

## **2008 Innovations Awards Program APPLICATION**

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ID # (assigned by CSG): 08-S-33MO

**Please provide the following information, adding space as necessary:**

State: Missouri

Assign Program Category (applicant): Health and Human Services- Aging

- 1. Program Name**  
Missouri Senior Report
- 2. Administering Agency**  
Missouri Department of Health and Senior Services (DHSS), the Office of the Lieutenant Governor and the University of Missouri Office of Social and Economic Data Analysis
- 3. Contact Person (Name and Title)**  
Laurie Hines, Aging Coordinator, DHSS
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- 8. Web site Address**  
[www.missouriseniorreport.org](http://www.missouriseniorreport.org)
- 9. Please provide a two-sentence description of the program.**

The Missouri Senior Report is an annual report on the status of seniors in Missouri to be used to keep state and local audiences aware of the **contributions and needs** of seniors. The report identifies outcome indicators and status indicators related to the well-being of seniors, and ranks each of Missouri's 114 counties and the City of St. Louis.

10. **How long has this program been operational (month and year)? Note: the program must be between 9 months and 5 years old on March 1, 2008 to be considered.**

The first report was released in August 2006.

11. **Why was the program created? What problem[s] or issue[s] was it designed to address?**

A 2006 White House Conference on Aging Report found that aging baby boomers constitute a demographic revolution and present the most critical public policy issue of our times. The White House report encourages intergenerational out-of-the-box thinking, creative systems policy development and innovative, multidisciplinary research.

The Department of Health and Senior Services, by its very title, sees itself as the leader in Missouri state government for how to create new approaches and adapt long-standing approaches to aging. Its annual report on the status of Missouri seniors will serve as the gold standard for data that will identify current trends and future needs related to aging in Missouri. The report will serve as a resource for fostering engagement and leadership for communities adapting to an aging population, and will help identify where resources need to be strengthened.

**Project Goals – The goals of the Missouri Senior Report are:**

- To promote understanding in our communities of the local implications of aging trends.
- To strengthen the engagement of older persons in community leadership roles.
- To promote the development of community adaptations to aging trends including both the needs and the capacities of older adults.
- To identify locally meaningful indicators of aging trends and “elder-friendly” communities.
- To regularly report to the public and a network of community leaders on the status of local aging trends and indicators.
- To evaluate the outcomes of the Missouri Senior Report in order to strengthen its impact and provide a model for replication elsewhere.

12. **Describe the specific activities and operations of the program in chronological order.**

2006 Report:

January 2005- advisory committee and stakeholder groups meet

February 2005- present – seek private sector funding to help support the report production

September 2005- training of town hall facilitators

October – December 2005 – town hall meetings

November 2005- stakeholders meet to discuss selecting indicators for report

December 2005 – data subcommittee meets

February 2006 – final indicators selected

February – July 2006 – data collection and analysis

August 2006- Release of report through statewide press conferences hosted by the Lieutenant Governor and DHSS Director. Web site goes live with *2006 Missouri Senior Report, Ahead of the Baby Boom: Missouri Prepares.*

2007 Report:

February 2007 – stakeholders meet to plan for the 2007 report

May – November 2007 – data collection and analysis

December 20, 2007 – press conference releasing the *Missouri Senior Report 2007*. A Web cast was hosted later that same day. Individualized press releases were sent to 114 Missouri counties and St. Louis City.

**13. Why is the program a new and creative approach or method?**

The concept of producing a report that uses data to indicate well-being of citizens is not new. Most states produce a “Kids Count” report. There have also been a few “elder count” reports. Missouri stands out because it has made a commitment to issue this report annually, recognizing the value of comparative indicators over time and inspiring at least annual engagement and conversation in communities around the state. The first few reports will establish a baseline for communities to use to identify areas of strengths and weaknesses, in order to develop interventions and actions. Successive reports will show the results of those efforts and be a constant monitor for and alert to the growing and shifting aging population in Missouri. Another feature that sets this program apart is the partnership between the DHSS Community Development Unit and the University of Missouri Extension to assist communities in developing plans to address improvements in areas where the report shows downward trends. The assistance includes:

- interpretation of the data identified in the report
- assistance with mobilizing a community to improve seniors’ well-being
- identification of key stakeholders to participate
- information on how to convene community meetings
- prioritization of the issues – where to start
- development of a shared community vision related to priority senior issues
- facilitation of the development of a community action plan to address priority issues
- information on evidence-based interventions to address priority issues.

**14. What were the program’s start-up costs? (Provide details about specific purchases for this program, staffing needs and other financial expenditures, as well as existing materials, technology and staff already in place.)**

DHSS contracted with the University of Missouri’s Office of Social and Economic Data Analysis (OSED) to produce the report. OSED produces the Missouri Kids Count Report. Partnering with them allowed the Senior Report to piggyback on the experience, expertise and infrastructure already in place.

DHSS and OSED partnered with numerous stakeholders, including Missouri’s Area Agencies on Aging, other state departments, other academic institutions, various local government organizations and AARP to host statewide focus groups. DHSS and OSED also hosted an advisory committee that continues to meet. Both DHSS and OSED contributed their time and staff during the start-up year. The AAAs organized and hosted the focus groups around the state to solicit input into the content and format of the senior report. They’ll be serving the same role for the evaluation this spring. Also, we used the AAAs director’s meetings as a sounding board throughout development of the first report, joining them at their

monthly meetings for several months prior to the August release. They also assisted with organizing press events for both year's releases.

**15. What are the program's annual operational costs?**

OSED A:	
Personnel*	\$23,522
Operations	\$2,500
Computing services	\$2,000
Supplies	\$500
Admin costs	\$3,123
Promotion and Release of report	\$7,637
Printing	\$15,915
 TOTAL COSTS	 \$52,967
 Additional in-kind	 \$6,000 OSED A \$23,415 DHSS**

\*Personnel – includes system support, database development and management, web application program, data analysis and reporting.

\*\* DHSS in-kind included training of staff, providing team leaders for the town hall meetings, travel expenses and ongoing participation in the advisory meetings and stakeholder meetings.

Non-government contributions in 2006:

AARP - \$5,000

Deaconess Foundation - \$5,000

Missouri Hospital Association - \$1,000

**16. How is the program funded?**

The program is funded through a combination of general state revenue and contributions. The general revenue comes from the budgets of three program divisions at DHSS—Community and Public Health, Regulation and Licensure, and Senior and Disability Services. DHSS did not seek contributions for the 2007 report. DHSS does intend to seek contributions for future reports, however, contributions are not necessary to fund the project. This report will require a decreasing investment over time.

**17. Did this program require the passage of legislation, executive order or regulations? If YES, please indicate the citation number.**

No

**18. What equipment, technology and software are used to operate and administer this program?**

The design, construction and maintenance of the indicators databases are at the heart of this project. A dedicated windows server houses the dozens of indicator data sets for multiple years of data needed to construct the core indicators and context measures required. A larger server is used to function as the archive for the project. Another server supports the Web applications for the project. The presentation of the report on the Web is also a critical feature of this project. See: <<http://www.missouriseniorreport.org/>>. The Website includes additional measures and graphics viewable and available for downloading. There is also a print ready version on the Website.

Functionality for this includes the ability to generate customized reports and graphical representation of the data. Software is used for statistical analysis, database management and geographic information systems.

**19. To the best of your knowledge, did this program originate in your state? If YES, please indicate the innovator's name, present address, telephone number and e-mail address.**

Missouri was not the first to produce a report on the status of seniors. However, Missouri is the only state to make a commitment to produce an annual report and provide technical support to communities. The person responsible for recognizing the need for this report and for inspiring the collaboration among the stakeholders is:

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**20. Are you aware of similar programs in other states? If YES, which ones and how does this program differ?**

Kansas issued a similar report in 2002, and Massachusetts followed in 2003 with "100,000 Voices – On Growing Older in Boston." Other reports will be issued in Nevada and in North Carolina. As previously stated, Missouri is the only state to commit to issuing an annual report, and to offer technical assistance to communities to improve the well-being of seniors. Also, both the 2006 and 2007 reports contain white papers on topics identified by the advisory committee. These white papers are written by experts from around the state. The 2006 report focused on Disparities and Seniors, Mental Health and Seniors, and Transportation and Seniors. The 2007 report focused on Health Disparities, Housing, and Trends in Senior Mental Health.

**21. Has the program been fully implemented? If NO, what actions remain to be taken?**

Yes, we have released an annual report for 2006 and 2007 and are working on one for 2008. To view the reports see: <<http://www.missouriseniorreport.org/>>.

**22. Briefly evaluate (pro and con) the program's effectiveness in addressing the defined problem[s] or issue[s]. Provide tangible examples.**

We are in the process of doing a usability survey to assess how the report is used and to solicit suggestions for making the report more valuable. We recognize that a report like this gains in value over time, as trends develop and the comparative data manifests critical differences. By reviewing annually the status of Missouri's seniors, the report can serve to educate the public about whether seniors have the resources and supports needed for their well-being. Because the report ranks each county on annually updated indicators, and includes an overall county composite rank and a summary of the overall well-being of seniors, communities can work together to develop policies and programs that meet the needs of seniors. The more communities can learn about their aging population, the better able they are to confront and solve the challenges.

Tangible examples: Because we are only in our second year of issuing the report, we have not yet been witness to tangible changes in communities. However, we are learning a lot about what data is and is not available and reliable, which will affect the impact of the report and the subsequent tangible changes that occur. For example, the Area Agencies on Aging are changing the way they track transportation services partly to accommodate the need for transportation data that goes beyond driver's license eligibility.

**23. How has the program grown and/or changed since its inception?**

As stated in other responses, we plan to perform a usability survey in the next month, by holding a series of community meetings hosted by Missouri's Area Agencies on Aging. We expect this survey to impact the report's design at the very least.

This year, Missouri is proposing that other states and universities join together to form a coalition to promote the establishment of a national 'elders count' report. The coalition will host regular conference calls so that states can share experiences with data collection, form consensus on the most valuable indicators, share funding ideas, and work toward a national model. Missouri will present this coalition model at the 2008 Aging in America Conference in March, during a workshop titled "Demonstrating the Need for "Elders Count."

**24. What limitations or obstacles might other states expect to encounter if they attempt to adopt this program?**

Once a state has made the commitment to produce this report, the first challenges are to identify funding and to gather stakeholders. Getting consensus on the best, most relevant indicators is difficult only for the first report.

The ongoing challenges include:

- 1) the cultural and economic diversity of a state – comparisons between rural and urban areas cause concerns. We are looking at ways to address this in the future.
- 2) the use of secondary data sources – introduces the risk of changes in data structure and quality.
- 3) how to use the 2009 U.S. Census Bureau's American Community Survey (for counties with populations of 20,000 or more) to enhance the report.
- 4) reactions from the counties/areas of the state that have the lowest rankings.