Center for Health Care Strategies

Multisector Plan for Aging Toolkit

Creating a Data-Driven Approach

Effectively using data is key to the success of a multisector plan for aging (MPA). Data can help states build stakeholder buy-in, inform plan development, support implementation, and guide periodic updates. Clear and relevant statistics, supported by compelling visualizations and narratives, engage diverse partners and illustrate the impact of addressing aging- and disability-related needs. Continuous data tracking helps to maintain momentum and stakeholder commitment and can help to ensure that an MPA remains responsive and relevant to changes in the state. Additionally, using diverse data sets helps uncover previously unrecognized areas of need and opportunity — strengthening the overall effectiveness of aging initiatives.

This toolkit module details practical strategies for using diverse data sources to identify areas of unmet need, inform the development of initiatives, and highlight opportunities to demonstrate MPA progress and impact.

Using Data in All Phases — From Buy-in to Implementation and Beyond

An MPA uses data and evidence throughout its lifespan to ensure it reflects the realities of what is happening in the state and aligns with the state's greatest needs.

When Building Buy-in for an MPA

When building the case for an MPA, and seeking buy-in from partners, state leaders, and funders, data can be used to illustrate the need for, potential benefits of, and long-term impacts of an MPA. Data can be particularly useful when gaining buy-in from partners outside the aging and disability space, as it helps them see how their work affects these populations. For example, when meeting with transportation department leaders, come prepared with statistics, such as the number of people who rely on public transportation to get to medical appointments or the number of riders who require accessible transportation options.

It is important to identify the right data sets and statistics, along with convincing messages and context, to communicate them effectively. Using charts or graphs, and pairing them with clear explanations, can help

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States across the U.S. are pursuing high-level, cross-sector planning efforts to ensure that the needs of older adults, people with disabilities, and their caregivers are met over the coming decade.

This module is part of the ***Multisector Plan for Aging Toolkit***, which outlines steps to support states and their partners in developing, implementing, and revising an MPA. It offers concrete strategies and practical tools that states can use to advance their MPAs. Access the full toolkit at **www.chcs.org/mpa-toolkit**.

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audiences understand the story behind the data and how it relates to the MPA. Provide projections on the state's older adult population demographics, and when possible, show how key issues — such as long-term care (LTC) costs, caregiving needs, or workforce shortages — may shift with the aging population. If feasible, provide an analysis comparing costs and service capacity with and without the interventions that an MPA might introduce. Highlighting the economic and social contributions of older adults in your state emphasizes the message that better supporting them benefits everyone. Supporting materials, such as this infographic from **Vermont**, and this leave-behind document and presentation from **North Carolina**, can be helpful to share with potential partners, funders, and supporters of the MPA.

When Developing and Implementing an MPA

During MPA development, states use data to identify areas of unmet need, inform broad MPA goals, determine priorities and initiatives within goals, and set benchmarks and targets for implementation. Data visualizations like charts and maps can be used to help communicate important information in a digestible way and convey that the plan is rooted in evidence.

Data is then used throughout implementation to measure progress toward MPA goals and evaluate broader plan impacts. Consider providing regular data-informed updates on impacts, such as **Vermont's** Tracking Our Progress Through Data report, to help continuously demonstrate the importance of the MPA and maintain stakeholder and leadership support.

Data can also be used to evaluate differences in outcomes across populations and measure how the MPA is helping to close gaps in outcomes. For example, **California's** Research Partnership created an Equity Index for its MPA Data Dashboard to measure outcomes across different demographics and for each key outcome within the MPA's evaluation framework. The index is from 0-100, with 100 being the most equitable. For each indicator, they assigned an equity target (e.g., language should be 80 or higher by a specified year) and overall equity targets across all topics (e.g., 8 out of 8 indicators should be 80 or higher by a specified year).

Aging-Related Data Dashboards

Dynamic interaction with data is a great way to capture people's attention and enhance their understanding of data.

West Health's National Aging Readiness Dashboard displays aging-related indicators and demographics across all 50 states. Many states have, or are developing, their own aging-focused data dashboards, including **California**, **Tennessee**, **New York**, and **North Carolina**. These dashboards display demographic, service, and program data in a digestible way to help stakeholders better understand the status of aging. They can easily be used to develop talking points and materials, like infographics and fact sheets.

These dashboards can also be used to track and publish MPA progress, impacts, and outcomes, as seen in **California's** MPA Implementation Tracker.

When Refreshing an MPA

When refreshing the MPA, data is used to determine progress to date, reassess the needs and priorities of a state's aging population, redefine the MPA's goals, and create new benchmarks and targets for the next phase of the plan. For example, **California** publishes updated MPA priorities every two years (shown on the right sidebar of its MPA website). When developing updated goals or priorities for each phase of the MPA, review each current goal against updated data to determine which goals have been accomplished, which goals should continue to be prioritized, and any new goals that should take priority.

Accessing Data

It can be overwhelming to determine available data, how to access it, and what information may need to be obtained from partners. A template, such as CHCS' organizing framework, can help identify needed data, map data to MPA goals, and highlight areas where additional data may be needed. The following state and national data sources offer helpful starting points for exploring available data.

State-Level Data

State-level data is collected and often made available by state agencies, colleges and universities, and other entities that oversee programs and services. Explore state agency websites for publicly available data sets, including reports and survey results. Examples include:

- **Health and Human Services**: Medicaid, SNAP, income supports, adult protective services, health care licensing, Older Americans Act statewide surveys
- **Public Health**: Vital statistics, morbidity and mortality, environmental health, epidemiology, infectious disease, health care access, social isolation
- **Finance/Revenue/Budget**: Population projections, program/service budgets, aid for local governments
- **Housing**: Housing supply, housing affordability and assistance, housing accessibility, homelessness
- **Transportation**: Access, affordability, driver/rider/pedestrian safety
- **Labor**: Workforce participation, direct care workforce (DCW), employment discrimination
- **Other**: Broadband internet and technology access, parks and outdoor space accessibility, recreation and community programming, emergency response incident reports

Examples: Colorado Health Information Dataset, Illinois Department of Employment Security, California Open Data Portal, New York State Transportation Trends, Surveys, and Statistics

Additionally, asking partners and stakeholders for data can support ongoing relationship development. If you hear about promising data that a department or organization collects, reach out to ask how the data can be accessed, whether more data is available, and if other relevant data sets are available. If there are no public data on a topic or you are not sure where to look, talk to policy or program contacts at departments or organizations related to the topic and ask what initiatives they are working on, explain how those initiatives are relevant to the MPA, and ask whether data related to those initiatives are available.

MPA Data Partnership Example

California's Master Plan for Aging planning process included a research subcommittee that developed recommendations to the state on improving aging and disability research. California's MPA, launched in 2021, has included several data collection, research, and tracking initiatives, such as the development of the California Aging & Disability Research Partnership.

Academic and research institute partnerships can also support various data-related activities, such as:

- Identifying and analyzing data sets and peer-reviewed research to help inform the MPA;
- Performing needs assessments and program or policy evaluations;
- Conducting focus groups or in-depth interviews and analyzing stakeholder engagement feedback; and
- Helping to identify statistically relevant indicators and targets to include in the MPA and its evaluation.

National-Level Data

National data sources often include information at the state level and can be useful for comparing indicators across states and against national averages. They also provide insights into federally funded programs and services. While some of the following data sets may require data analyst support, others, such as score cards and rankings, provide information in a format that is easy to understand and use.

Centers for Disease Control and Prevention (CDC)

- **National Post-Acute and LTC Study**: Includes national- and state-level estimates on adult day services centers, assisted living and similar residential care communities, home health agencies, hospices, and nursing homes.
- **Behavioral Risk Factor Surveillance System (BRFSS)**:* Collects state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services.
- **Social Vulnerability Index**: Uses 16 U.S. census variables to help local officials identify communities that may need support based on natural or human-caused disasters, or disease outbreaks.
- **National Health and Nutrition Examination Survey (NHANES)**: Assesses the health and nutritional status in the U.S., based on interviews and physical examinations. Interviews include demographic, socioeconomic, dietary, and other health-related questions.

Centers for Medicare & Medicaid Services (CMS)

- **Data.CMS.gov**: Houses data sets on a range of Medicare and Medicaid programs, including program use and payments, provider characteristics and initiatives, and beneficiary characteristics. Examples include:
  - → Medicare Current Beneficiary Survey: Provides information on topics such as access to care, health status, and beneficiaries' knowledge of, attitudes toward, and satisfaction with their health care, as well as demographic data and information on all types of health insurance coverage.
  - → Provider Data Catalog: Includes downloadable data on Medicare providers, such as home health services, nursing homes, LTC hospitals, hospice care, and more.
- **Data.Medicaid.gov**: Houses data sets on Medicaid and CHIP programs, including drug pricing and payment, enrollment, quality, eligibility, and more. Examples include Medicaid and CHIP eligibility levels in each state and child and adult health care quality measures.
- **Consumer Assessment of Healthcare Providers and Systems Home and Community-Based Survey**: Compares data on the experiences of adults receiving long-term services and supports (LTSS) from state Medicaid home- and community-based services (HCBS) programs, including older adults, people with disabilities, people with brain injury, and individuals with mental health or substance use disorders.

Health Resources and Services Administration (HRSA)

- **Rural Health Grants: State Fact Sheets**: Provides information on rural health grants awarded to states through the Federal Office of Rural Health Policy.
- **Health Workforce Data**: Offers data sets, maps, and other tools that include information on workforce programs and grants, workforce shortage areas, and medically underserved areas or populations.

* If comparing disability-related indicators from the American Community Survey (ACS) and BRFSS, it is important to note that these data sets define disability differently, which results in discrepancies in prevalence estimates between the two data sets. Be cautious to avoid inaccurate comparisons across these data sets and be transparent about the limitations of these sources.

National Institute on Aging

- **National Health and Aging Trends Study (NHATS)**: Provides insight into disability, health, independent functioning, and quality of life at older ages.
- **Health and Retirement Study (HRS)**: Provides representative data on a panel of 20,000 participants related to cognition, health status, biomarkers, genetic data, and Medicare and Social Security insights.
- **Resource Centers for Minority Aging Research**: Collects data on minority older adults focused on health disparities, behavioral and social science, and Alzheimer's Disease and related dementias.

U.S. Census Bureau

- **2020 Census**: Demographic data (e.g., age, sex, race, families and households, and housing), including briefs and visualizations, such as:
  - → Aging of the U.S. Population 2000-2020: Explores how the age and sex composition of smaller geographies, like counties and cities, aligns or does not align with national trends.
  - → Exploring Age Groups in the 2020 Census: Explores the breakdown of demographic data across different age groups and geographies.
- **American Community Survey (ACS)**:[†] Helps local officials, community leaders, and businesses understand the changes taking place in their communities. It is the premier source for detailed population and housing information about our nation. **Vermont** created this state-specific demographic report on older adults using ACS data.
- **American Housing Survey (AHS)**: Provides current information on the size, composition, and quality of the nation's housing, as well as measures changes in U.S. housing stock as it ages.

Other data sources

- **AARP Livability Index**: Measures the quality of life in U.S. communities, including by transportation, housing, neighborhood characteristics, environment, health, opportunity, and social engagement.
- **AARP LTSS State Scorecard**: Scores states based on LTSS for older adults, people with physical disabilities, and their caregivers. Ratings are based on affordability and access, setting and provider choice, safety and quality, caregiver supports, and community integration.
- **Kaiser Family Foundation's (KFF) State Health Facts**: Includes more than 800 up-to-date health indicators at the state level that can be mapped, ranked, and downloaded. Examples include Medicare-Medicaid dual eligible enrollment and spending, COVID-19 disparities, and Medicare beneficiary data.
- **Milbank Quarterly's State Index of Successful Aging**: Evaluates states across five domains that support successful population aging: productivity and engagement, security, equity, cohesion, and well-being.
- **PHI's Direct Care Workforce State Index**: Explores how states support DCWs, where they can improve, and how they compare to other states, including by DCW and universal labor policies and economic index.
- **Public Policy Lab and The SCAN Foundation's *The People Say***: Features qualitative data collected from over 100 hours of conversations with diverse older adults and caregivers, and feedback on policies affecting older adults collected from subject matter experts.

[†] When using survey data to inform indicators, it is important to indicate what the survey sample was and what the limitations of interpreting the survey data are so that indicators are not inaccurately generalized to the entire population.

- **UMass Boston's Elder Index**: Evaluates how much income older adults need to meet their basic needs and to age in place with dignity. Users can compare county, state, and national Elder Index values.
- **United Health Foundation's America's Health Rankings**: Analyzes over 280 unique measures from more than 80 publicly available data sources to assess the nation's health and well-being.
- **United Health Foundations America's Health Rankings Senior Report**: Analyzes 52 measures of health and well-being for older adults from 24 data sources. Examples of measures include unpaid elder care, early death rate, and high-speed internet access.
- **West Health's National Aging Readiness Dashboard**: Explores America's aging landscape through interactive data indicators across topic areas that commonly appear in state MPAs, such as economic security, health care, health status, caregiving, dementia, housing, and transportation. Users can filter by demographics and view state-level data on each indicator to compare to national outcomes.

Selecting Data and Indicators

This section provides guidance for states on defining indicators to support MPA efforts and selecting data sets to inform those indicators. These measures can be used to create a data dashboard or to define targets for the MPA to measure progress and impact.

Demographics

Start with sharing demographic data, with 10- to 30-year projections as possible. Data might include:

- Age
- Race and ethnicity
- Income
- Single-person households
- Activity-of-daily-living limitations
- Disability
- Spoken languages
- Family caregiver status
- Nursing home level of care

Sample Indicators: California Data Dashboard for Aging: demographic projections based on U.S. Census and California Health Interview Survey data; Tennessee's MPA Data Dashboard: Poverty Status based on ACS data

Economic Contributions of Older Adults

- Contribution to state gross domestic product
- State and local tax contributions
- Hours/economic value of volunteerism hours

Sample Data Source: AARP Longevity Economy State Profiles

Sample Indicators: California Data Dashboard for Aging: Volunteering; Tennessee MPA Aging Dashboard: Responsibility for Grandchildren Under Age 18

Economic Security

- Income
- Food insecurity
- Cost of living covered by SSP/SSI
- SNAP participation rates
- Elder economic index
- Retirement program participation

Sample Data Source: Elder Index, ACS

Sample Indicators: California Data Dashboard for Aging: Protection From Poverty and Hunger; Tennessee MPA Aging Data Dashboard: Poverty Status; SNAP Community Characteristic Dashboard: SNAP Participating Households with an Elderly Person

Health Care Coverage, Access, and Costs

- Medicaid integrated care program enrollment
- Facilities enrolled in Age-Friendly Health Systems
- Cost of care as a barrier
- Emergency department (ED) use
- Geriatrician and other specialist shortages
- Primary care shortages
- Hospital readmissions
- Number of geriatric EDs
- Mental health provider shortages
- Rural health care access

Sample Data Sources: CMS, KFF, HRSA

Sample Indicators: California Data Dashboard for Aging: ED Utilization, Geriatric EDs, Medicare Readmissions; Tennessee MPA Aging Data Dashboard: Health Care Facilities

Health Status – Physical Health

- Chronic disease prevalence/incidence rates
- Engagement in physical activity
- Life expectancy
- Self-reported overall health status
- "Not good" physical health days in past month

Sample Data Sources: NHNES, KFF Health Facts, BRFSS, state and local health departments

Sample Indicators: California Data Dashboard for Aging: Falls Related Mortality, Tennessee Dashboard for Aging: Chronic Disease Prevalence

Health Status – Mental Health

- Cognitive decline
- Dementia-related mortality
- Suicide rate
- "Not good" mental health days in past month
- Feelings of social isolation
- Cognitive decline interference with daily activities
- Mental health condition prevalence rates
- Frequent mental distress
- Life satisfaction

Sample Data Sources: BRFSS, HRS, National Survey on Drug Use and Health

Sample Indicators: California Data Dashboard for Aging: Dementia Mortality and Decline

LTSS/HCBS

Every state has rankings on AARP's LTSS Scorecard related to: affordability and access, setting and provider choice, safety and quality, caregiver supports, community integration, and more. Example indicators include:

- Adults 65+ with access to important services, providers, and facilities
- Residents who will likely need LTC
- Residents who will not be able to afford LTC
- LTC and skilled nursing facility occupancy
- Paid and unpaid caregivers
- Cost of care to individuals and state, and differences in institutional vs. HCBS costs
- People on Medicaid HCBS waitlists
- Residents who have LTC insurance
- Skilled nursing facility quality

Sample Data Sources: State data, such as data collected by your department of social services, department of aging, and associations; AARP's LTSS Scorecard; Medicaid LTSS expenditure reports; ATI Advisory Medicaid LTSS Users by State, County, and Setting

Sample Indicators: California Data Dashboard for Aging: LTC Living: Bridging Health Care with Home

Direct Care Workers and Unpaid Caregivers

- Paid caregiver availability
- Paid caregiver wages
- Caregiver reliance on public assistance
- Estimated number of caregiving hours
- Duration of informal caregiving
- Caregiver need/shortage (current/projected)
- Caregiver poverty
- Estimated number of informal caregivers
- Estimated economic value of caregiving hour

Sample Data Sources: DCW State Index, CDC Caregiving Data, BRFSS

Sample Indicators: California Data Dashboard for Aging: Caregiver Availability, Friends and Family Caregiving Support

Housing and Homelessness

- Rent burdened older adults
- Median rent vs. income
- Housing units with zero-step entrances
- Older adults experiencing homelessness
- Older adults living alone
- Affordable housing units targeted to older adults
- Older adults at risk of homelessness

Sample Data Sources: AARP Livability Index: Housing - Affordability and Access (based on National Housing Preservation Database data), ACS, AHS

Sample Indicator: Number of subsidized housing units per 10,000 population (AARP Livability Index: Housing - Affordability and Access)

Transportation

- Older adults living alone without a vehicle
- Injuries and deaths due to car accidents
- Transportation as a barrier to daily necessities
- Older adults who use public transit to see doctors

Sample Data Sources: ACS; BRFSS; CDC Web-Based Injury Statistics Query and Reporting System; NHATS; state and local transportation department data; state Older Americans Act transportation program data

Sample Indicators: New York City's Imagine:NYC Interactive Map of Aging on subway entrances accessible and bus stop shelters

Elder Justice

- Self-neglect
- Facility complaints
- Repeat maltreatment
- Abuse

Sample Data Sources: State departments, such as adult protective services, justice, consumer protections, Ombudsman

Sample Indicators: California Data Dashboard for Aging: Protection from Abuse, Neglect and Exploitation