



West Virginia Future of Aging and Caregiving Taskforce (WVFACT)

Phase Two Final Report

July 2015-March 2016



EXECUTIVE SUMMARY

In May 2014, the West Virginia Partnership for Elder Living (WVPEL) and AARP-West Virginia formed a coalition to start an important and ambitious project to acknowledge the imminent changes West Virginia must address as the population continues to age rapidly. They named it the **West Virginia Future of Aging and Caregiving Taskforce (WVFACT)** and convened a group of some of the most knowledgeable and best thinking people in the state in the fields related to aging, caregiving, and disability. During Phase One (May 2014-June 2015), this diverse group met monthly to co-create and outline an ideal system of care for West Virginia seniors. Phase Two (July 2015-March 2016) was broken down into two formats: workgroups which met in July, August, October, December, and February and full group meetings which met in September, November, January, and March.

The workgroups were broken down into three categories: Aging in Place, Coordination and Communication, and Education and Public Awareness. Group champions or leaders were selected for each workgroup. Janie Lou White and Ramona Stanley led Aging in Place, Jane Marks led Coordination and Communication, and Nancy Daugherty led Education and Public Awareness. During Phase Two, WVFACT was opened to all individuals who expressed an interest in participating. Each workgroup was charged with identifying short-term strategies that could be executed, establishing measurable goals objectives to achieve, and developing action plans to reach those goals. In addition, they were asked to develop policy recommendations for their target area for a legislative agenda.

*"Reality is...success rarely 'shows up'...it is lured and attracted day by day by the right actions, thinking, and heart."
--Doug Firebaugh*

Alice Ruhnke (The Grant Advantage) and Trish Hatfield (CharacterEthics) facilitated the full group meetings, which usually focused on updates and reports from the workgroups, bringing in partners to help WVFACT incorporate strategies with other coalitions, and identifying strategies to keep the work of WVFACT moving forward.

Key outcomes of Phase Two include:

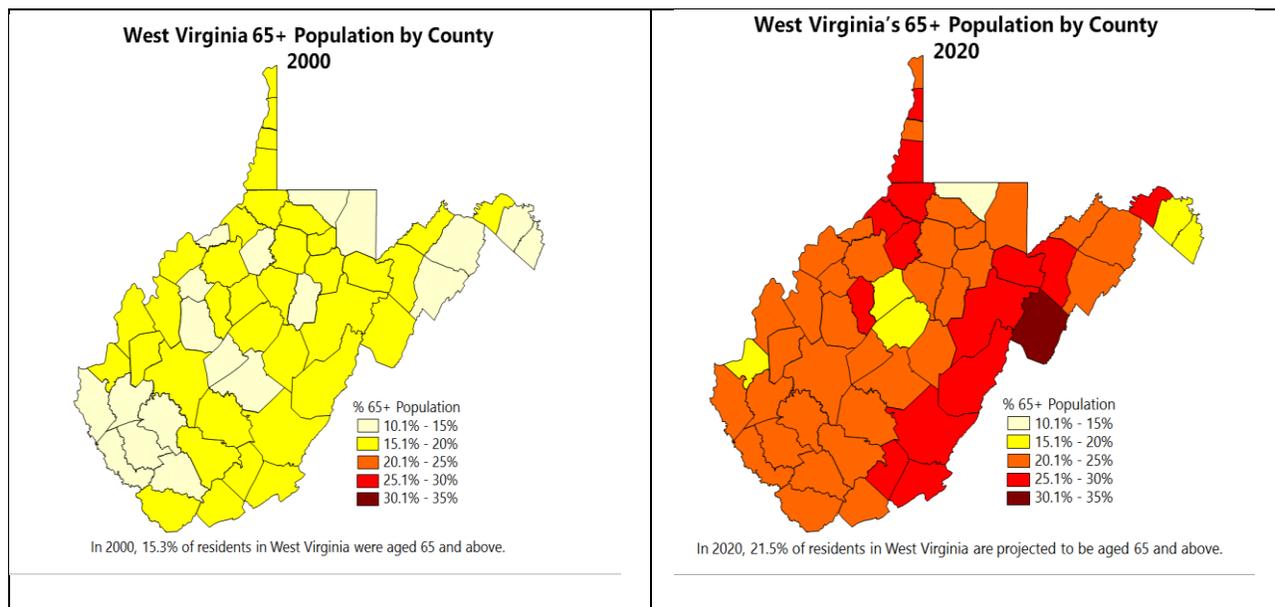
- An increase in the number of participants willing to advance the work of WVFACT.
- The Coordination and Communication group surveyed WVFACT participants and sent a letter to legislators proving support from WVFACT on nine key issues relative to aging, caregiving, and disabilities.
- The Education and Public Awareness workgroup began the process of identifying West Virginia Influencers in Aging in the following key areas: Health and Well-Being, Money and Security, Work and Purpose, Living and Learning, and Caregiving.
- An interest in keeping the workgroups moving forward under the umbrella of WVPEL.
- A desire to create an informal network that continues to meet remotely every month to share information, discuss issues, and create linkages among stakeholders.



BACKGROUND

West Virginia is on the edge of drastic change as tens of thousands of baby boomers will become senior citizens in the coming years. Although this demographic shift will be happening across the country, the changing landscape is especially noteworthy for the Mountain State, which already has the second largest senior population in the nation. More than 16%--about one in every six state residents--are over 65 today compared to a national average of 13.7%. Meanwhile, West Virginia seniors are, on the whole, some of the poorest and least healthy in the country. And by 2030, these senior citizens will account for 25%--or one out of every four people living in West Virginia. The impact that this future landscape will have on the state's economy is hard to overstate, making it vital that the state prepares today for the challenges it faces tomorrow, both fiscally and socially.

West Virginia Aging Trend 2000-2020



To create a vision for the future of seniors and caregivers in West Virginia, the West Virginia Partnership for Elder Living (WVPEL) and AARP-West Virginia formed a partnership inviting the states' most knowledgeable experts in the field of aging and disability to begin examining the entire system of services and care for seniors. Participants from private, nonprofit, government, and faith-based organizations convened to create the **West Virginia Future of Aging and Caregiving Taskforce (WVFACT)**. WVFACT was developed to acknowledge the imminent changes the system of care must face, identify what is working and what is not, and co-create an ideal system of services for elders in West Virginia. During Phase One, this diverse group met monthly from May 2014-June 2015. Phase Two lasted from July 2015-March 2016, with two formats: workgroups which met in July, August, October, December, and February and full group meetings which met in September, November, January, and March.



PHASE ONE SUMMARY

To set the context for planning, Brandon Merritt, policy analyst with the West Virginia Center on Budget and Policy, presented a white paper, *The Senior Boom: The Future of West Virginia's Senior Citizens*. The research was commissioned to help frame the issues surrounding West Virginia's growing senior population, and the need for systemic planning and change. The paper highlighted changing demographics, elder economic standards, housing, health status, and senior assistance programs and appropriations. The paper was also presented to Governor Earl Ray Tomblin.

WVFACT used Appreciative Inquiry (AI) as its framework. AI is an organizational change approach that engages the whole system in shaping its future by looking for "what works" and "how to do more of what works" instead of the traditional problem-solving method of identifying and eliminating problems and gaps. Through a four phase process of appreciating the best of what is, envisioning what might be, co-constructing multiple ideals, and sustaining the vision, participants identified key areas to address through future planning. They included:

| Aging in Place | Coordination and Communication | Education and Public Awareness |
|---|---|---|
| <ul style="list-style-type: none"> • Livable Communities • Flexi-Care Living • Vitalize Volunteers • Granny's List.com • Housing Plus Services Model • Take Charge of Your Future | <ul style="list-style-type: none"> • Senior Medical Homes with Care Coordination • Strength-Based Wellness/Pride in Wellness • WVFACT • Incentivized Care Coordination • Sliding Scale Fees/Tax Incentives • Transportation • Telemedicine and Web-Based Strategies • Elevate Senior Legislative Priorities | <ul style="list-style-type: none"> • Education for Health Professionals • Direct Care Worker Program • Aging Awareness Campaign • Senior Engagement |

PHASE TWO ACTION PLAN

The following action plan was established to guide Phase Two:

- WVFACT will be split into 2 formats—workgroups to work on short-term accomplishments and large group sessions to continue long-term vision and strategy.
- WVFACT will be open to all partners who wish to participate. As workgroups begin to develop initiatives, individuals with specific expertise will be targeted for participation.
- Workgroups will be asked to develop policy recommendations in their target area for a legislative agenda.
- WVFACT will hold a one-day retreat in November 2015 to reengage, recruit, and mobilize participants.
- Each workgroup will determine what is achievable, ensure that efforts are not being duplicated, identify specific goals and needs, and communicate these goals to the public, legislators, organizations, and stakeholders.



- WVFACT will develop a core leadership team of 3-5 individuals.
- Each workgroup will prioritize data over opinions and anecdotes, identify areas of need through data, and acquire qualitative and quantitative data from direct care providers and public listening sessions.
- WVFACT facilitators will develop a presentation about issues surrounding aging and caregiving in West Virginia, WVFACT, and how aging and caregiving can be addressed across the spectrum. Participants will share the presentation with their local communities

During Phase Two, new participants were mobilized to join workgroups and the large group. New members even participated in the final meeting in March 2016. This trend re-affirmed for members the need for the group and the potential for WVPEL to provide “Relational Coordination” Relational Coordination is a mutually reinforcing process of communicating and relating for the purpose of task integration. Relational coordination theory has been tested in over 70 empirical studies. Research findings suggest that the strength of relational coordination ties among participants in a work process predicts an array of performance outcomes including quality, efficiency, client engagement, and workforce engagement.

WORKGROUPS

Workgroups were broken down into three categories: Aging in Place, Coordination and Communication, and Education and Public Awareness. Group champions or leaders were



selected for each working group. Janie Lou White and Ramona Stanley led Aging in Place, Jane Marks led Coordination and Communication, and Nancy Daugherty led Education and Public Awareness. Each workgroup was charged with identifying short-term strategies that could be executed, setting up measurable goals objectives to achieve, and developing action plans to reach those goals. In

addition, they were asked to develop policy recommendations for their in their target area for a legislative agenda.

The Coordination and Communication group surveyed WVFACT participants and sent a letter to legislators proving support from WVFACT on nine key issues relative to aging, caregiving, and disabilities, including:

- Increasing availability of respite for caregivers and a caregiver tax credit;
- Work place flexibility laws and regulations that provide more paid and unpaid sick leave; to include State improvements to the Federal Family and Medical Leave Act (FMLA): covered employers, covered employee eligibility, length of leave, type of leave allowed;
- Post Care Act Passage- to put a process in place to ensure the provisions passed last year in the Care Act are occurring



- Protecting against a significant reduction in the numbers of individuals served, or eligible to receive, Medicaid or state-funded home- and community-based services as demonstrated by a budget bill/regulation, state plan amendment, or waiver;
- Increasing the number older people who receive home- and community-based services;
- Adopting or improving navigation systems (ADRCs, single points of entry, options counseling, etc.) that facilitate choice of setting, establish conflict-free care coordination, or utilize uniform assessment tools;
- Increasing consumer-directed care, home health, and personal care services;
- Adopting or amending state-managed LTSS programs to improve access, coordination, and integration of LTSS and greater involvement of family caregivers.
- Fully implementing the Home Care Registry passed several years ago.

The Education and Public Awareness workgroup began the process of identifying “West Virginia Influencers in Aging” following the model from NextAvenue who compiled a similar list on a national level. Group members first identified the following key areas to address:

- Health and Well-Being
- Money and Security
- Work and Purpose
- Living and Learning
- Caregiving



After the draft list is developed, members are going to contact

individuals on the list to receive permission to include them and ask for additional recommendations.

Due to scheduling conflicts, the Aging in Place workgroup did not meet.

Overall, time limitations were a barrier to full execution of the workgroups. The workgroups also struggled with the identification of short-term initiatives that could be worked on which they felt would make a difference in the overall system of care.

TRY THIS WEST VIRGINIA

Kate Long from “Try This West Virginia” addressed the group. She reviewed the history of the Try This West Virginia website (www.trythiswv.org) and demonstrated its use—as a “menu” of hundreds of ideas, “how-to” resources, and great West Virginia models to create healthier communities. Participants reviewed two checklists she provided. Each of them contained a listing for each item on the website. Participants first completed a personal checklist to assess their personal familiarity with a wide range of affordable projects local groups can undertake to help build a healthier community. The second checklist can be used as a community planning



document, in which participants rank each item in terms of its priority and appropriateness for their community. The second checklist can lead into long-range, multi-year planning.

She presented two critical ideas to the large group:

- Try This West Virginia is interested in adding to the seniors and caregivers part of the website and encourages WVFACT participants to submit ideas that promote health and wellness of seniors and caregivers.
- Try This West Virginia would like a representative from WVFACT to serve on the Advisory Committee for ongoing input and development of the site.

OVERALL ASSESSMENT

WVFACT members participated in an overall Appreciative Inquiry into the qualities and factors that were successful in WVFACT. The group felt that they synergy of diverse organizations, safe space and neutral ground, out of the box thinking, and the welcoming atmosphere free from turf were all positive aspects of WVFACT and should be encouraged in the future.

Components that they felt needed to be enhanced were more participants, especially more executives/leaders/influencers in the system of care.

While it's too early to judge the long-term success of WVFACT, which at the heart of it is a call for systemic change, there are indicators of short-term progress:

- The reports of each meeting which reveal not only the scope of the challenge, but also the slow, steady march towards viable, inclusive possibilities. A strength-based approach like Appreciative Inquiry tends towards finding new paths forward that are overlooked by a deficit approach.
- Within each report is a final written assessment of each attendee taken at the end of each meeting. Participants from across sectors overwhelming valued the opportunity to get together to talk and consider what might be done differently in their respective fields.
- Participants indicated a desire to continue the process in the future.