes of cognitive related deaths among the state's older adults. Alzheimer's cases among the state's 65+ population is expected to increase by 14.3% by 2025 while prevalence of dementia is expected to continue a downward trajectory. Additionally, 13% of the state's 65+ population is experiencing depression, up 8% from 2018, and 8.3% of older adults experience frequent mental distress, compared to 7.9% nationally.

TRENDS	IMPACT ON THE AAA NETWORK
<ul style="list-style-type: none"> <li>Physical disabilities on the rise</li> </ul>	<ul style="list-style-type: none"> <li>Need for greater accessible physical community infrastructure</li> <li>Need for more disability risk mitigation services</li> </ul>
<ul style="list-style-type: none"> <li>Cognitive disabilities on the rise</li> </ul>	<ul style="list-style-type: none"> <li>Need for early detection and targeted caregiver support</li> </ul>
<ul style="list-style-type: none"> <li>Depression and frequent mental distress is also increasing</li> </ul>	<ul style="list-style-type: none"> <li>Need to understand and offer solutions to address and prevent</li> </ul>

**Prevalence of Disability Type by Age Group in Pennsylvania. 2017.** Source: United Health Foundation.



## SOCIAL DRIVERS

# Disparities

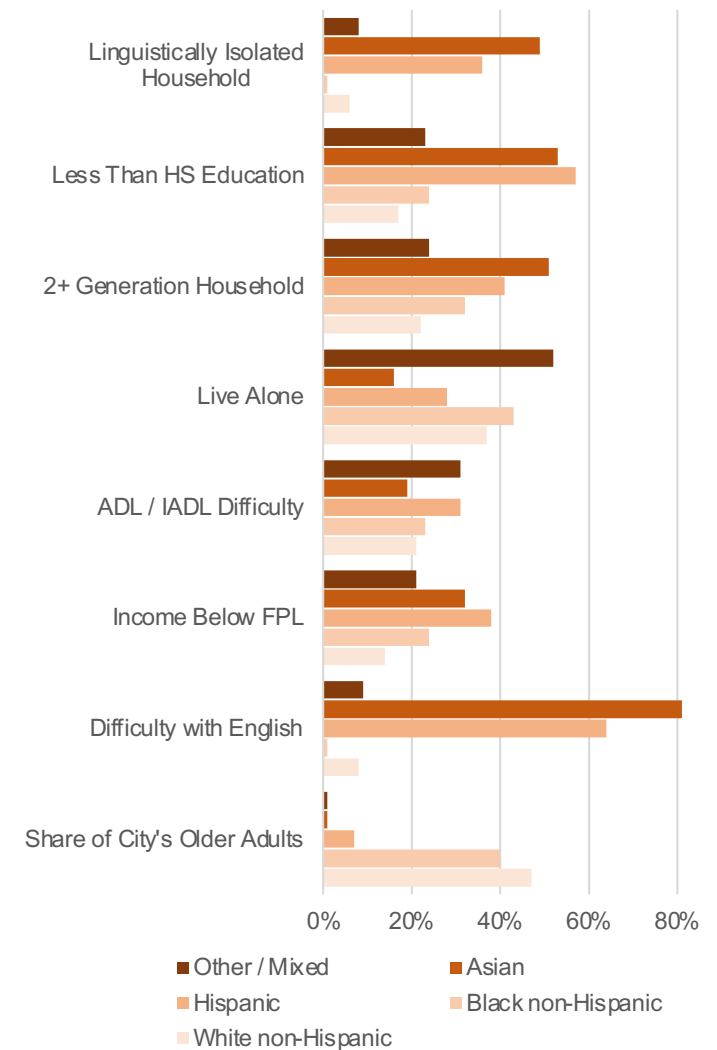
There are significant differences in the lived experiences of older Pennsylvanians, particularly between different race and ethnic groups, income groups, and residents in different regions of the state. White residents have the longest lifespan, with an average of 80.4 years, 15 years longer than the average lifespan of Hispanic residents. Pennsylvania’s population of minority older adults is increasing, with Hispanic and Asian residents increasing by 30% over the last decade.

The share of Pennsylvanians living in poverty is lower than the national average, but there are differences in poverty rates between racial and ethnic groups. Black and Hispanic Pennsylvanians are three times as likely as Whites to be poor, and income disparities are also significant between rural and urban residents. As of 2017, 8.5% of older Pennsylvanians were living below the poverty line. In the past year, older adult poverty increased from 7.8% to 8.5%.

Housing is a major cost burden for many older Pennsylvanians. A third of adults age 50+ and 37% age 80+ pay more than 30% of their income on housing. Roughly half of all older renters and owners paying mortgages are housing cost burdened, and 30% of older renters and 23% of older owners with mortgages are severely burdened, paying more than 50% of their income on housing. Although the state has experienced a decline in overall homelessness, the adult homelessness population has increased.

TRENDS	IMPACT ON THE AAA NETWORK
<ul style="list-style-type: none"> <li>Increase in lower income older adults</li> </ul>	<ul style="list-style-type: none"> <li>Greater demand for AAA services</li> </ul>
<ul style="list-style-type: none"> <li>Racial &amp; ethnic diversity is growing in urban and rural areas</li> </ul>	<ul style="list-style-type: none"> <li>Need for more culturally sensitive and appropriate messaging and services</li> <li>Rise in disparities if current trends continue</li> </ul>
<ul style="list-style-type: none"> <li>Health and social service availability is inconsistent across the state</li> </ul>	<ul style="list-style-type: none"> <li>Need for better service offerings and coverage across the state</li> </ul>
<ul style="list-style-type: none"> <li>High housing cost burden and increase in homelessness</li> </ul>	<ul style="list-style-type: none"> <li>Need for financial assistance for housing</li> <li>Need for affordable, accessible housing</li> </ul>

**Characteristics of older adults in Philadelphia by race/ethnicity.** Source: Philadelphia Corporation for Aging, Area Plan 2016-2020.



## SOCIAL DRIVERS

# Consumer Preferences

The needs, preferences, and expectations of those being served by AAAs shift as new generations enter older age or become caregivers. Major disasters and crises, such as the current pandemic, can also influence sudden changes in consumer behaviors. Baby boomers are becoming a majority of AAA clients, and by 2025, Gen Xers will begin to knock on AAA doors. In order to best serve a diversity of age, cultural, and income groups, AAAs will have to understand and anticipate the changing attitudes of their current and incoming clients.

Three out of four older Pennsylvanians wish to stay in their homes and communities as they age. Homes, many of which were not built or designed for accessibility, will need to be retrofitted and maintained. The pandemic is also encouraging more consumer demand to age in place and outside of congregate living facilities for as long as possible.

Consumers are becoming more accustomed to personalized care and services. AAA clients are being conditioned to expect services to be easily accessible and available, and personalized to their needs and preferences. As new products, services, and potential competitors enter the aging and disability markets and service arenas, services standards and consumer expectations will demand high quality, responsive services.

TRENDS	IMPACT ON THE AAA NETWORK
<ul style="list-style-type: none"> <li>New generations entering older age</li> </ul>	<ul style="list-style-type: none"> <li>Service types and modalities will need to adapt</li> </ul>
<ul style="list-style-type: none"> <li>On-demand, personalization expectations</li> </ul>	<ul style="list-style-type: none"> <li>Customized services with quick turnaround</li> </ul>
<ul style="list-style-type: none"> <li>Higher numbers aging in place</li> </ul>	<ul style="list-style-type: none"> <li>Demand for in-home services and accessible on-demand transportation</li> <li>Design of homes and communities</li> </ul>
<ul style="list-style-type: none"> <li>Increasing tech savviness</li> </ul>	<ul style="list-style-type: none"> <li>Expectations for up-to-date websites, online presence, chat and text</li> </ul>

## A Guide to Generations. Adapted from FourHooks (2017).

	SILENT (b. pre-1945)	BOOMERS (b. 1945-64)	GEN X (b. 1965-80)
<b>Formative experiences</b>	World War II Rationing Gender roles Rock n' Roll Nuclear families	Cold War Post-war boom "Swinging 60s" Moon landings Youth culture Family-oriented	Cold War end Challenger disaster Energy crisis Watergate Reagan
<b>Aspiration</b>	Home ownership	Job security	Work-life balance
<b>Attitude toward technology</b>	Largely disengaged	Early adopters	Digital immigrants
<b>Signature product</b>	Automobile	Television	Personal computer
<b>Communication media</b>	Formal letter	Telephone	Email and text
<b>Communication preference</b>	Face-to-face	Face-to-face, but phone or email if required	Text or email

## SOCIAL DRIVERS

# Pandemic Implications

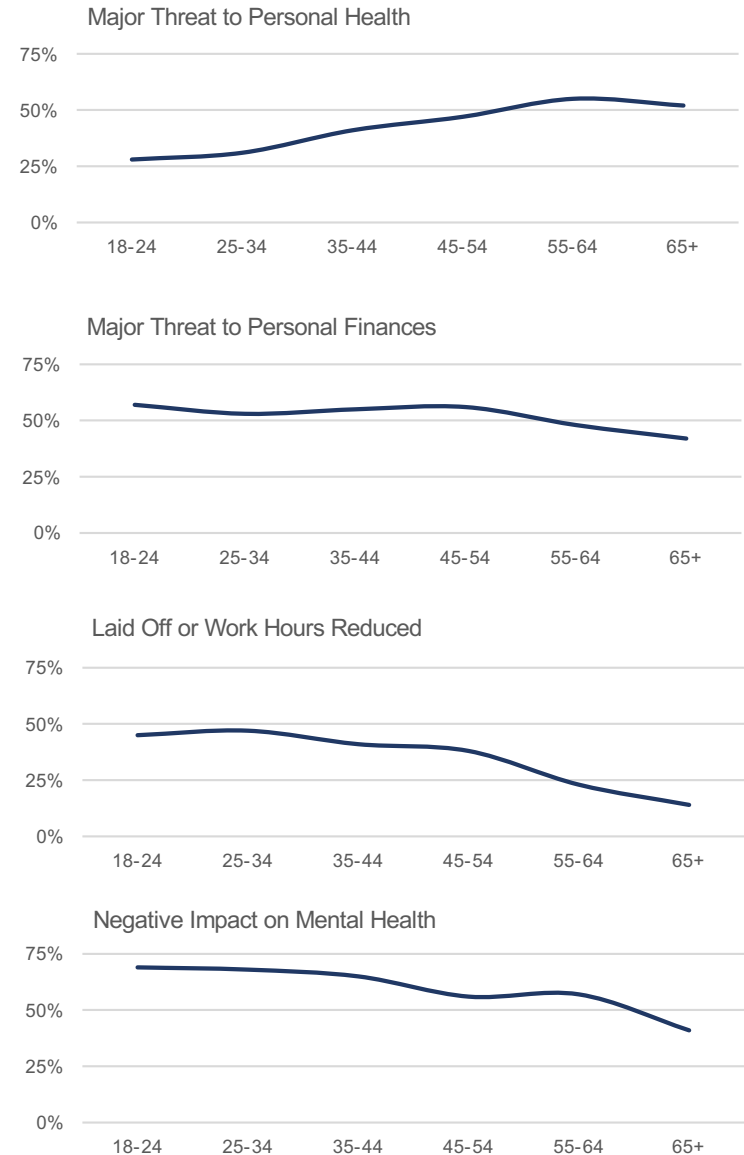
The current pandemic is putting substantial strain on the lives of many older adults and their families, particularly older adults residing in nursing facilities. About two-thirds of all the COVID-19 related deaths and a quarter of all cases in Pennsylvania have taken place in nursing or personal care homes. For those living independently, the pandemic has disrupted many aspects of daily life and connections with friends, family, and communities. The pandemic has also served as a wake-up call for some adults and older adults, including the realities of caregiving, vulnerability to illness, and personal financial situations. A national survey of 1,000 family health care decision makers found that two-thirds plan to use in-home care instead of facility-based care for themselves or their older relatives after the pandemic is over. The survey found 65% said the pandemic has changed their opinions about how to best care for older adults.

The presence of COVID-19, even after a vaccine has been developed and widely distributed, is expected to have lasting effects for older adults. Many are expected to take precautions to avoid or mitigate the risk of infection, including how they shop, socialize, access their medical care, and determine the kind of setting and environment they want to age in. Pennsylvania's mix of urban areas with high population density as well as rural areas with limited health care infrastructure and higher rates of older adults presents numerous current and future challenges.

TRENDS	IMPACT ON THE AAA NETWORK
<ul style="list-style-type: none"> <li>Increased social isolation and lack of physical activity</li> </ul>	<ul style="list-style-type: none"> <li>Increased loneliness and poor physical and mental health</li> </ul>
<ul style="list-style-type: none"> <li>Greater attention to quality of life in nursing facilities</li> </ul>	<ul style="list-style-type: none"> <li>Need for stronger quality standards and oversight</li> </ul>
<ul style="list-style-type: none"> <li>Growing desire to avoid or transition out of nursing facilities</li> </ul>	<ul style="list-style-type: none"> <li>Increasing demand for affordable and accessible housing and in-home care</li> </ul>
<ul style="list-style-type: none"> <li>Broader adoption of home-based services and shopping</li> </ul>	<ul style="list-style-type: none"> <li>Increasing demand for virtual, in-home, and delivered services</li> </ul>

## How COVID-19 is impacting different age groups in PA.

Source: Penn State Center for Survey Research, 2020.





## 2. HEALTH CARE DRIVERS

*Emerging regulations give you a good way to anticipate change, even in areas where imminent change seems unlikely.*

John Sviokla

The health sector is a behemoth. In 2018, national health spending represented nearly 18% of the US gross domestic product, a significant increase from 7% in 1970. Federal and state health care policies and programs have evolved over the years to encourage greater cost effectiveness, and the trend in the health insurance and health care provider industries for privatization and profits has also had an influence on both the commodification of health care as well as increasing focus on value and outcomes. Policies and programs instituted through the Affordable Care Act have brought structural reform and expansion within the health sector, catalyzing new and revised ways to design programs and services for older, disabled, and lower income populations that emphasize quality outcomes and cost savings. This is creating new opportunities for AAAs to play a role in both public programs and private arrangements with health care organizations.

Pennsylvania's health care market is one of the most innovative in the nation, with many health systems and health care organizations involved in different aspects of accountable, value-based care and contracting. Evidence of and opportunities for AAA partnership with the health sector currently exist and are growing. So too are competitive forces that involve broadening of health care's role in the home and in communities, as well as new entrants that strive to achieve similar outcomes as AAA services.

The trends fueling health care drivers are:

- **Volume to Value**
- **Mergers & Acquisitions**
- **Managed & Accountable Care**
- **Pandemic Implications**

1. **The growing focus on value-based care will continue to create opportunities for AAAs to participate in public programs and compete for private contracts with health care organizations.** Opportunities for cross-sector partnership and integration will continue to grow. Medicaid and Medicare policies and programs, which drive the national paradigm shift to value, managed, and accountable health care, will continue to advance care management and coordination strategies that involve whole person approaches stretching beyond the walls of health care institutions. While this is creating partnership opportunities, it is also generating new competition that AAAs must be aware of.
2. **Continued consolidation of health care organizations across the care continuum is creating partnership opportunities for the AAA network.** As mergers and acquisitions continue, health systems are growing in size and influence. This is challenging the ways in which community-based organizations can offer localized social services, fueling a need to work together across multiple regions and coverage areas. Many large systems are building or acquiring new types of organizations, including in-home service agencies.
3. **Risk- and performance-based contracting is growing in the health care industry, fueling partnership opportunities and influencing payment models for AAAs.** Connected to the shift in value-based care is the rise in managed and accountable care, which often requires participants to take on a certain level of financial risk in order to potentially generate greater financial rewards if performance expectations are met or exceeded. Health care organizations taking on risk may be more willing to explore partnerships that can boost their performance.
4. **The pandemic is accelerating changes in the market and amplifying the value of home- and community-based services.** Health plans are thriving while many health care providers are facing enormous budgetary shortfalls; telehealth and home visits have increased while social service organizations continue to demonstrate their value in providing person-centered care in homes and communities.



## HEALTH CARE DRIVERS

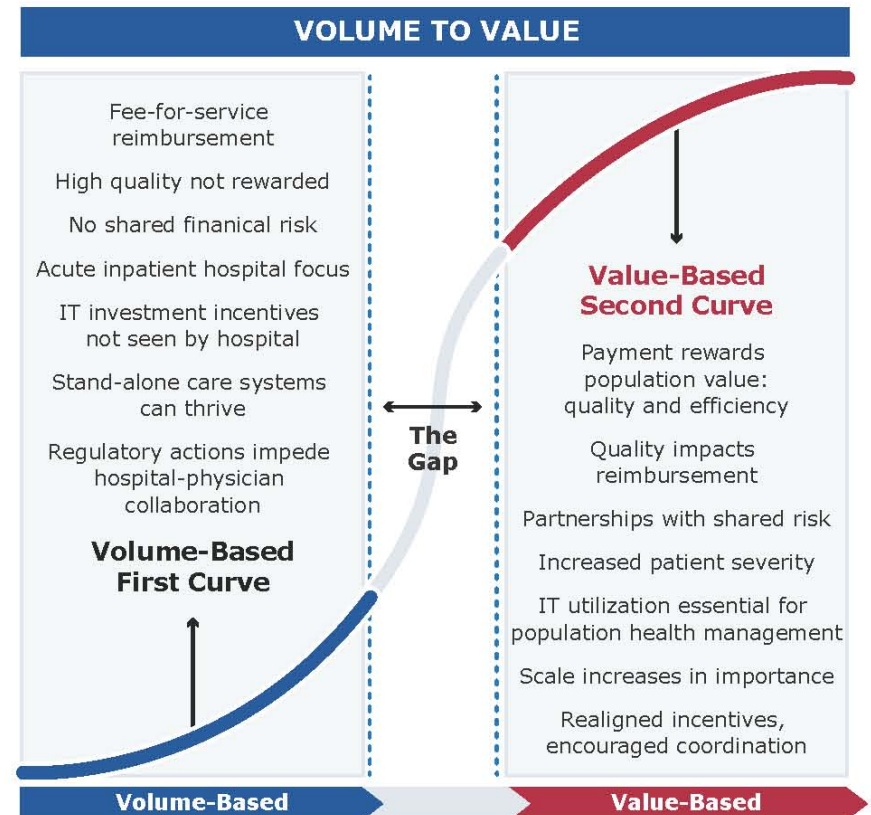
# Volume to Value

While policies, programs, and payment mechanisms within the health care industry have not historically influenced the direct service and strategic work of AAAs, this has dramatically changed in the last decade, driven largely by the passage of the Affordable Care Act, subsequent state and federal programs and policies that encourage improvements in patient health outcomes and reductions in unnecessary health care utilization and costs. The Administration for Community Living and national aging associations and advocacy groups for AAAs have invested significant resources in building the capacities of AAAs and AAA networks to play a direct and meaningful role in the expansion of health care and integration of social services in the US.

This “second curve” of health policies and regulations is creating new financing opportunities for AAAs, as well as competitive threats. As demand is created in the market, a swell of activity has followed. New types of business models and platforms have developed in response to new financing, with health care organizations broadening their definition of health care to include the social factors that influence health.

TRENDS	IMPACT ON THE AAA NETWORK
<ul style="list-style-type: none"> <li>• Growing investments in population health, care management, and care coordination</li> </ul>	<ul style="list-style-type: none"> <li>• Need for AAAs to become more business oriented to opportunities</li> <li>• Growing competition in the market</li> </ul>
<ul style="list-style-type: none"> <li>• Hospitals as community anchors; age-friendly health systems</li> </ul>	<ul style="list-style-type: none"> <li>• Hospitals and health systems building and investing in social and community infrastructures</li> </ul>
<ul style="list-style-type: none"> <li>• Risk-based contracting</li> </ul>	<ul style="list-style-type: none"> <li>• Growing opportunities for partnership – and increased financial risk</li> </ul>
<ul style="list-style-type: none"> <li>• Desire for health care ROI of social services</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrating financial value is a competitive advantage</li> </ul>

**The Second Curve of Health Care: From Volume to Value.**  
Source: American Hospital Association (2011).



## HEALTH CARE DRIVERS

# Volume to Value

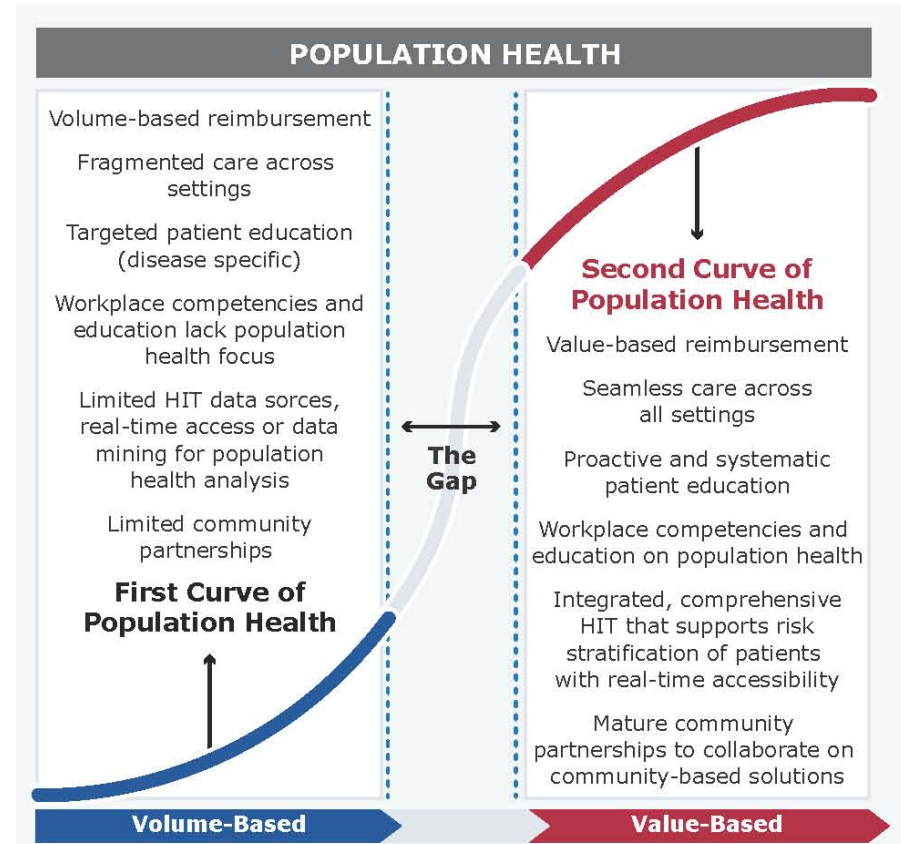
Pennsylvania has hosted a significant amount of national and state-level innovation programs that demonstrate how the state and many of its health care organizations have oriented to new value-based and experimental models of health care payment and delivery. These programs include:

- Accountable Health Communities Model
- Bundled Payment Programs
- Community-based Care Transitions Program
- Comprehensive Primary Care Plus
- FQHC Advanced Primary Care Practice Demonstration
- Independence at Home Demonstration
- Medicare Accountable Care Organizations
- Oncology Care Model
- Pennsylvania Rural Health Model
- Medicare Advantage Value-Based Insurance Design (VBID) Model

This plethora of value-based activity in the marketplace indicates that there are many potential opportunities for AAAs to play a competitive role in helping specific health care organizations enhance their performance in value-based care.

TRENDS	IMPACT ON THE AAA NETWORK
<ul style="list-style-type: none"> <li>• Increasing accountability of care across the continuum</li> </ul>	<ul style="list-style-type: none"> <li>• Broadening potential partner types</li> <li>• Demand for social services at larger scales</li> </ul>
<ul style="list-style-type: none"> <li>• Accurate costing and financial projections essential to success</li> </ul>	<ul style="list-style-type: none"> <li>• Upskilling needed for AAA staff</li> </ul>
<ul style="list-style-type: none"> <li>• Increase in referrals from health care organizations to AAAs</li> </ul>	<ul style="list-style-type: none"> <li>• Increased demand for services</li> <li>• Lack of awareness of AAA services among health care professionals</li> </ul>
<ul style="list-style-type: none"> <li>• Increase in health care-led resource and referral directories</li> </ul>	<ul style="list-style-type: none"> <li>• Weigh pros and cons of joining a privately managed referral network</li> </ul>

**The Second Curve of Population Health: From Volume to Value.**  
Source: American Hospital Association (2011).



## HEALTH CARE DRIVERS

# Mergers & Acquisitions

Pennsylvania's health care market is a prime example of how the health sector is consolidating. The emergence of large systems within the market that span geographic regions is creating opportunities and financial resources to build grander care delivery across the continuum, and coordination infrastructure that includes initiatives to address population health and social needs. Integrating the risks of both payer and provider within such systems requires robust management of the health and wellbeing of the whole individual, including social needs.

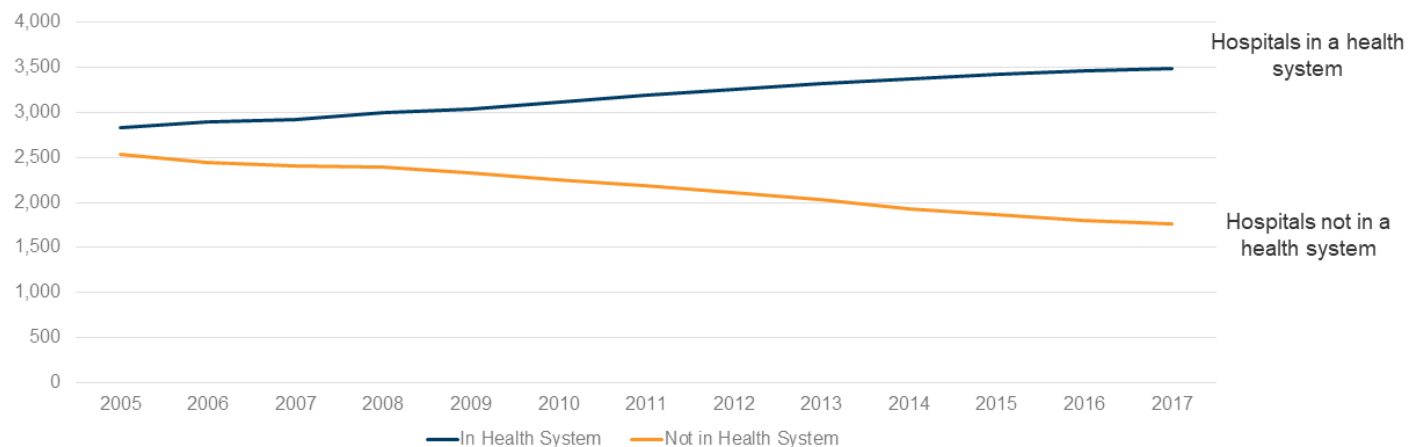
Health care organizations are investing and embedding more in homes and communities, buying out or partnering with pharmacies that are building community health centers (see CVS' HealthHUBs), new storefront and home-based models of primary care (see IoraHealth and DispatchHealth), and retailers are building community clinics (see Walmart's Health Centers). Fewer companies are managing greater financial risk by owning and controlling more services along the continuum.

Continued mergers and closures are expected to continue within Pennsylvania as a result of the pandemic, and rural as well as independent hospitals are increasingly challenged against these large systems.

TRENDS	IMPACT ON THE AAA NETWORK
<ul style="list-style-type: none"> <li>Health care delivery systems are consolidating and increasing in size</li> </ul>	<ul style="list-style-type: none"> <li>Demand for greater scale of partnered services</li> </ul>
<ul style="list-style-type: none"> <li>Health care organizations are buying and building across segments of the continuum</li> </ul>	<ul style="list-style-type: none"> <li>Competitive threats to AAAs</li> <li>Expanded partnership opportunities for AAAs too</li> </ul>
<ul style="list-style-type: none"> <li>Private equity-backed health care organizations prioritizing profits</li> </ul>	<ul style="list-style-type: none"> <li>Loss of community-oriented presence</li> </ul>
<ul style="list-style-type: none"> <li>Rural and independent hospitals are closing</li> </ul>	<ul style="list-style-type: none"> <li>Longer travel for patients</li> <li>Higher risk for poor health</li> </ul>

**The number of US hospitals that are part of hospital systems increased from 2005 to 2017.**

Source: KFF analysis of AHA annual survey data 2017 for community hospitals.



## HEALTH CARE DRIVERS

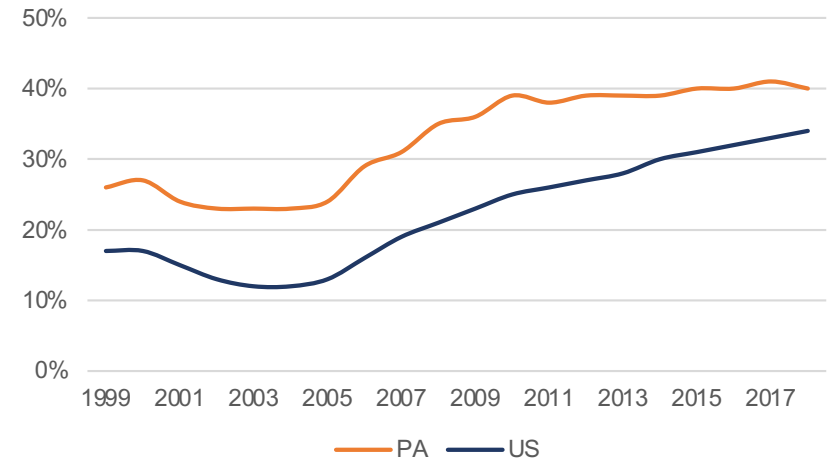
# Managed & Accountable Care

A tidal shift in managed and accountable care has been born out of the Affordable Care Act and subsequent federal and state policies seeking to achieve the triple aim of reducing costs, improving health outcomes, and improving the patient experience. This has led to the creation and growth of accountable care organizations and clinically integrated networks, and the growth of managed care organizations that are meant to streamline, control, and divert utilization and costs of care across the continuum.

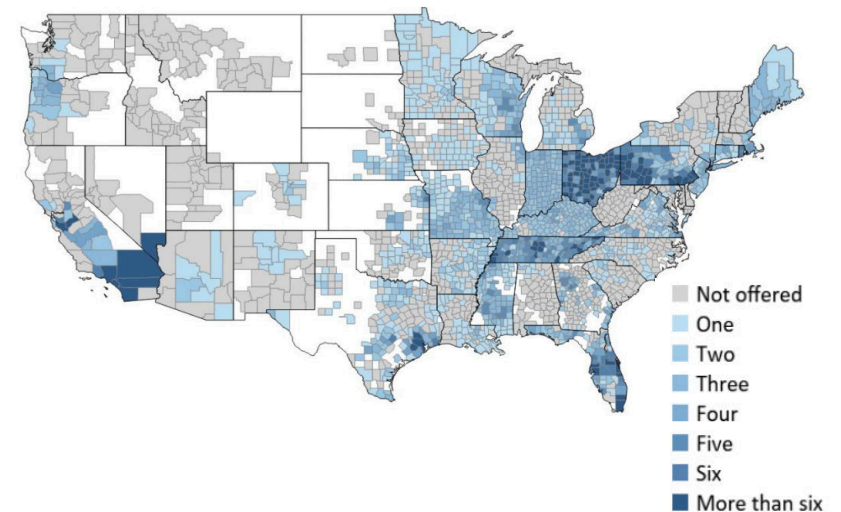
Pennsylvania's Medicare Advantage market has been ahead of the national curve. This market, as demonstrated through market share and types of supplemental benefits offerings, is one of the most advanced in the country. Although MA enrollment growth has slowed in recent years while national average growth continues to climb, plans in the market have been experimenting and deploying supplemental benefits that address the social and community-based needs of their beneficiary populations. With recent changes in Medicare Advantage regulations that allow for non-medical services to be offered as supplemental benefits, plans have begun to experiment with offering their beneficiaries additional services such as home delivered meals, transportation, and caregiver support services.

TRENDS	IMPACT ON THE AAA NETWORK
<ul style="list-style-type: none"> <li>Advanced primary care as the locus of whole person care management</li> </ul>	<ul style="list-style-type: none"> <li>Medicare beneficiaries becoming more "managed" and "coached" beyond medical care</li> </ul>
<ul style="list-style-type: none"> <li>Expansion of non-medical supplemental benefits</li> </ul>	<ul style="list-style-type: none"> <li>Partnership opportunities for home- and community-based services</li> </ul>
<ul style="list-style-type: none"> <li>Commercial and employer plan interest in social needs</li> </ul>	<ul style="list-style-type: none"> <li>Non-traditional consumer populations for AAAs</li> </ul>
<ul style="list-style-type: none"> <li>Rise in risk-based contracting between plans and providers</li> </ul>	<ul style="list-style-type: none"> <li>Growing demands among hospitals for social services</li> </ul>

**MA Enrollees as Percent of Total Medicare Population in Pennsylvania and US.** Source: Kaiser Family Foundation.



**Number of Plans Offering Select Primarily Health-Related Benefits in the US in 2020.** Source: HMA.





## HEALTH CARE DRIVERS

# Managed & Accountable Care

### THE PENNSYLVANIA RURAL HEALTH MODEL

The Pennsylvania Rural Health Model bridges health plans and hospitals serving rural communities and is a newer program based on an agreement between the Centers for Medicare and Medicaid Services (CMS) and the State of Pennsylvania. The model is testing whether a global budget payment structure can alleviate financial challenges facing rural hospitals while improving patient health outcomes, through addressing avoidable utilization, operational efficiencies, and unmet community needs of patients. Participating hospitals are given predictable monthly budgets to put more focus on quality of care and needs of their patients. Each is tasked with creating a strategy to guide their efforts, and they are financially incentivized to keep their costs low, staying within or under their budgets.

The Rural Health Redesign Center serves as the lead agency and the program, which is now in its second year of implementation out of a total of six years with a goal to continue global payment arrangements after the innovation model ends. There are currently six payers participating in the model: Aetna, Highmark, Gateway Health, Geisinger Health Plan, Medicare and UPMC Health Plan. Each of these payers is paying the participating hospitals global monthly payments. There are 13 hospitals participating, and each has negotiated with the payers for the monthly budget they receive.

If exploring health care partnerships and integration is a strategic imperative for rural AAAs in Pennsylvania, it is important to understand the economics of the Rural Health Model and identify if any providers are participating in the model in the AAA's region. The model has been adapted from a similar program in Maryland, where a growing network of AAAs and CBOs have expanded an enterprise that has become integrated throughout the state (see Network Leveraging Strategies below).

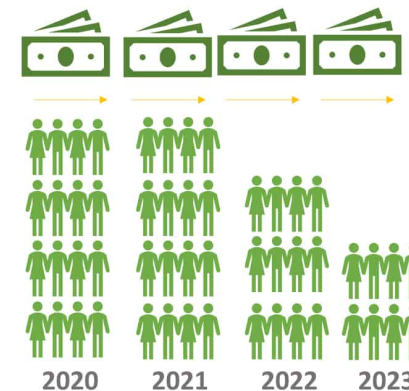
### Fee for Service

*Hospital is paid for the # of healthcare resources consumed by the community, but as the community is getting smaller, so is revenue.*



### Global Budget

*Hospital is paid the same amount of money as historic NPR regardless of how many resources are consumed by the community.*



The differences between a fee for service payment model and a global budget payment model. The Rural Health Model uses a global budget payment model to incentivize health care providers to reduce unnecessary health care utilization.

Source: PA Dept. of Health.

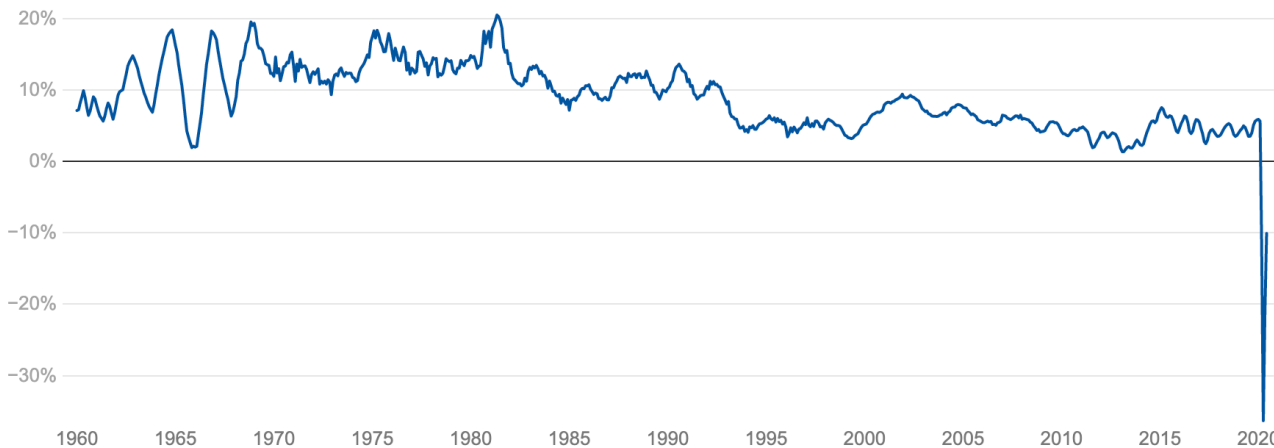
## HEALTH CARE DRIVERS

# Pandemic Implications

The pandemic has impacted the health care industry in numerous ways. Many health plans and integrated health systems are experiencing significant savings and earnings due to a reduction in elective medical care, while many health care providers have been experiencing revenue shortfalls, workforce cutbacks, and low morale. The full impact will not be known for a long time. Congress and the White House have instituted over 200 regulatory changes, many of which are currently temporary, in order to allow for greater flexibility for medical care services and payments, including Medicare reimbursement for telehealth services and services within the home setting.

Telehealth and home-based care is growing rapidly. Some providers are reporting more telehealth visits in one day during the pandemic than all of 2019. Across the US, the pandemic has demonstrated the roles that home- and community-based services and supports play in helping people remain healthy and well. As health care providers continue to grapple with lower utilization and revenue, they may be in a more difficult position to focus on new initiatives and partnerships; however, many will still be accountable for value-based performance and some will have existing initiatives to maintain, leaving ample opportunity for cross-sector partnership.

TRENDS	IMPACT ON THE AAA NETWORK
<ul style="list-style-type: none"> <li>Older adults avoiding routine and needed care</li> </ul>	<ul style="list-style-type: none"> <li>Declining oral, physical, mental health of AAA clients</li> </ul>
<ul style="list-style-type: none"> <li>Exponential growth in telemedicine use</li> </ul>	<ul style="list-style-type: none"> <li>Older adults adopting telehealth technologies</li> <li>New virtual service delivery modalities for AAAs</li> <li>Fueling greater disparities along digital divide</li> </ul>
<ul style="list-style-type: none"> <li>Downsizing and closure of health care providers</li> </ul>	<ul style="list-style-type: none"> <li>Decline in available health care providers</li> </ul>



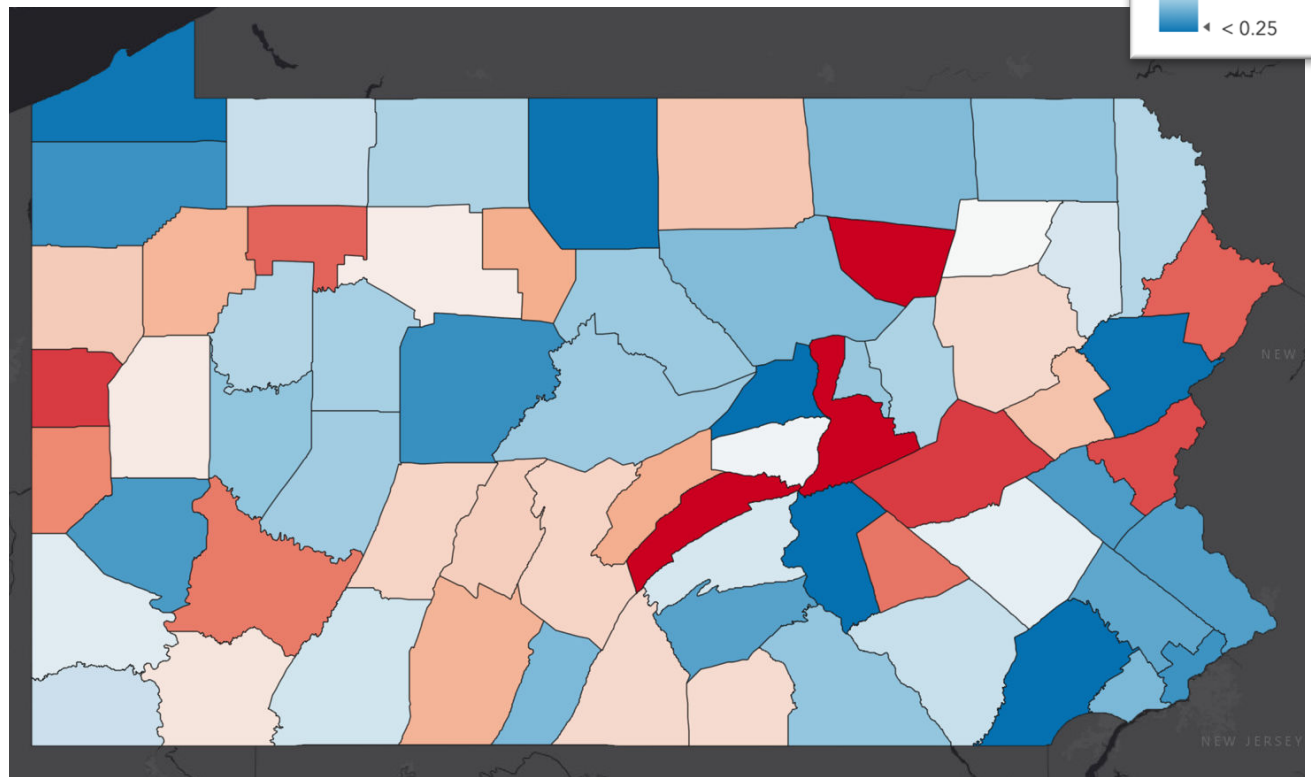
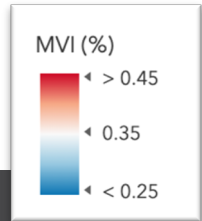
Year over year percent change in personal consumption expenditures on health care services, January 1960 - June 2020.

Source: KFF analysis of BEA Data (2020).

## HEALTH CARE DRIVERS

# Pandemic Implications

COVID risk is higher in certain parts of the Commonwealth than in others. The Medical Vulnerability Index (MVI) is a combination of population, population health, and health infrastructure factors that provide an indication of how high the county's vulnerabilities are to the COVID-19 virus. The percentage value for MVI represents to what percentage a county ranked across each indicator, where 100% would indicate that a county ranked highest among each indicator.



The Medical Vulnerability Index of each Pennsylvania county. The higher MVI number the greater the medical risk in that community.

Source: Institute of State and Regional Affairs (ISRA).



### 3. AGING SERVICES DRIVERS

*[The aging] network literally has built the foundation of this nation's formal system of home and community-based care, and we have done it in partnership with older Americans and their families.*

Lance Robertson  
Assistant Secretary for Aging

Area Agencies on Aging are nodes in a giant network of over 20,000 community-based organizations that oversee and deliver a diverse array of services in every community. AAAs have evolved since the birth of the Older Americans Act over 50 years ago to respond to the changing needs and consistently advocate for the wellbeing of older adults, family caregivers, and, more recently, adults with disabilities.

Pennsylvania's AAAs are influenced by a multitude of factors, including funding policies and regulations, bureaucracies and politics, local initiatives and alliances, services and program trends in the field, and the behaviors and desires of the people they serve. There has been no time in our history when the need for AAAs has been as great as today, with compounding stressors of a wasteful and expensive health care system, forthcoming public budget cuts, and an ongoing pandemic, AAA missions and operating models have the potential to efficiently and effectively meet the evolving needs of older and disabled Pennsylvanians today and tomorrow.

The trends fueling aging services drivers are:

- **Coordination & Integration**
- **Home- and Community-Based Strategies**
- **Budgets & Financing**
- **Performance Expectations**
- **Pandemic Implications**

1. **Multi-agency and cross-sector coordination and integration is growing among AAAs.** AAAs are playing increasing leadership and participant roles in the expansion of networks that are advancing evidence-based health and wellness program delivery, earning revenue-generating contracts with health care organizations, expanding service coordination and referrals between agencies, and improving the design of communities for older adults and people with disabilities.
2. **Increasing public demands for aging in place will continue to create opportunities for AAAs to play direct and indirect roles in LTSS and HCBS systems.** Greater need for LTSS may constrain funding for upstream, preventative services and programs. Opportunities for AAAs and the aging network to deliver cost effective home- and community-based services as part of public and privately funded systems will increase.
3. **Public budget cuts and increasing need for services will force AAAs to do more with less.** Operating with a thin margin is not new for AAAs, and as they anticipate the potential for several years of public budget tightening, pressure will increase to meet growing demand with constrained resources. At the same time, competitive opportunities to develop and grow partnerships with the health sector should not be ignored, nor should threats of potential restructuring or reorientation that could ensue if a recession is prolonged and local, state, and federal politics are not in the favor of AAAs.
4. **Increasing focus on quality and outcomes across health and human services, health care, and philanthropy will press AAAs to demonstrate outcomes and returns on investments.** A multitude of factors, including trends in health and human services policies and program evaluation, health care focus on value and outcomes, and increasing demands among private grant makers for grantees to demonstrate the efficacy of their programs. As a result, AAAs will need to have competencies and capacities to deliver cost effective services with proven outcomes.

## AGING SERVICES DRIVERS

# Coordination & Integration

AAAs have become much more coordinated and integrated. With the joining of aging and disability offices at the federal level into the Administration for Community Living, the creation of Aging and Disability Resource Centers and their formalization into the Older Americans Act, AAAs have become more oriented to the broader interests and needs of adults with disabilities and chronic conditions.

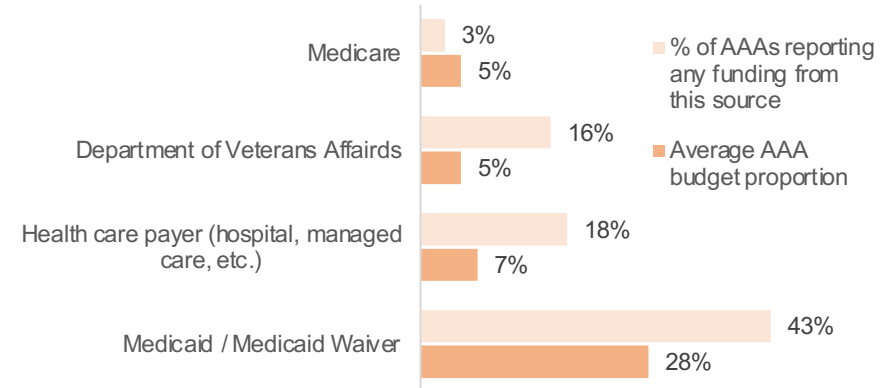
AAAs are becoming more involved in coordinating activities through the expansion of state LTSS and HCBS programs designed to help older adults and people with disabilities avoid long-term care stays or transition back to community settings. AAAs, including nearly a dozen in Pennsylvania, are also partnering with Veterans Affairs Medical Centers to offer veterans and their families self-directed LTSS assistance. Building competitive partnerships with health care payers and providers is also a growing strategy for many AAAs and AAA networks.

The livable communities movement has also been a growing area of involvement and investment among some AAAs that have taken leadership and coordination roles in shaping local policies and programs that create friendlier environments for all ages and abilities.

TRENDS	IMPACT ON THE AAA NETWORK
<ul style="list-style-type: none"> <li>Increase in health care financing of evidence-based wellness programs</li> </ul>	<ul style="list-style-type: none"> <li>Opportunity for advocacy for Medicaid financing</li> <li>Competition from other providers</li> </ul>
<ul style="list-style-type: none"> <li>Growth of and national support for coordinated AAA networks</li> </ul>	<ul style="list-style-type: none"> <li>Opportunities for formalizing network to contract with health care</li> <li>Potential competition from other CBO networks / out of state</li> </ul>
<ul style="list-style-type: none"> <li>Increasing focus on aging and older adults among non-aging services organizations</li> </ul>	<ul style="list-style-type: none"> <li>Potential partnership opportunities with organizations like YMCAs, United Ways, and chambers of commerce</li> </ul>

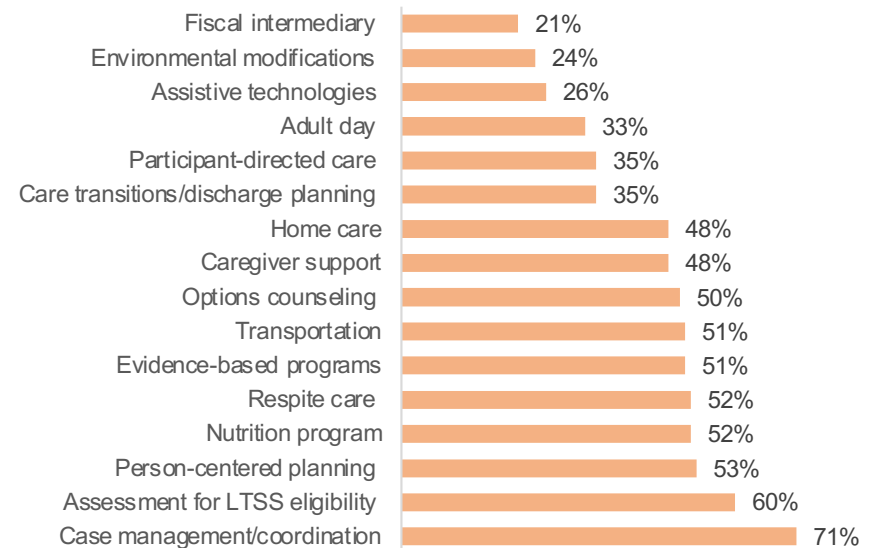
## Health Care Funding Sources Among AAAs in the US.

Source: n4a National AAA Survey (2020).



## Services AAAs Provide Through Integrated Care Partnerships.

Source: n4a National AAA Survey (2020).



## AGING SERVICES DRIVERS

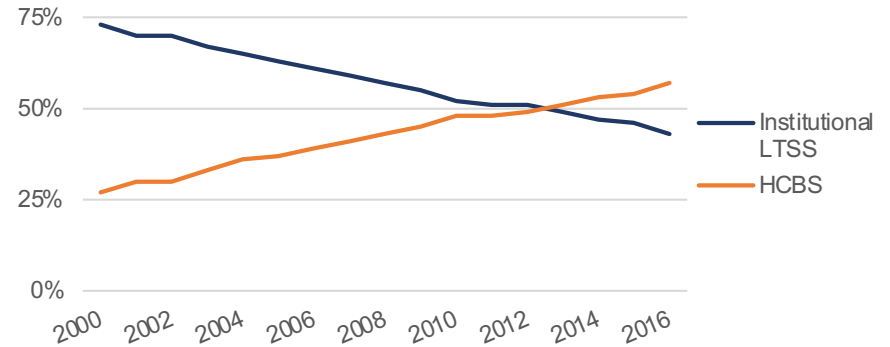
# Home & Community-Based Strategies

The expansion of Medicaid programs in tandem with the rise in older adult populations and utilization of long-term care facilities has encouraged states, including Pennsylvania, to develop programs to reduce utilization of costly institutional care and promote more cost-effective services in alternative home- and community-based settings. Pennsylvania's managed LTSS and HCBS system follows a national trend that other states are following to attempt to contain public spending and support consumer preferences and experiences through a more streamlined, managed care arrangement to promote home- and community-based services. Between 2011 and 2016, Pennsylvania's share of LTSS spending that went to HCBS increased 13 percentage points, from 22% to 35%.

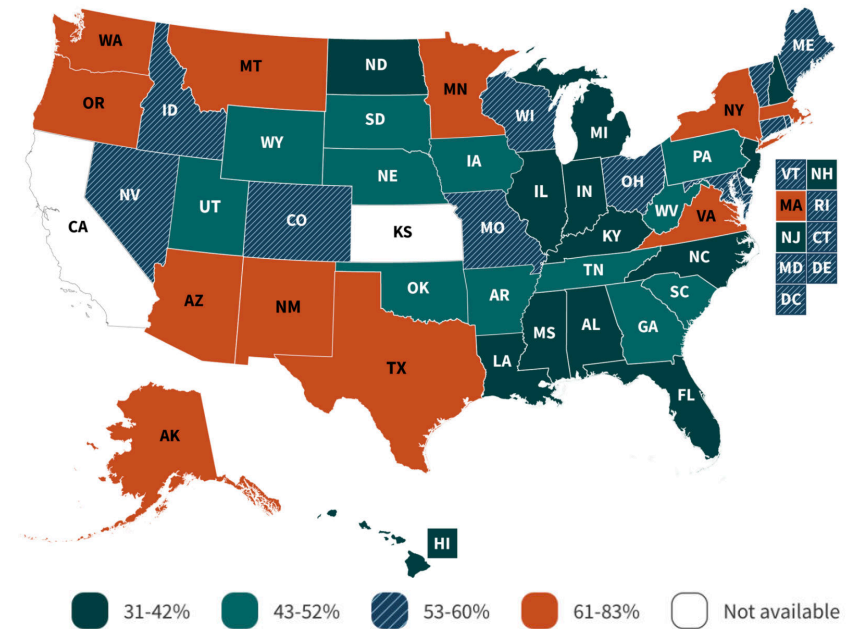
Designing a consumer-friendly, cost effective LTSS solution is one of Pennsylvania's greatest challenges. Many respected experts, organizations, and institutions have offered ideas and proposals for improving how long-term services and supports systems can be better designed a managed, with an emphasis on integrated, community-based care.

TRENDS	IMPACT ON THE AAA NETWORK
<ul style="list-style-type: none"> <li>Increasing demand for LTSS</li> </ul>	<ul style="list-style-type: none"> <li>Opportunities for AAAs to play larger role in LTSS systems and advocacy for smart alternatives that expand financing for community-based solutions</li> </ul>
<ul style="list-style-type: none"> <li>Workforce challenges across the sector</li> </ul>	<ul style="list-style-type: none"> <li>Need for workforce development programs and wage increases</li> </ul>
<ul style="list-style-type: none"> <li>High number of PACE programs</li> </ul>	<ul style="list-style-type: none"> <li>Partnership opportunities</li> </ul>
<ul style="list-style-type: none"> <li>Community-based health hub and primary care models are growing</li> </ul>	<ul style="list-style-type: none"> <li>Health hubs could co-locate in Senior Centers across a region</li> </ul>
<ul style="list-style-type: none"> <li>Evolution and expansion of managed LTSS and HCBS</li> </ul>	<ul style="list-style-type: none"> <li>Increase in competition from private for-profit organizations.</li> </ul>

Proportion of Total Medicaid LTSS Spending on Institutional LTSS and HCBS in the US, 2000-2016. Source: MACPAC (2018).



Percentage of LTSS Expenditures on HCBS by State. Source: CMS (2017).



## AGING SERVICES DRIVERS

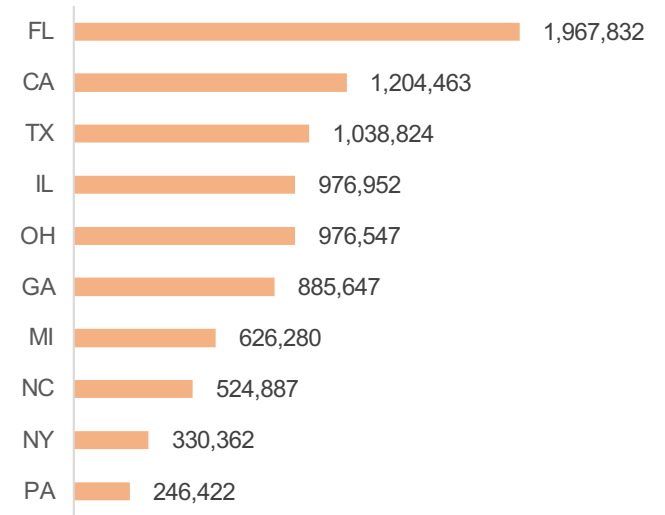
# Budgets & Financing

As a consequence of emergency spending to control and curtail the current pandemic, local, state, and federal government agencies are anticipating severe budget cuts on the horizon. Reduced budgets will likely fuel greater efforts to focus on services and intervention models that prove to be most cost effective with greatest outcomes. Foundations and philanthropies have also spent emergency funds to help fight the pandemic, indicating a desire to reconsider normal grant cycles and spending until the pandemic is over.

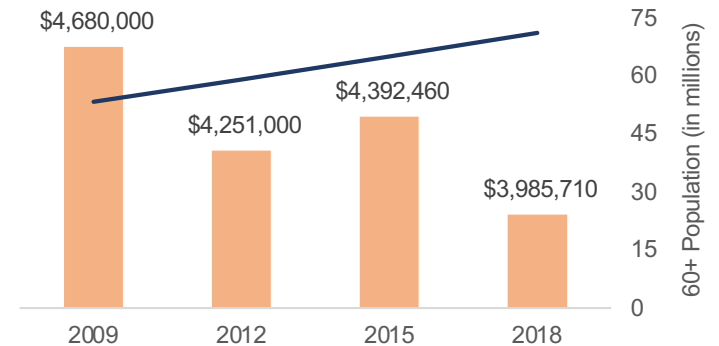
While Pennsylvania has expanded its LTSS spending in HCBS, the state’s LTSS system is by no means solvent. LTSS costs are increasing twice as much as the revenue sources that fund them. The system is not sustainable. If current population rates and public budgetary trends continue along their projected paths, the increasing older adult population will soon exceed the capacity of Pennsylvania’s systems. The opportunity for advocacy and strategic alignment with allies beyond the AAA network for better societal and policy solutions is here.

The need to expand and diversify revenues is not a new concept for AAAs, but the combination of budgetary threats, increasing demand for services, and opportunities to commercially partner with health care organizations all point to a need for greater entrepreneurialism and creativity.

**Average population to each Area Agency on Aging in the ten most populous states (total population divided by the number of AAAs).**  
Sources: US Census, state AAA associations, SUAs.



**Median Budget of AAAs in the US Compared with 60+ Population, 2009-2018.** Source: n4a (2020) and US Census Bureau.



TRENDS	IMPACT ON THE AAA NETWORK
<ul style="list-style-type: none"> <li>Shrinking local, state, and federal budgets.</li> </ul>	<ul style="list-style-type: none"> <li>Need for expanding alternative revenues</li> <li>Do more with less</li> <li>Need to create greater economies of scale</li> </ul>
<ul style="list-style-type: none"> <li>Support for privatization and consolidation is increasing; low population-to-AAA ratio in PA</li> </ul>	<ul style="list-style-type: none"> <li>Imperative to demonstrate value of many AAAs in the network or study potential for consolidation or resource / cost-sharing</li> </ul>
<ul style="list-style-type: none"> <li>Calls among public and private stakeholders for human service social enterprise is increasing.</li> </ul>	<ul style="list-style-type: none"> <li>Growing pressure to orient to business opportunities</li> </ul>

## AGING SERVICES DRIVERS

# Performance Expectations

AAAs are gradually being expected to demonstrate the outcomes of their services and programs. Between changing trends in private grants, public funding, and health care financing, AAAs are increasingly being asked to prove the efficacy of their work and the return on investment in their services.

The Department of Aging’s draft plan for 2020-2024 demonstrates how the DOA is setting goals and objectives for AAAs and evaluating performance of the network. While most of the DOA’s performance measures are process and outputs-oriented, some actions reveal a desire to shift to an outcomes-oriented approach. The State Plan on Aging may also provide the AAA network with specific insights into ways in which they can work in partnership with the DOA to achieve goals in the next plan cycle, while exploring ways to co-develop future goals and plans. A well-coordinated and calibrated strategic planning system at the state, AAA network, and local AAA levels, with aligned goals and objectives, could encourage greater outcomes and alignment across the network and with the DOA.

TRENDS	IMPACT ON THE AAA NETWORK
<ul style="list-style-type: none"> <li>Evidence-based programs in OAA</li> </ul>	<ul style="list-style-type: none"> <li>Need for fidelity, quality control, and program evaluations</li> </ul>
<ul style="list-style-type: none"> <li>Healthcare focus on value and ROI – costs, patient experience, health outcomes</li> </ul>	<ul style="list-style-type: none"> <li>Develop and use strong ROIs in political and business messaging</li> </ul>
<ul style="list-style-type: none"> <li>Increases in risk- and performance-based payments</li> </ul>	<ul style="list-style-type: none"> <li>Understand how to manage risk in operational modelling and contract negotiations</li> </ul>
<ul style="list-style-type: none"> <li>Growing emphasis on social determinants of health</li> </ul>	<ul style="list-style-type: none"> <li>Harness the trend and use to strategic advantage to generate interest in AAA programs</li> </ul>

### Excerpt from the PA Dept. of Aging’s 2020-2024 State Plan on Aging (July 2020).

PROPOSED ACTIONS	PROPOSED GOALS AND MEASURES
Reduce caregiver stress and burden through the provision of the Caregiver Support Program.	% reduction in caregiver burden in the Caregiver Assessment Tool
Advocate for legislative changes to improve access to and utilization of the Caregiver Support Program.	Enactment and implementation of legislation
Provide training to the Department, AAA Network, and partners on cultural competence, implicit bias and other related subjects.	Measure number of participants, satisfaction level and outcomes.

### Example of performance objectives that Medicare Advantage plans must focus on in order to achieve strong Star ratings. Average Star Ratings (out of 5) for all MA plans in the US, 2017-2020. Source: CMS (2020).

MEASURE	2017	2018	2019	2020
Improving physical health	2.6	2.9	3.0	3.2
Improving mental health	3.6	3.7	3.3	3.9
Reducing the risk of falling	2.4	2.5	3.0	2.5
Plan all-cause readmissions	3.3	3.3	3.1	2.8
Rating of health plan	3.2	3.2	3.3	3.2



## AGING SERVICES DRIVERS

# Pandemic Implications

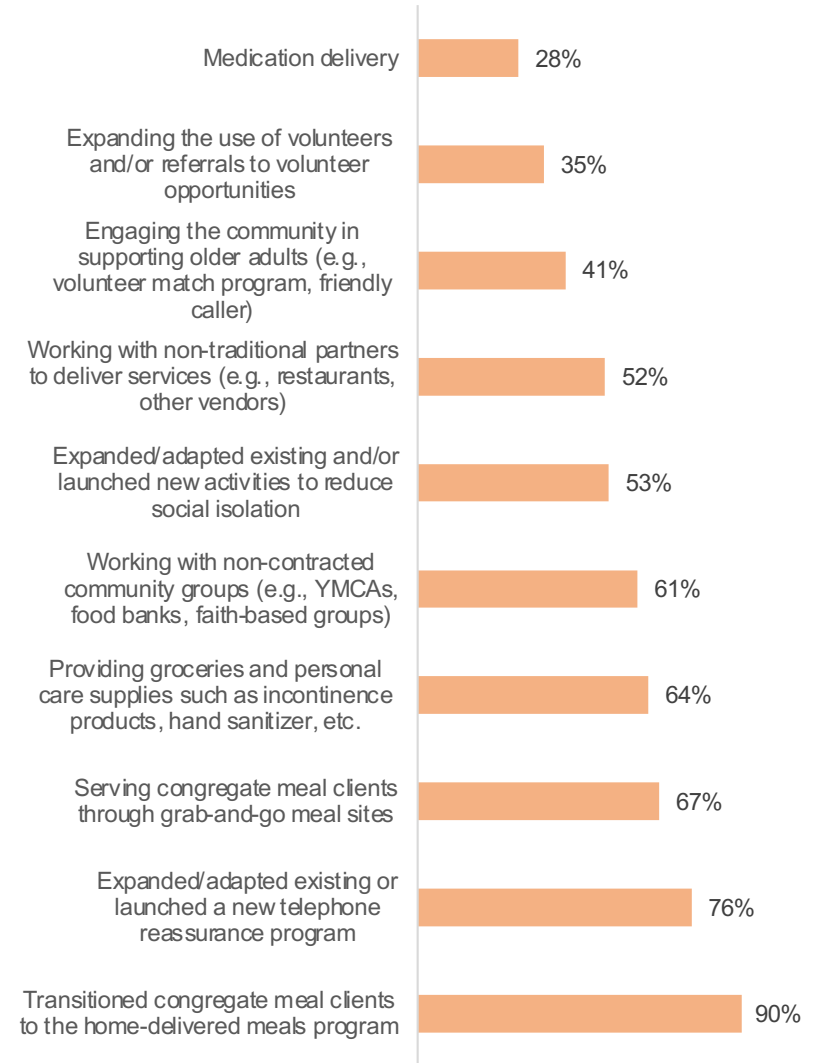
While the ongoing pandemic has revealed many shortfalls in our country, it has also revealed how agile and proactive many AAAs are in understanding and responding to emergent needs in their communities. AAAs have rapidly responded to the changing environment, modifying service offerings and modalities to meet dramatic shifts in consumer demand and operate within narrow constraints.

The new environment has also stimulated new community partnerships for AAAs, and, like many other organizations, shifted the ways in which staff are fulfilling their professional obligations. These changes will have lasting effects on the role that AAAs play in their communities, on the future of their service designs and offerings, and on their formal and informal connections and partnerships with health care organizations, public health departments, community-based organizations, and others in their communities.

TRENDS	IMPACT ON THE AAA NETWORK
<ul style="list-style-type: none"> <li>Potential budget cuts</li> </ul>	<ul style="list-style-type: none"> <li>Do more with less</li> <li>Seek out alternative funding sources to sustain/grow service levels</li> </ul>
<ul style="list-style-type: none"> <li>Changing service types and modalities</li> </ul>	<ul style="list-style-type: none"> <li>Opportunity to rapidly test new ideas</li> <li>Need for greater technological solutions and capacities</li> </ul>
<ul style="list-style-type: none"> <li>New formal and informal organizational partnerships</li> </ul>	<ul style="list-style-type: none"> <li>Potential for new sustained partnerships in future funding cycles</li> </ul>
<ul style="list-style-type: none"> <li>Increases in referrals and demand for services and supports</li> </ul>	<ul style="list-style-type: none"> <li>Need to create more efficiencies</li> </ul>
<ul style="list-style-type: none"> <li>Increasing demands to age in place or transition back to community</li> </ul>	<ul style="list-style-type: none"> <li>Short- and long-term increases in desire for community living</li> </ul>

## AAA Actions Taken in Response to COVID-19.

Source: n4a National Survey (July 2020).



## 4. TECHNOLOGY DRIVERS

*Innovators are playing an increasingly active role in designing, developing, implementing and testing an intriguing array of technology-enabled devices and services for older adults.*

Dr. David Lindeman, PhD  
University of California, Berkeley

A host of technologies are becoming more integrated into our personal and professional lives, playing integral roles in supporting and advancing daily tasks. From assistive devices to automation, cloud storage to machine learning, new technologies are already revolutionizing how we go about our daily lives – and will transform many of the ways in which gaps and barriers involving physical and cognitive limitations are bridged and reduced.

AAAs have many opportunities to explore and better understand how new technologies will change the lives of tomorrow's older adults, and how their organizations can help to close digital divides, broaden service delivery, support independence, and track, measure, and achieve greater outcomes. AAAs will undoubtedly adapt services and operations to incorporate new technologies that can increase efficiencies and advance missions.

As new technologies continue to become embedded in everyday life, AAAs will need to determine how they will respond. The trends fueling technology services drivers are:

- **Digital Divide**
- **App-Based Platforms**
- **Home-Based Tech**
- **Automation**
- **Cloud Computing**

- 1. The digital divide applies to consumers as well as AAAs.**  
While many older adults and organizations have access to broadband internet and possess the resources to acquire digital technologies, there are many that are in broadband deserts, that do not have the means to access certain types of technologies or have the desire to incorporate more advanced technologies. For those individuals and organizations lacking the access or desire, the digital divide deepens.
- 2. App-based services and in-home technologies are creating alternative service delivery models and modalities that can be cost effective and scalable.** The adoption growth of app-based services and in-home assistive technologies by consumers as well as the health care industry is fueling demand and opportunities for AAAs to play a role in digital and virtual health promotion and disease prevention interventions. These trends are also indicating new opportunities for subcontracted AAA services as well as new competitors entering the evidence-based wellness space.
- 3. Autonomous and unmanned systems will dramatically change how older adults, particularly those in Pennsylvania's rural communities, access social and commercial resources.** While it may seem like a far and distant future, significant investment and regulatory action is going into making self-driving cars, drones, and robots a reality that is likely closer than we think. AAAs have a tremendous opportunity today to explore these new solutions by configuring them into their partnership and service planning strategies.
- 4. Cloud computing and interoperability is advancing the ways multiple organizations across sectors and systems share and analyze data, and measure and manage performance.** AAAs will need to become progressively more data-driven and savvy if they are to demonstrate their value and effectiveness into the future, participate in ever-greater complex systems of care and coordination, and develop insight- and foresight-driven strategies that have the greatest impact on their communities.



## TECHNOLOGY DRIVERS

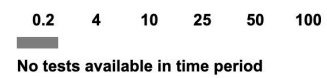
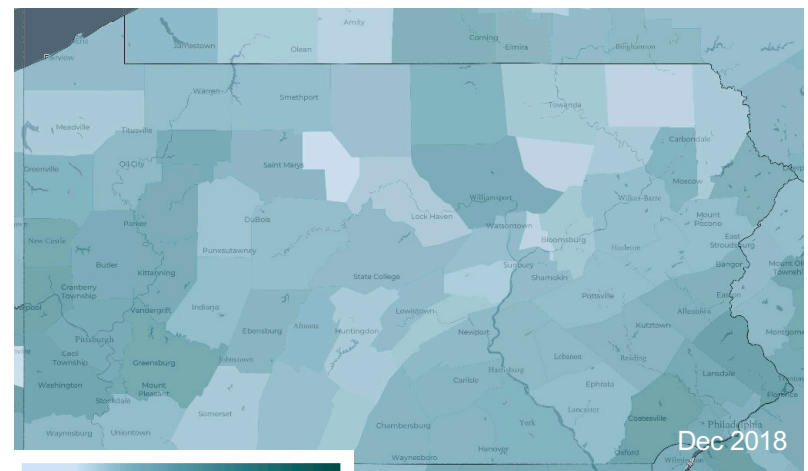
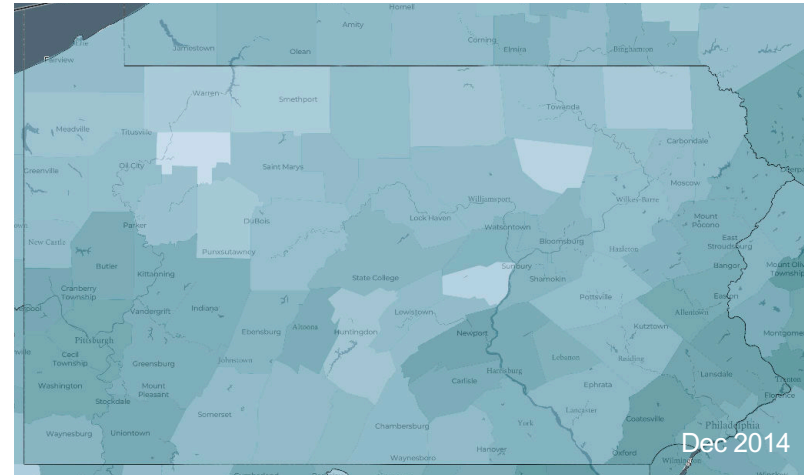
# Digital Divide

Many rural areas lack strong and stable internet connections. While there is not one county in Pennsylvania where 50% or more of the population can receive broadband connectivity, internet speeds and access in rural communities are significantly worse. The Federal Communications Commission estimates that at least 800,000 rural Pennsylvanians lack broadband access, while the Center for Rural Pennsylvania estimates this figure to be significantly higher. A lack of internet access or high-speed internet connections furthers the digital divide between rural and urban residents, age groups, and income groups.

Geography is not the only factor fueling the digital divide. Age, income, gender, education level, minority status, and functional status are all factors that increase an older Pennsylvanian’s likelihood of not having access to a digital device. The digital divide also applies to AAAs as organizations with limited financial and human resources to invest in advanced operational technologies. According to n4a’s national COVID-19 survey of AAAs, many AAAs are seeking technological solutions to support their clients as well as their workforce.

TRENDS	IMPACT ON THE AAA NETWORK
<ul style="list-style-type: none"> <li>Geographic gaps in high quality internet coverage</li> </ul>	<ul style="list-style-type: none"> <li>Need for coordinated advocacy to expand rural broadband</li> <li>Opportunity for creative rural broadband solutions</li> </ul>
<ul style="list-style-type: none"> <li>Income gaps in accessibility and use of technology</li> </ul>	<ul style="list-style-type: none"> <li>Offer subsidized services and products to lower income older adults</li> </ul>
<ul style="list-style-type: none"> <li>Age gaps in accessibility and use of technology</li> </ul>	<ul style="list-style-type: none"> <li>Target learning, hardware, and service resources to older age cohorts</li> </ul>
<ul style="list-style-type: none"> <li>Expectations for businesses to have advanced IT systems</li> </ul>	<ul style="list-style-type: none"> <li>Underdeveloped IT systems and resources; variation across network</li> </ul>

Median Mbps download speed by PA county, Dec 2014 (top) and Dec 2018 (bottom). The FCC considers 25 Mbps or greater in rural areas as broadband high-speed internet. Source: MLab.



## TECHNOLOGY DRIVERS

# App-Based Platforms

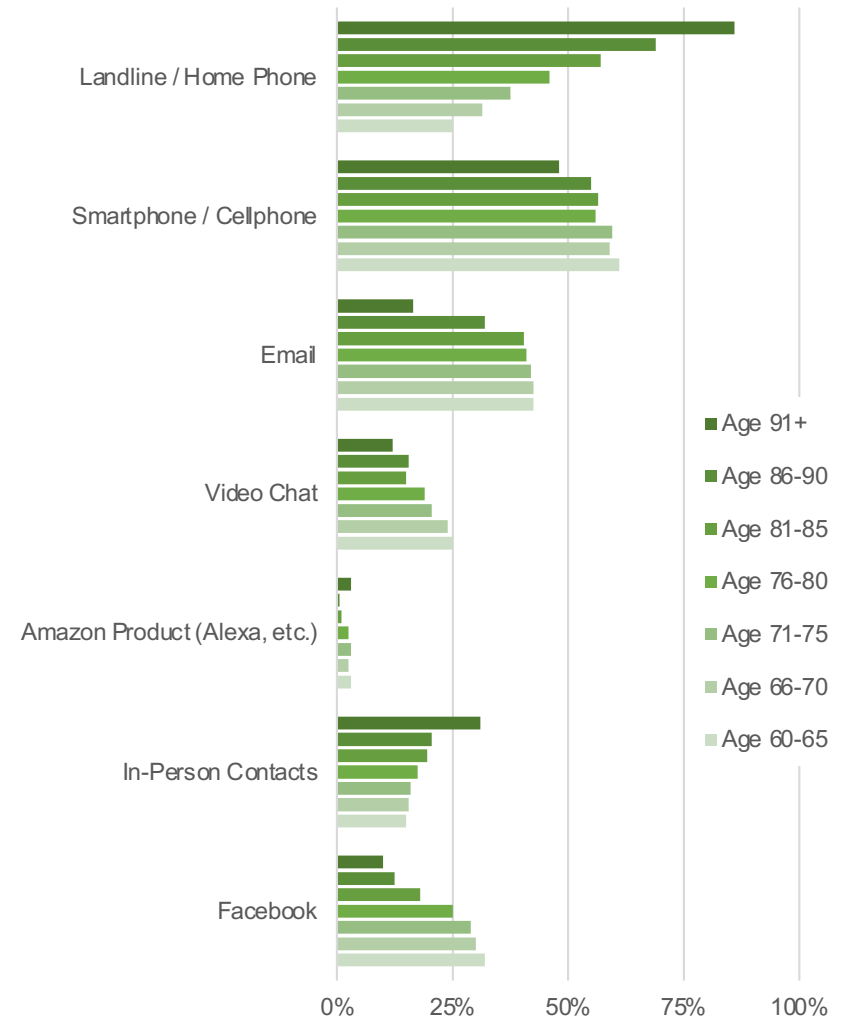
App-based platforms and digital health services are attempting to advance the work and missions of social, behavioral, and medical health services organizations. In the first half of 2020, digital health startups raised a total of \$5.4 billion in investment funding, with companies offering on-demand healthcare services and remote monitoring drawing the greatest share of funding, and significant growth in behavioral health companies.

New NCOA certified evidence-based wellness programs are emerging that offer app-based learning, allowing leaders and participants to have digital classes in person or remotely. There seems to be an app or digital solution for many of the traditional services that AAAs offer, including falls prevention (Nymbi Science), medication reconciliation (MedActionPlan), and family caregiver support (TCARE). As AAAs continue to expand their digital strategies and virtual and remote services, app-based and digital wellness solutions make a lot of sense.

Apps are also proving valuable for how aging services organizations promote their resources and engage with consumers. New York State developed an app that consolidated their aging resources in one place, allowing the public to easily search for and locate services.

TRENDS	IMPACT ON THE AAA NETWORK
<ul style="list-style-type: none"> <li>Growth in app-based services</li> </ul>	<ul style="list-style-type: none"> <li>Increased interest in app-based services.</li> <li>Opportunity to fund some evidence-based apps with OAA funds</li> </ul>
<ul style="list-style-type: none"> <li>New platforms integrated with organization's resources and call center</li> </ul>	<ul style="list-style-type: none"> <li>Increased awareness and demand for services, potential efficiencies</li> </ul>
<ul style="list-style-type: none"> <li>Increased use for banking, health, and other services that require sensitive information</li> </ul>	<ul style="list-style-type: none"> <li>High privacy and security risk</li> <li>Opportunities for app training</li> </ul>

**Older Adult Communications Access in Pennsylvania During COVID-19.** Source: PA Dept. of Aging, Council on Aging, State of Older Adults COVID-19 Report, April 2020.



## TECHNOLOGY DRIVERS

# Home-Based Technologies

Many kinds of new in-home technologies are being designed into “smart home ecosystems” for a consumer base that is older and may have limited physical or cognitive functions. The health care and consumer electronics industries are aggressively developing and deploying products and services that can, in theory, promote physical and mental health, encourage greater independence in the home, improve safety and reduce risk, and help connect people to virtual services and social networks.

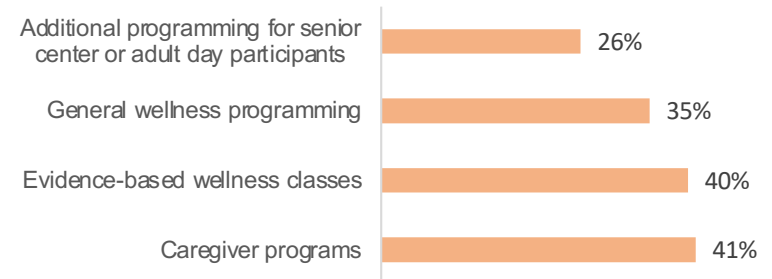
The pandemic has encouraged an enormous increase in virtual care visits, with one in four older Americans having a virtual care visit in the first three months of the pandemic, well over the 4% that had a virtual visit in 2019. Some are now predicting that telemedicine will emerge as a front door for care, with future utilization rates balancing out somewhere between the pre-pandemic lows and pandemic highs.

The homes of older adults and people with disabilities will undoubtedly become more tech enabled over time. As AAAs seek to close the digital divide, promote safety and independence in the home, and scale services to meet growing demands, in-home technologies will be an ever-greater tactical and strategic focus.

TRENDS	IMPACT ON THE AAA NETWORK
<ul style="list-style-type: none"> <li>Smart home ecosystems</li> </ul>	<ul style="list-style-type: none"> <li>Smart home tech as extension of aging in place strategies and services</li> </ul>
<ul style="list-style-type: none"> <li>Growth in virtual services and programming</li> </ul>	<ul style="list-style-type: none"> <li>Expectations for virtual services</li> <li>Outsourced / scaled services</li> <li>Automated services</li> </ul>
<ul style="list-style-type: none"> <li>Increase in wearables, remote monitoring, and self-services</li> </ul>	<ul style="list-style-type: none"> <li>Greater opportunities for prevention and self-care</li> <li>Economies of scale potentials</li> </ul>

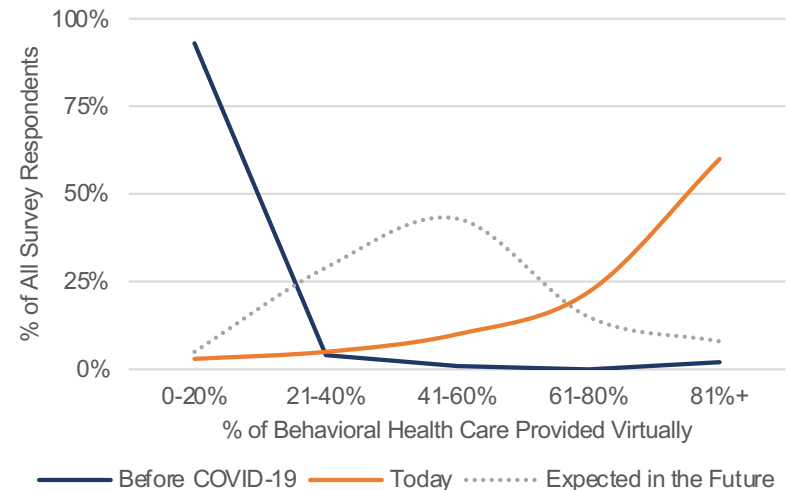
### AAA Programs Moved to Online Format Due to COVID-19.

Source: n4a national survey (July 2020).



### Total Percent of Care Provided Virtually.

Source: National Council for Behavioral Health (2020).



## TECHNOLOGY DRIVERS

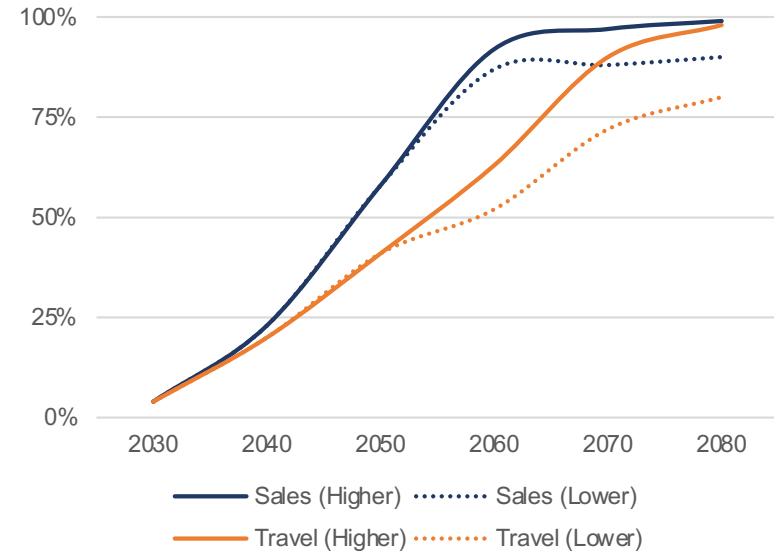
# Automation

Automation is designed to substitute physical and cognitive human tasks. Today, most automated tasks are those that are routine and predictable, but as the software and data intelligence behind automation advances, so too will the types of automated tasks that can be conducted. As automation becomes more sophisticated and reliable, we can expect to see increases in automated solutions to many home- and community-related gaps and barriers currently experienced by older adults and people with disabilities.

In the home, automated technologies are already being developed that that socially engage with people, learning about them and carrying on meaningful conversations. Robots that can clean a home or retrieve objects already exist. Outside of the home, self-driving cars are already being tested. Some of the most advanced automated vehicle research is happening in Pennsylvania, led by several universities and the Department of Transportation. Similarly, investments in unmanned flying vehicles, along with gradual changes in regulations is slowly creating a market for rapid, flight-based delivery of products.

**Autonomous Vehicle Sales and Travel Projections.**

Source: Victoria Transport Policy Institute (2020).



TRENDS	IMPACT ON THE AAA NETWORK
<ul style="list-style-type: none"> <li>Self-driving cars</li> </ul>	<ul style="list-style-type: none"> <li>Opportunity to advocate for, pilot and invest in fleets of autonomous vehicles for clients</li> <li>Rural mobility solutions</li> </ul>
<ul style="list-style-type: none"> <li>Drones</li> </ul>	<ul style="list-style-type: none"> <li>Opportunity to advocate for, pilot, and invest in fleets of drones</li> <li>Rural delivery solutions</li> </ul>
<ul style="list-style-type: none"> <li>Automated in-home services, robots</li> </ul>	<ul style="list-style-type: none"> <li>Opportunity to advocate for, pilot, and invest in automated and robotic services</li> </ul>

## TECHNOLOGY DRIVERS

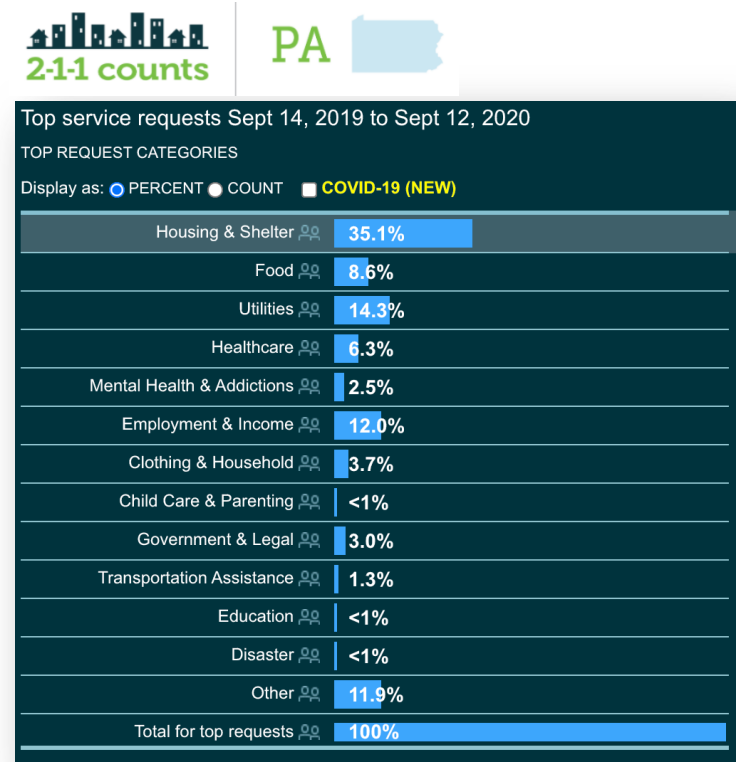
# Cloud Computing

The use of cloud computing has fueled powerful capabilities for organizations and groups of organizations to securely manage, share, and analyze large amounts of client, service, and performance data. Cloud computing is being used by large health care organizations as well as government agencies to create scalable IT solutions that multiple teams and offices, vendors, and other partners and stakeholders can access, such as health information exchanges. Groups like the United Way are also using cloud-based solutions to track, monitor, and show patterns and trends in consumer need and service utilization.

Cloud-based technology is fueling the development and broad use of new types of social resource platforms that are encouraging greater coordination between health care organizations and social services providers. These platforms are changing the ways in which the public and other professionals navigate and access social services. This trend is already apparent in the Pennsylvania Department of Human Services' recent request for expressions of interest to establish a statewide resource and referral tool that will serve as a care coordination systems for social and health care providers.

TRENDS	IMPACT ON THE AAA NETWORK
<ul style="list-style-type: none"> <li>Growth of cloud-based systems</li> <li>Rise of shared resource and referral databases</li> </ul>	<ul style="list-style-type: none"> <li>Potential integration with HIEs</li> <li>Participation in new resource directories</li> </ul>
<ul style="list-style-type: none"> <li>Advanced analytics</li> </ul>	<ul style="list-style-type: none"> <li>Real-time program analytics</li> <li>Performance measurement and management capabilities</li> </ul>
<ul style="list-style-type: none"> <li>Machine learning and predictive analytics</li> </ul>	<ul style="list-style-type: none"> <li>Potential for risk stratification of clients, high quality options counseling and coordination</li> </ul>
<ul style="list-style-type: none"> <li>Statewide resource directory</li> </ul>	<ul style="list-style-type: none"> <li>Increase in referrals to AAA services</li> <li>Potential for future financing to AAAs</li> </ul>

Screenshot from the PA United Way's 2-1-1 Counts (2020).

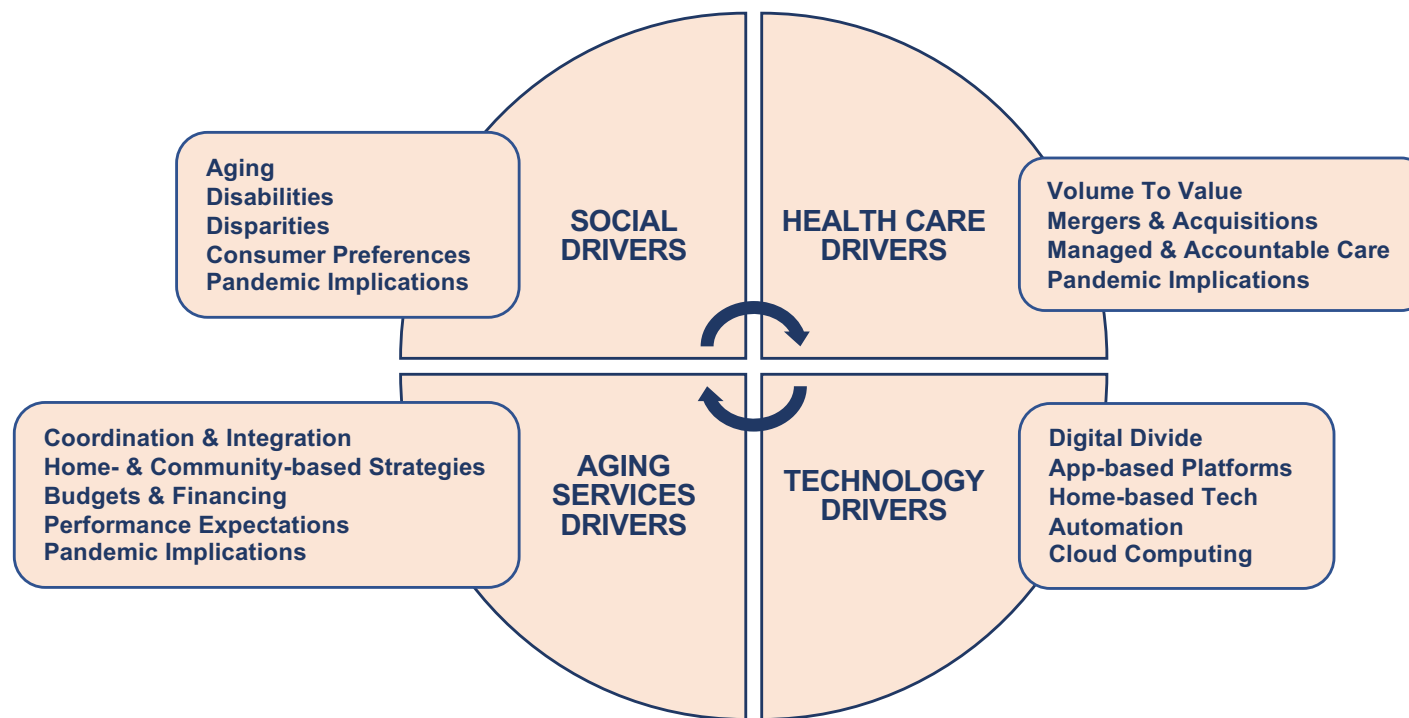


# A CONFLUENCE OF DRIVERS

There are countless ways in which multiple social, political, and market-based trends within the four driver areas intersect, interconnect, and influence the strategic and tactical work of AAAs.

Some questions about trends that readers can consider before advancing to the next section:

- Which call for the greatest political advocacy priorities for AAAs?
- Which speak to a need for AAA service and program changes?
- How might AAAs need to reorient their strategic thinking and planning for the future?
- Which demand greater collaboration or coordination among AAAs?
- What trend areas are missing?



## 5. LEVERAGING AAA NETWORKS

The drivers above present a host of complex challenges and opportunities that many AAAs – in Pennsylvania and across the US – are grappling with. Many of these challenges and opportunities require advanced capabilities to influence policies, build professional skillsets and organizational capacities, design and develop new services and programs, conduct expert research, and communicate and influence with strategic finesse.

Such imperatives are not uncommon to AAAs, but they are growing. The forces in the external environment are putting pressure on AAA organizations, on those they serve, and on the systems that they operate within. Networks are becoming essential vehicles for multiple organizations to respond to growing public need for services in a financially unsustainable environment. Coordinated and aligned social impact networks are emerging across the US, driven by a combination of health care payment reforms, strategic field-building investments from public and private funders, and member organizations that seek a better future for their clients, staff, and organizations.

As highly networked and collaborative organizations, many AAAs have become organized into formal and informal networks that communicate and coordinate around shared interests and objectives, such as state and federal policies and procedures, public funding, coordinated services across multiple regions, and the rights and wellbeing of those they serve.

What follows is a series of network-oriented strategic practices that AAAs across the US are instituting in response to many of the trends outlined in the previous sections of this report. The examples provide both proactive and reactive ways in which AAA networks have developed strategies to further and advance their shared missions and objectives.

### IN PRACTICE

Across the country, AAA networks are leveraging their shared interests and missions to expand their capacities and advance their capabilities to achieve greater client outcomes, play increasingly greater roles in health and social services ecosystems, and build financial sustainability into the future.

AAAs are leveraging their networks in many ways, including:

- **Political Advocacy**
- **Skill Building**
- **Joint Contracting**
- **Sharing Tools and Resources**
- **Research and Development**
- **Expanding Network Membership Eligibility**
- **Broadening Awareness of AAA Services**
- **Coordinating AAA Services and Programs**
- **Group Purchasing and Revenue Sourcing**



## LEVERAGING AAA NETWORKS

### NETWORK STRATEGY

### STRATEGY IN PRACTICE



#### Political Advocacy

Many state AAA networks have organized to advocate for favorable state policies, programs, and funding. Network activities and strategies are widely informed by state and federal policies, so having a voice in numbers can help the network direct future policy and reform. Some of the advocacy activities practiced by networks include hosting public forums, creating literature around state and federal policy for network members, partnering with local and regional political advocacy groups and creating policy platforms and templates that network members can use to help influence favorable policies at the local level.

State AAA associations have had varying success in their advocacy efforts for funding increases, favorable regulatory changes, and inclusion in new publicly funded programs. The **Ohio Association of AAAs (O4A)** advocated for the inclusion of AAAs in the state's Medicaid waiver system (the PASSPORT Program) for home- and community-based service alternatives to nursing home care. In this program, the AAAs provide case management and program oversight. The AAAs also administer Ohio's Assisted Living Waiver program.



#### Skill Building

Because educating and informing are such integral pieces of the vision and value of each AAA, it only makes sense this is a key objective for groups of AAAs seeking to expand and enhance their capacities and capabilities. Training and development activities are very common among networks and is an important benefit to being a member of a network. Many networks hold regular meetings to inform members on political and legislative updates, policy/program changes, and programmatic standards. Beyond hosting routine or annual training events, some organizations have a more systematic approach to training and skill building, particularly if the network has a strategic plan in place to develop certain competencies or meet certain performance standards.

The **Oregon Association of Area Agencies on Aging and Disability (O4AD)**, through their network hub, the **Oregon Wellness Network (OWN)**, trains AAAs on how to create value propositions for social services they are catering to health care organizations, monitor and manage program data and quality, and providers technical business acumen and development assistance. **AggingNY** holds an annual business acumen training for members to gain professional skills. And the **Southern Alabama Regional Council of Governments (SARCOA)** led all of Alabama's AAAs to earn accreditation from the National Committee for Quality Assurance (NCQA) in preparation for a Medicaid managed LTSS program.



#### Joint Contracting

A major advantage a network can bring to its members is the convenience of contracting on behalf of its members, while offering to health care organizations similar convenience of benefitting from multiple service providers while contracting with just one entity. Statewide programs, health plans contracting for social services, and larger health care provider systems are demanding greater volumes and standardization of social services at scales greater than any one AAA can deliver. A network can leverage resources to create more value and coordinate services that many health plans and health care delivery organizations are interested in.

Trade associations are providing avenues for their members to contract with Medicare and Medicaid supported plans, like the **New York Association for Area Agencies on Aging (AggingNY)**, which provides resources on the state mandated Diabetes Prevention Program. Other associations like **4AM (Michigan)** help constituent members partner and contract with private health care organizations. In 2018, 4AM hosted an annual conference, "Building Bridges: Strengthening the Aging Network" for its members, which focused primarily on the importance of multi-stakeholder collaboration and best practices around partnering and contracting.

## LEVERAGING AAA NETWORKS

### NETWORK STRATEGY

### STRATEGY IN PRACTICE



#### Sharing Tools & Resources

Networks are uniquely poised to work with member organizations to encourage greater effectiveness and impact. Networks can help to create, collect and distribute useful tactical and strategic tools that members can use to advance their work. In addition to providing a platform for contracting, networks can also aid in closing the technical gaps involved in contracting. Activities such as these include creating sample contracts for members, holding network-wide information and training sessions on contract navigation and meeting regularly to discuss partnership opportunities.

The **Texas Association for AAAs (T4A)** developed a pricing model tool for their network that helped member AAAs set reasonable and sustainable pricing for health care partnership contracts, while the **National Association of AAAs (n4a)** creates and distributes many tools and resources to help AAAs advance their work in a variety of strategic orientations, including through the Aging and Disability Business Institute.



#### Research & Development

Organizational capacities and financial means to conduct research relating to program effectiveness or needs assessments of consumers are often limited. Networks can leverage their membership and shared resources to collect data, interpret it and report out on it, or jointly outsource such tasks. By taking on research at a network level, members can establish shared benchmarks and build more consistent and reliable datasets. Shared research activities also draw member interest and buy-in of processes, help steer resources to disadvantaged members, and creates a common framework and foundation. Some networks partner with consulting firms, universities, and other organizations to engage in research of different types, including program design, evaluation, and piloting new technologies.

in 2019, the **Colorado Association of AAAs (C4A)** jointly wrote and won a \$225,000 private grant to fund a statewide assessment of older adults. Colorado hired the National Research Center to deploy the Community Assessment Survey of Older Adults (CASOA) over a period of several months. The findings were used by all of the AAAs as well as the State Unit on Aging to develop each AAA area plan as well as the State Plan on Aging. Findings were also used to observe longitudinal trends (some AAAs had used the survey every four years for nearly 20 years) and compare communities with those in other parts of the country. Usage of CASOA has created measurable indicators for AAAs and the State to monitor outcomes and impact in key areas.



#### Expanded Network Membership

A network also provides the platform to be able to market the network and onboard potential members. Building and coordinating a network can be challenging and setting up and supporting the infrastructure to be able to manage a network is critical to its success and longevity. By providing a platform and selling current network services, the network can gain more members, grow its service portfolio and reach a larger set of communities. This also provides the network leaders control in vetting network members, partners and potential associates in making sure new members are aligned with the network's overall mission.

The **Ohio Association of AAAs (O4A)** offers an Associate Membership to non-AAA organizations seeking to support the O4A mission and benefit from several resources the association produces. O4A claims to connect Associate Members with thousands of Aging Network supporters (consumers), over 450 Aging Network affiliates (subcontractors/grantees), and 12 AAAs. Associates receive exclusive legislative bulletins from O4A, as well as the ability to participate in exclusive educational, advocacy, and networking events, plus exposure through O4A's social media, newsletter, website, and special events.

## LEVERAGING AAA NETWORKS

### NETWORK STRATEGY

### STRATEGY IN PRACTICE



#### Broadening Awareness

One advantage of a network is having access to shared and collective resources greater than any one member. This can be helpful when recognizing opportunities to scale and broadcast messaging to wider audiences. A network can bring its members together and activate its allies and partners to develop and deploy common, effective messaging that can have significantly greater impact than any one organization's effort. Other public awareness activities occurring across networks include podcasts, social media, newsletters and magazines for the public, for other professionals, and for policy makers. Networks engage in statewide and national conferences and events to promote their members and members' services.

The **Michigan Association for AAAs (4AM)**, coordinates an annual "Senior Citizens Day", an event where their 16 member AAAs present and raise awareness of statewide senior needs. Similarly, the **North Carolina Association for AAAs (NC4A)**, has increased promotion and awareness around the demand for Home and Community-Based Services (HCBS) in response to their 65+ expected trajectory over the next ten years.



#### Coordinating Services & Programs

A network can help facilitate the delivery and coordination of standardized programs and services by members across multiple regions, through helping create common standards of practice, centralized accountability for meeting those standards, and support and assistance for continuous improvement. A network can also invest in common platforms for data management and coordination, establishing shared processes and performance measures that can be monitored and evaluated by all members. Networks can also spotlight innovative AAAs and demonstrate to others how they accomplished certain feats. They can act as a researcher, facilitator, coordinator, and implementation partner to help study and replicate programs for AAAs that could benefit from new and innovative programs.

The **Juniper Network**, led by the **Metropolitan Area Agency on Aging** (Minnesota), leads a statewide initiative to advance the delivery and availability of evidence-based wellness programs through partnerships with peer AAAs. The Juniper network trains coaches, helps organizations improve their promotion and retention in classes, and assists members with quality oversight and improvement. The network is now venturing into contracting opportunities with health care organizations. As part of **SARCOA's** effort to align **Alabama's AAAs** around preparing to participate in the state's Medicaid program, it took the lead to manage, customize, and implement a new network-wide case management technology platform to meet current and future needs of its AAA network.



#### Group Purchasing & Revenue Sourcing

Group purchasing can serve as a potential capacity building and cost savings strategy for AAAs in a network. Networks and network hubs can help members save costs by providing or helping coordinate among members shared administrative infrastructure and overhead, such as software, human resources functions, policy development, and quality assurance. By absorbing some of the administrative activities and expenses of multiple individual organizations, the network can create capacity for member partners to invest in services and programs and spend more staff time delivering direct services in their communities.

Members of networks have worked together to apply for and participate in capacity building programs and initiatives produced and funded by n4a, NCOA, and ACL, including the **Florida Association of AAAs**, **Alabama Association of AAAs (A4A)**, the **Indiana Association of AAAs (IAAAA aka enlivIN)**, and the **Missouri Association of AAAs (M4A)**.

## 6. CONCLUSION

*We will need new strategies to meet the needs of our aging society.*

Robert Applebaum and Suzanne Kunkel  
Scripps Gerontology Center

The Older Americans Act was intentionally designed to allow AAAs to be flexible and adaptable organizations, able to meet the unique needs of the communities they are charged to serve by continuously working to understand the lived experiences and cultures in their backyard, and develop and coordinate targeted responses that bridge gaps and reduce barriers.

Networks are, similarly, inherently responsive to the needs, demands, and preferences of their member constituents and peers. A successful network coordinates and plans its strategy in light of the existing, evolving, and anticipated opportunities and challenges which are driven by its members (which are, driven by the existing, evolving, and anticipated opportunities and challenges within each member's unique social, political, and market-based context).

As you reflect on the trends and strategic considerations in this report, it is important to keep in mind that this serves as a high-level review and opportunity to stimulate thinking about the past, present, and future. There are connections between many of the trends in this report, many of which are rooted in the social drivers. The trends in this assessment, paired with examples of ways in which AAA networks are responding to threats and opportunities in their marketplaces, demonstrates the broad and deep array of strategic imperatives and possibilities for Pennsylvania's AAAs.

### NEXT STEPS

In addition to this market assessment, an internal network assessment will be conducted. Findings from the PA AAA network assessment will be used to identify connections between AAA perspectives, their strategic priorities, and their orientations to the network, the health sector, the LTSS systems, and the market trends.

The combined results will inform ways in which the next phase of strategic thinking and planning are designed, particularly regarding the areas of greatest importance as shared by the AAAs and areas of critical challenges and opportunities as observed in the external environment.

Considerations for approaches to network-based strategic thinking, planning, and implementation will be informed by the combined findings of the network assessment and external market assessment.

We look forward to the next step of learning more about the PA AAA network!