Assessment of the NH Elder Health Field

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Executive Summary

The purpose of this project was to develop and pilot a field assessment tool

The Center for Behavioral Health Innovation (BHI) at Antioch University New England was asked by New Hampshire’s Endowment for Health (EH) to create a field assessment tool, to inform strategic allocation of resources in EH’s priority areas and to evaluate changes in the field over time.

The resulting Field Assessment Tool (FASST) estimates the level of field development across 6 domains and 26 items, based on key informant interviews and document review conducted by an external evaluator.

FASST was piloted in the Elder Health field, to test the tool and provide an early/baseline estimate of the development of EH’s newest priority population.

Results reveal that the tool is promising, and Elder Health is early in its development

FASST proved feasible to implement, ratings were reliable, and seemed to accurately reflect the level of development of the Elder Health field.

Elder Health is generally at the beginning stages of development, reflecting the newness of the field.

The lowest scoring domain was Adequate Funding and Policy; the highest scoring domain was Shared Knowledge; in between were the Quality Programs and Services, Shared Purpose, Adaptive Capacity, and Leadership and Support domains.

Results have implications for further FASST – and Elder Health field – development

Next steps for FASST development include incorporating more of a health equity perspective within the tool, and testing it in a more mature/developed field.

Next steps for Elder Health field development might include:

- Enhancing Elder Health governance and backbone structure
- Addressing fiscal and policy barriers to sustained and collective planning and action
- Shifting from a focus on knowledge generation to knowledge translation and dissemination, at policy, practitioner, and grassroots levels
- Engaging all key stakeholders – including elders – within Elder Health governance, planning, and action.
A Pilot Assessment of New Hampshire’s Elder Health Field

Antioch University New England’s (AUNE) Center for Behavioral Health Innovation (BHI) utilizes knowledge translation and evaluation to improve community and behavioral health practice. BHI has a longstanding relationship with the Endowment for Health (EH), a statewide, private, nonprofit foundation dedicated to improving the health of New Hampshire’s people, especially the vulnerable and underserved. EH engages in “field building,” by providing resources to develop systems-change capacity within its priority areas (i.e., “fields”). EH’s field building strategy involves creating strong coalitions and networks, enhancing local research and the NH knowledge base, growing leadership and advocacy capacity, developing shared measures and data based decision making, and supporting other systems-change capacities. EH supports five fields: children’s behavioral health, early childhood, health equity, elder health, and health policy.

In 2015, EH approached BHI about developing a tool to assess the current status and progress of its priority fields, to help inform more strategic allocation of its assets and to evaluate change over time. The hope was that the tool would prove useful for other funders and evaluators, as well. Using the scholarly literature as a guide, along with multiple rounds of input from EH staff, we created what eventually became known as the Field Assessment Tool (FASST). The tool includes a set of quantitative, anchored rating scales that are scored by evaluators, based on key informant interviews and document review. We piloted FASST in EH’s Elder Health field.

EH has recently begun preparing NH communities to meet the challenges – and tap the opportunities – associated with an aging population. EH has invited all those who care about older adults and our shared future to form a statewide coalition and to create an action plan. Working together through collaborative efforts, EH builds the field to engender communities in New Hampshire where elders and their families are supported and offered a wide range of choices to advance health, independence, and dignity. See the graphic depiction of EH’s Elder Health priority areas, below.
Field Assessment Tool (FASST) Developed to Assess Elder Health

Howard and Wu (2009) define a field as "a community of actors who engage in a common set of core practices with a common goal for their work" (p. 10). With that in mind, we leveraged the scholarly literature and input from EH staff to create FASST (Fauth, Edwards, Nordstrom, 2016). FASST assesses five field domains that were already in use by EH (i.e., Shared Purpose, Leadership and Community Support, Shared Knowledge, Quality Programs and Services, Adequate Funding and Support for Policy) and one experimental domain that emerged from the literature (i.e., Adaptive Capacity; Bernholz & Wang, 2010). Each domain, in turn, has several items that were culled from the scholarly literature and shaped by BHI and EH staff. Each item is rated on a five-point scale. Qualitative themes are also captured, to contextualize the scores. See below for domain and item definitions, and Appendix B for the full set of anchored rating scales.

<table>
<thead>
<tr>
<th>EH DOMAIN</th>
<th>ITEM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SHARED KNOWLEDGE</strong></td>
<td>The extent to which scholarly theory and research, and/or local, credible information is leveraged to support efforts in the field</td>
</tr>
<tr>
<td><strong>LEADERSHIP &amp; COMMUNITY SUPPORT</strong></td>
<td>Effective sharing of relevant knowledge among field actors and to external audiences</td>
</tr>
<tr>
<td><strong>ADAPTIVE CAPACITY</strong></td>
<td>Presence and use of standards of practice in the field, such as practice guidelines, credentialing processes, and reporting standards and platforms</td>
</tr>
<tr>
<td><strong>APPLIED KNOWLEDGE</strong></td>
<td>Identifiable leaders/exemplary organizations that are knowledgeable, actively supportive, and ready for collective action</td>
</tr>
<tr>
<td><strong>KNOWLEDGE SHARING &amp; DISSEMINATION</strong></td>
<td>A representative, knowledgeable, and culturally competent set of field actors</td>
</tr>
<tr>
<td><strong>PROFESSIONAL STANDARDS</strong></td>
<td>The group(s) whose needs the field is intended to address are engaged and empowered to self-advocate at all levels of the field</td>
</tr>
<tr>
<td><strong>DIVERSE, REPRESENTATIVE, KNOWLEDGEABLE ACTORS</strong></td>
<td>A receptive community atmosphere/context that supports effective field action; communities that are aware of field issues/needs and supportive of field efforts</td>
</tr>
<tr>
<td><strong>KNOWLEDGEABLE, READY, SUPPORTIVE LEADERS</strong></td>
<td>Ability to monitor and assess external environments in order to identify needed shifts relevant to field strategies, tactics, and needs</td>
</tr>
<tr>
<td><strong>EMPOWERED BENEFICIARIES</strong></td>
<td>Ability to alter strategies and tactics in response to new information in a timely manner</td>
</tr>
<tr>
<td><strong>AWARE, SUPPORTIVE &amp; ENGAGED COMMUNITIES</strong></td>
<td>Degree to which resources are reallocated, shared, and/or leveraged among higher- and lower-resourced actors in the field to successfully cope with changing conditions</td>
</tr>
<tr>
<td><strong>EH Domain</strong></td>
<td><strong>Item</strong></td>
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</tbody>
</table>
| **SHARED PURPOSE** | **Outcome/Goal Consensus**  
Agreement on a set of clearly articulated shared goals, with a process for collaborative, ongoing revision |
| | **Shared Values**  
Common values that guide the public face and private actions of field actors |
| | **Strategy Alignment**  
A portfolio of coordinated, complementary, and purposive strategies to achieve shared goals |
| | **Network Connectivity**  
A network of highly engaged, interactive actors who seek to leverage collective resources and capacities |
| | **Trust**  
The extent to which actors feel that others in the field with whom they interact are reliable, support field goals/actions, and are open to discussion |
| **Quality Programs and Services** | **Governance Structure & Process**  
The level of intentional hierarchy and centralization of leadership, and formality of process, within the network that helps to facilitate and sustain communication, cooperation, and decision-making |
| | **Reach**  
The percentage of the relevant population of the field’s potential beneficiaries who are reached by evidence-based and promising practices |
| | **Implementation**  
The extent to which drivers of high-fidelity, high quality implementation of program and services are in place in the field, such as training, coaching, and evaluation/performance monitoring |
| | **Comprehensiveness**  
The extent to which the array of programs and services in the field is sufficient to meet the needs of potential beneficiaries |
| | **Linkages**  
Presence of linking mechanisms that allow beneficiaries to successfully transition from one related program to another |
| **Adequate Funding & Support for Policy** | **Shared Measurement**  
Existence and utilization by field actors of shared measures and a common data sharing platform, to monitor progress and inform decision making |
| | **Funding**  
The availability and security of the resources and funding to support effective collective action in the field |
| | **Technology**  
Existence and utilization of needed technologies to support effective action in the field |

**QUALITY PROGRAMS AND SERVICES**

Agreement on standards, best practices, and exemplary programs that ensure the delivery of high-quality services. Trained professionals and capable organizations able to deliver and sustain the work.

**ADEQUATE FUNDING & SUPPORT FOR POLICY**

Sufficient funding to maintain core practices. An enabling policy environment supports diverse and steady funding streams from public, philanthropic, and corporate sources over a long period of time.

**SHARED PURPOSE**

Diverse and distinct members who share a common purpose, core values and goals, and work in a complementary and collaborative manner to achieve them.
## FASST Data: Key Informant Interviews and Document Review

FASST ratings and qualitative themes are informed by two data sources: key informant interviews and documentation review. Key informants are selected on the basis of their knowledge of and involvement in a given field – the most knowledgeable and involved informants, with the broadest overall perspectives, are best.

### Key Informant Interviews
EH staff identified 39 key informants in the Elder Health field. Key informants were selected on the basis of their knowledge of and involvement in the elder health field – the most knowledgeable and involved informants, with the broadest overall perspectives, were selected. Of the 39 identified, 32 took part in an hour-long, semi-structured telephone interview with an experienced evaluator (see Appendix A). Interviews took place from December 2015 to May 2016.

### Document Review
Trained graduate students reviewed available documentation – meeting minutes, reports, informational material, training documents, white papers, gray literature, and websites of agencies – relevant to the Elder Health field. The information gleaned from the document review was recorded, and used to supplement/triangulate the quantitative scoring of key informant interviews, as well as to help generate the item-level qualitative themes.

<table>
<thead>
<tr>
<th><strong>EH Domain</strong></th>
<th><strong>Item</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ADEQUATE FUNDING &amp; SUPPORT FOR POLICY (CONT)</strong></td>
<td><strong>POLICY ENVIRONMENT</strong> Presence of an enabling policy environment to support effective action in the field</td>
</tr>
<tr>
<td>Sufficient funding to maintain core practices. An enabling policy environment supports diverse and steady funding streams from public, philanthropic, and corporate sources over a long period of time</td>
<td><strong>POLICY KNOWLEDGE</strong> Field actors have the knowledge necessary to inform and shape an enabling policy environment</td>
</tr>
<tr>
<td></td>
<td><strong>POLICY ADVOCACY</strong> Presence of a sustainable advocacy infrastructure to support effective action in the field</td>
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</table>
Scoring

Quantitative Scoring
Three independent raters familiar with the FASST tool and manual rated each item based primarily on the key informant interviews, with document review serving as an additional source of data to help enrich and triangulate the interview data. Each rater reviewed the recorded interview and/or field notes, as well as the relevant documentation, and independently scored each interview using the anchored rating scales. The raters met regularly to achieve consensus on scores.

This pilot of the FASST tool demonstrated that it could reliably be scored by a set of trained but relatively naïve raters – in this case, two first year doctoral students (in addition to an experienced evaluator, who conducted the interviews and served as a third scorer). The reliability of the scores was calculated using Intraclass Correlation Coefficients (ICC) with a mixed method 2-way random model. ICC scores ranged from .71 to .93, indicating strong inter rater reliability.

Qualitative Themes
In parallel with the quantitative scoring, raters culled qualitative themes from the document review and key informant interviews for each FASST item, using an informal thematic analysis method. Each rater generated themes independently, then the team achieved consensus on the final themes.

Understanding the Scores
FASST scores can be summarized at the individual item level by averaging scores across key informants. Likewise, domain scores can be computed by averaging scores across items. Qualitative themes accompany item-level scores, to contextualize the ratings, and provide the basis for an underlying narrative explanation of the findings.
We also translated the domain- and item-level scores onto one of three phases of field development – Preparation, Action, or Maintenance – that was already in use by the EH. In this case, Preparation contains items and domains that score in the lowest third of the five-point scale; the state of the field at this stage can be described as absent, conflicted, fragmented or undefined. Items and domains that scored in the midrange of the scale were categorized as falling within the Action Stage; within this stage, field properties are thought of as emergent. Items and domains that scored on the highest third of the scale were categorized as in the Maintenance phase, which indicates a mature, sustainable field property with collective, wide reaching impact. See the visual depiction below, of the relationship between the five point rating scale and the three aforementioned phases.
Item-level findings
The following charts represent the item-level scores from each of the six domains. The average score for each item is represented through the placement of the colored circle along a five-point continuum. The shade of blue represents whether the score falls within EH’s Preparation, Action, or Maintenance phases of field development.

Adequate Funding and Policy: Most elements nascent; Policy knowledge emergent

<table>
<thead>
<tr>
<th>Theme</th>
<th>Preparation</th>
<th>Action</th>
<th>Maintenance</th>
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<tbody>
<tr>
<td>Shared Measures</td>
<td></td>
<td>No common measurement system or centralized platform</td>
<td></td>
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<tr>
<td>Policy Advocacy</td>
<td></td>
<td>No formal or coordinated advocacy structure</td>
<td></td>
</tr>
<tr>
<td>Policy Environment</td>
<td></td>
<td>Lack of legislative prioritizing, frequently changing legislature a challenge</td>
<td></td>
</tr>
<tr>
<td>Funding</td>
<td></td>
<td>Very little secure, long-term funding to support collective action in the Field</td>
<td></td>
</tr>
<tr>
<td>Technology</td>
<td></td>
<td>Accessible to larger institutions, not yet widely used</td>
<td></td>
</tr>
<tr>
<td>Policy Knowledge</td>
<td></td>
<td>Growing knowledge but can’t apply it</td>
<td></td>
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</tbody>
</table>

Adequate Funding and Policy has to do with the degree to which the resource and policy environment supports the Elder Health field. This domain includes shared measures, policy advocacy, policy environment, funding, technology, and policy knowledge.

Shared Measures are part of the backbone of a mature field, but almost non-existent in elder health. Though numerous sources of data available and in use, no common measures exist across the field, beyond perhaps the medical arena.

Policy Advocacy is limited by disjointed efforts to build and sustain advocacy infrastructure.

The ability to inform and shape an enabling Policy Environment lacks momentum, in part because of frequent changes in New Hampshire’s legislative environment.

Long-term Funding is perceived as scarce and insecure. Organizations feel they are operating in survival mode, leaving little time for long-term planning and collective action.

The promise of Technology to support elder health viewed as exciting but not yet realized.

The Policy Knowledge necessary to further action in the field is becoming more accessible but also limited in application, in part due to resource constraints.
**Quality Programs and Services: Reach is limited, implementation and linkages nascent, comprehensiveness emergent**

<table>
<thead>
<tr>
<th>Preparation</th>
<th>Action</th>
<th>Maintenance</th>
<th>Themes</th>
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<tbody>
<tr>
<td>Reach</td>
<td></td>
<td></td>
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<tr>
<td>Implementation</td>
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<tr>
<td>Linkages</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Comprehensiveness</td>
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</table>

**Quality Programs and Services** has to do with the degree to which the field reaches the entire elder population with high quality, evidence-based services and supports that are comprehensive and coordinated. This domain includes reach, implementation, linkages, and comprehensiveness.

The **Reach** of evidence-based and promising practices to the elder population in NH, while difficult to estimate, seems minimal at this point. Knowledge about best practices and application is elusive; providers don’t know where to find information and aren’t able to report results in a standardized manner.

Key drivers of high quality **Implementation** of evidence-based practices – training and coaching, monitoring and evaluation, organizational and leadership support – were also in thin supply in the Elder Health field. Barriers to high quality implementation include significant staff turnover, insufficient assistance from the state, and lack of centralized training.

**Linkages** between programs are becoming more focused on person-centered “handing off” between services, yet remains dependent upon individual case managers to coordinate and monitor. The **ServiceLink Aging and Disability Resource Center** is regarded as a positive asset in dealing with specific transition challenges.

The **Comprehensiveness** of quality programs and services available to elders is patchy across the state. Some high-quality programs and services are available to meet the basic needs of beneficiaries such as meals, housing, Medicaid, home health and transportation. Accessibility varies by geographic region and is also contingent upon the determination of caregivers and beneficiaries to ferret out those services.
**Shared Purpose: Governance and strategy nascent; Goals, values, networks, and trust emergent**

*Shared Purpose* has to do with the degree to which the field is galvanized around a shared vision, set of values and goals, and strategies to achieve those goals; it also has to do with the degree to which field actors work systematically, collaboratively, and effectively to meet their goals. This domain includes governance, strategy alignment, goal consensus, trust, network, and shared values.

**Governance** structure and process in the field is minimal, with no discernible guidance from a collaborative body, little formal structure, and no clearly defined leadership.

**Strategy Alignment** in the field is desired but minimal. Organizations with shared goals and values are pursuing similar agendas in isolation, with little evidence of purposive strategies to achieve collective aims. Some nascent pockets of coordination between academic and national institutions around issues of elder health are taking shape.

The Elder Health field is developing a common frame of reference through which organizations and individuals identify themselves as part of a common enterprise, as indicated by growing awareness about shared **Goals** and **Values**, including aging in place, support for caregivers, independence, and choice.

**Trust** and **Networking** is building between organizations with the capacity to reach out, but some organizations with fewer resources aren’t as readily able to act collectively on behalf of the field. Trust in government agencies dealing with elder health has declined.
Adaptive Capacity: Resource flexibility & adaptation least advanced; monitoring external circumstances most advanced

Adaptive Capacity has to do with the degree to which the field can adapt to barriers and take advantage of emergent opportunities, in an ever-shifting environment. This domain includes flexibility of resources, adaptation, and monitoring.

Organizations have limited Resource Flexibility or ability to share and reallocate existing resources between themselves.

Organizations are only slightly more nimble in Adapting to changing circumstances, due to limited resources.

A strong degree of Monitoring and assessing of external environments exists in the Elder Health field; field actors are fairly adept at keeping track of changing conditions, and what those changes might mean for the field.
**Leadership and Community Support:** Empowered beneficiaries least evident; Diverse actors, knowledgeable leaders, engaged communities most evident

<table>
<thead>
<tr>
<th>Preparation</th>
<th>Action</th>
<th>Maintenance</th>
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<tbody>
<tr>
<td>Empowered Beneficiaries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diverse Actors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledgeable Leaders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Engaged Communities</td>
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</table>

Leadership and Community Support has to do with the degree to which formal and natural leadership, as well as grassroots support, exists within the Elder Health field. This domain includes empowered beneficiaries, diverse actors, knowledgeable leaders, and engaged communities.

**Empowered Beneficiaries** are scarce in the Elder Health field, with few opportunities for elders to engage in activities that improve ability to self-advocate. Empowerment varies by age group; the frail elderly are least likely to be able to self-advocate.

**Diverse Actors** exist in the Elder Health field, who are well trained in conventional aging care. Cultural competence and diversity in terms of race, culture, sexual orientation, and income is less evident.

Moderately **Knowledgeable Leaders**, who are ready and supportive of collective action, exist in the Elder Health field. They operate in loosely coupled networks without clear direction, towards a variety of goals, without an overarching vision or structure.

**Engaged Communities** also exist; communities are beginning to show interest and become involved in elder health issues to some degree in many areas throughout the state.
**Shared Knowledge: Knowledge sharing & applied knowledge nascent; professional standards most developed**

<table>
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<tr>
<th>Preparation</th>
<th>Action</th>
<th>Maintenance</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge Sharing</td>
<td></td>
<td></td>
<td>Knowledge is available but no good mechanism for sharing systematically or state-wide</td>
</tr>
<tr>
<td>Applied Knowledge</td>
<td></td>
<td></td>
<td>UNH and Dartmouth best known sources for evidence-based practices</td>
</tr>
<tr>
<td>Professional Standards</td>
<td></td>
<td></td>
<td>Level of training varies depending on service provided, some have federal or state requirements; standards also exist within individual organizations</td>
</tr>
</tbody>
</table>

**Shared Knowledge** has to do with the degree to which knowledge exists that is shared and utilized across the field, to benefit elder health. The domain includes knowledge sharing, applied knowledge, and professional standards.

**Knowledge Sharing** between field actors or to external audiences to support the field is less evident, informal, and only sometimes intentional.

Locally relevant **Applied Knowledge** and scholarly research is to beginning to be leveraged to support efforts in the field, driven primarily by work at Dartmouth College and at the University of New Hampshire.

**Professional Standards**, such as practice guidelines and credentialing processes, are in place throughout the field, but standards vary by profession.
**Domain-level findings**

The chart below represents average domain scores, across respondents and items. Otherwise, the chart is interpreted in the same way as the item-level charts. The average score for each domain is represented through the placement of the colored circle. The shade of blue represents whether the domain score falls within EH's Preparation, Action, and Maintenance phases.

**Adequate Funding and Policy lacking; other domains on Preparation-Action border**

![Chart showing domain-level findings](chart.png)

**Adequate Funding and Policy** is viewed as declining in an era of increasing need. Lack of a centralized funding was consistently cited as an overwhelming challenge. Many organizations operate on a short-term funding basis. Policy barriers to funding and lack of government and clear legislative leadership limit progress on shared measurement, advocacy, and technology.

While **Quality Programs and Services** and person-centered linkages between them exist, overall, evidence-based and promising practices are in thin supply for NH elders. Support for training and monitoring of service providers exists but is sporadic and episodic, at best.

**Shared Purpose** is emergent on the level of shared goals and values. Some connectedness and trust exists, yet the siloing of organizations makes it difficult to align strategies, such that they continue to engage in “parallel play” despite a desire for greater alignment.

**Adaptive Capacity** is strong, in the sense that field actors are quite adept at monitoring external conditions, such as policy or funding changes; the ability to be proactive, and to react efficiently and successfully when necessary, is hampered by limited leadership, infrastructure, and resources.

Pocket of **Leadership and Community Support** are emerging, along with some efforts to create community awareness and engagement. “Silos” are a strong presence, constraining leaders within limited spheres of influence. A centrally coordinated Elder Health leadership entity is not yet discernable; many field actors are working on similar issues, but with little synchrony.

**Shared Knowledge** is growing, but restricted geographically (Upper Valley, Seacoast), and not yet widely disseminated to external audiences. Well-known sources of evidence-based or locally relevant best practices exist, but that knowledge does not always penetrate to those who need it.
Conclusion

BHI was challenged to create a field assessment tool would help EH – and potentially other funders – to more strategically allocate their limited resources, to improve the health of priority populations. The resulting Field Assessment Tool (FASST) proved to be a reliable and – we hope – useful tool for assessing and informing EH’s field building work. Next steps for the tool are to add more emphasis on equity and social justice, and to pilot the tool in a more mature field, to test the sensitivity of the upper registers of the scale.

EH only recently began investing in systematic efforts to build the Elder Health field. The infancy of the field is reflected in the fact that most Elder Health scores fell in the Preparation phase or the Preparation/Action boundary. As the Endowment’s commitment to Elder Health continues, we would expect to see movement from the Preparation to the Action stage and beyond, in the coming years. We recommend field assessment every two years or so – enough time for significant changes to occur, without taking one’s eye off the prize for too long.

These results suggest that creating/enhancing backbone structure is a critical next step for the Elder Health field. Coalescing existing leadership, creating a more formal governance structure, and strategic planning, specifically aimed at the collective development of a set of shared strategies and measures, might be good steps in this regard. The Elder Health backbone structure might also serve a knowledge broker function (see below).

The funding and policy environment warrant increased attention, since the perceived lack of resources among extant field actors is fostering short-term, individualistic thinking. Clearly, as a small, private foundation, EH cannot solve the fiscal issue on its own. Instead, it must strategically seed development of capacities and initiatives that might attract larger and more sustainable sources of funding. Projects designed to demonstrate the value of key elder health strategies to key policy makers might prove to be worthwhile investments. EH should also use its convening power to bring together diverse partners to successfully pursue federal grant opportunities, not only to bring in funding, but also to demonstrate the value of working collectively across traditional silos.

The focus within the shared knowledge domain should shift from knowledge generation to knowledge translation, dissemination, and implementation, aimed at the policy maker and grassroots levels. Utilization of knowledge to advocate for policy change, inform practitioners, and build community awareness and readiness will broaden and deepen the spread and transfer of elder health knowledge throughout the state. Knowledge translation and dissemination might provide a productive avenue for collaboration between academic institutions and the elder health backbone structure/entity.

Finding ways to engage the expertise and perspectives of all stakeholders will be a key to elder health field development. Elders in particular need to be engaged in meaningful ways – no “token” elders around the table – and that takes careful planning and cultivation, among elders themselves, and the people who are working around the state on their behalf.
References


Appendix A. Interview Protocol

The interviewer introduces the project: “We are developing a tool for the Endowment for Health to assess field building and progress in the area of Elder Health. Field building includes supporting the development of state-wide coalitions and networks, supporting research and developing a base of knowledge, growing leaders and advocacy capacity, and other systems-oriented approaches that supportive collaborative work and social change. Health is broadly defined to include living arrangements, engagement, support, and advocacy as well as basic needs such as transportation, food and medicine.”

**Domain: Shared Purpose**

**Outcome/Goal consensus:**
1. What are the major goals in Elder Health in NH? In what ways are they clear? To what extent are they shared? In what ways are they still developing? How do you know about these goals?

**Shared Values:**
2. What are the values of people working in the Elder Health field? How widely are these values shared in the Elder Health field?

**Strategy Alignment:**
3. What strategies exist in the Elder Health field to accomplish goals? To what degree are these strategies aligned or complementary across agents and organizations?

**Network:**
4. How collaborative are players/orgs in the Elder Health field in the sense of communicating, sharing skills and resources and otherwise leveraging collective capacities to advance the goals of the field?

**Trust:**
5. To what extent do the players/orgs in the Elder Health field have a sense that others in the field are reliable, open to discussion and working jointly and supporting each other?

**Governance:**
6. To what degree is their a centralized governance structure in Elder Health that supports and facilitates communication, cooperation and decision making among the players?

**Domain: Leadership and Community Support**

**Knowledgeable, ready, supportive leaders:**
7. How would you characterize the leadership in the Elder Health field, in terms of knowledge, support and readiness to take collective action?

**Diverse, representative, knowledgeable actors:**
8. How would you characterize the workforce/staff in the Elder Health field, in terms of capability to work with cultural differences (i.e. age, ethnicity, income, religion)

**Empowered Beneficiaries:**
9. To what degree are the recipients or beneficiaries of Elder Health services engaged and empowered to self-advocate?
Aware, supportive and engaged communities:
10. To what degree are communities aware of issues and needs in Elder Health and how supportive are they of efforts to address these issues and needs?

Domain: Shared Knowledge
Applied knowledge:
11. What is your perception about the ways in which scholarly research, promising and evidence-based practices and/or local knowledge is used to inform policy and practice in the Elder Health field?

Knowledge sharing and dissemination:
12. In what ways and to what degree is knowledge about results and practices shared among actors in the Elder Health field? And with external audiences?

Professional Standards:
13. To what degree do workers in Elder Health have to meet and adhere to guidelines of practice such as getting training, credentials and meeting reporting standards?

Domain: Quality Programs and Services
Reach:
14. In your view, what percentage of the target population is reached, not just by services... but by high-quality, evidence-based, or promising practices?

Implementation:
15. What is in place to ensure high-quality implementation of programs and services in the Elder Health field? How wide-spread or to what extent are these drivers in place?

Comprehensiveness:
16. From your perspective, to what extent are the programs and services in Elder Health sufficient to meet the needs of beneficiaries?

Transition process:
17. How would you characterize the mechanisms that are in place to help recipients successfully transition from one related program to another?

Domain: Adequate Funding and Support for Policy
Shared Measurement:
18. To what extent is there a platform for players to share measures and data throughout the Elder health field, so as to monitor progress and inform decision-making? If something exists, how widely used is it?

Funding:
19. From your perspective, how available and secure is funding to support collective action in Elder Health?

Technology:
20. How would you characterize the availability and use of needed technologies to support effective action in Elder Health?
**Policy Environment:**
21. To what extent is the policy environment enabling effective action in Elder Health?

**Policy Knowledge:**
22. To what degree are actors in the Elder Health field knowledgeable about how to inform and shape an enabling policy environment?

**Policy Advocacy:**
23. How would you characterize the advocacy infrastructure for supporting effective action in the Elder health field? How extensive is it? To what degree is it sustainable?

**Domain: Adaptive Capacity**
**Monitoring:**
24. To what extent are actors in Elder Health able to monitor and understand external environments well enough to identify when changes might be needed in field strategies or goals?

**Adaptation:**
25. To what extent are players nimble enough to respond to changes in the external environments, by altering strategies?

**Flexibility of Resources:**
26. To what degree do higher and lower-resourced actors share or reallocate assets to successfully cope with changing external conditions?
Appendix B. Anchored Rating Scales

<table>
<thead>
<tr>
<th>EH Domain</th>
<th>Item</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SHARED PURPOSE</strong></td>
<td>Agreements on a set of clearly articulated shared goals, with a process for collaborative, ongoing revision</td>
<td>No defined, shared goals to guide efforts in the field</td>
</tr>
<tr>
<td><strong>SHARED VALUES</strong></td>
<td>Common values that guide the public face and private actions of field actors</td>
<td>No shared values/values in conflict</td>
</tr>
<tr>
<td><strong>STRATEGY ALIGNMENT</strong></td>
<td>A portfolio of coordinated, complementary, and purposive strategies to achieve shared goals</td>
<td>No strategies, or strategies that are misaligned, non-complementary</td>
</tr>
</tbody>
</table>
Diverse and distinct members who share a common purpose, core values and goals, and work in a complementary and collaborative manner to achieve them.

## Network Connectivity
A network of highly engaged, interactive actors who seek to leverage collective resources and capacities

- **Score**: 1
  - Actors are generally unaware of each other/do not communicate, cooperate, engage in collaborative action, and/or jointly mobilize skills/resources

- **Score**: 2
  - A few actors engage in shallow levels of collaboration; many actors exist on the periphery and their resources/skills are left untapped

- **Score**: 3
  - Some actors engage in cooperation: Exchanging information, attending meetings together, offering resources to one another

- **Score**: 4
  - Many actors engage in intentional efforts to enhance each other’s capacity for mutual benefit; use of network relationships to jointly mobilize skills/resources

- **Score**: 5
  - Many actors leverage common goals and capacities to develop knowledge and activities for mutual benefit over time

## Trust
The extent to which actors feel that others in the field with whom they interact are reliable, support field goals/actions, and are open to discussion

- **Score**: 1
  - Active distrust/hostility among field actors

- **Score**: 2
  - Low trust among field actors

- **Score**: 3
  - Moderate trust among field actors

- **Score**: 4
  - High trust among field actors

- **Score**: 5
  - Extremely high trust among field actors

## Governance Structure & Process
The level of intentional hierarchy and centralization of leadership, and formality of process, within the network that helps to facilitate and sustain communication, cooperation, and decision-making

- **Score**: 1
  - No discernible governance structure and/or process, or structure/process that is clearly antithetical to field goals or collaboration

- **Score**: 2
  - Minimal level of governance structure and/or process; structures and/or processes are highly variable, idiosyncratic

- **Score**: 3
  - Moderate level of governance structure and/or process; some collaborative efforts are formalized

- **Score**: 4
  - High level of governance structure and/or process; most collaborative efforts are formalized

- **Score**: 5
  - Extremely high level of governance structure/process; e.g., hierarchically unified collaborative w/lead agency; roles/responsibilities formally defined; dedicated managers at all levels; formalized MOUs, decision-making protocols
<table>
<thead>
<tr>
<th>EH Domain</th>
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<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LEADERSHIP &amp; COMMUNITY SUPPORT</strong></td>
<td><strong>Knowledgeable, Ready, Supportive Leaders</strong>&lt;br&gt;Identifiable leaders/exemplary organizations that are knowledgeable, actively supportive, and ready for collective action</td>
<td>1</td>
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<tr>
<td></td>
<td>A few identifiable leaders that are at least minimally knowledgeable, supportive, and ready for collective action</td>
<td>Many identified leaders that are at least moderately knowledgeable, supportive, and ready for collective action</td>
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<td></td>
<td>Some identifiable leaders that are at least moderately knowledgeable, supportive, and ready for collective action</td>
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<tr>
<td></td>
<td>No identifiable leaders or leaders are not knowledgeable, supportive, and/or ready for collective action</td>
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<td></td>
<td><strong>Diverse, Representative, Knowledgeable Actors</strong>&lt;br&gt;A representative, knowledgeable, engaged, and culturally competent set of field actors</td>
<td>1</td>
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<tr>
<td></td>
<td>A few minimally representative, knowledgeable, engaged, and culturally competent field actors</td>
<td>Many representative, knowledgeable, engaged, and culturally field actors</td>
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<td></td>
<td>Some moderately representative, knowledgeable, engaged, and culturally competent field actors</td>
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<tr>
<td></td>
<td>No/very few representative, knowledgeable, engaged, and culturally competent field actors</td>
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<td></td>
<td><strong>Empowered Beneficiaries</strong>&lt;br&gt;The group(s) whose needs the field is intended to address are engaged and empowered to self-advocate at all levels of the field</td>
<td>1</td>
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<tr>
<td></td>
<td>Beneficiaries that are disenfranchised/disempowered in the field</td>
<td>Many beneficiaries are engaged and empowered to self-advocate at numerous levels of the field</td>
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<td></td>
<td>A few beneficiaries that are minimally engaged and empowered in limited areas of the field</td>
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<tr>
<td></td>
<td>Some beneficiaries that are moderately engaged and empowered in some areas of the field</td>
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<td></td>
<td><strong>Aware, Supportive &amp; Engaged Communities</strong>&lt;br&gt;A receptive community atmosphere/context that supports effective field action; communities that are aware of field issues/needs and supportive of field efforts</td>
<td>1</td>
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<tr>
<td></td>
<td>Communities somewhat aware but disinterested; belief that issue(s) does not affect the community or that nothing can be done</td>
<td>Most communities support field goals and actions; community participation is strong</td>
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<td></td>
<td>Communities beginning to show interest in/concern about issue(s); modest community involvement</td>
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<td></td>
<td>Communities are unaware of/actively hostile to field</td>
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<tr>
<td><strong>SHARED KNOWLEDGE</strong></td>
<td>A robust body of research that informs policy and practice. Expert researchers and practitioners who engage in ongoing improvement of the field by documenting and disseminating knowledge and best practices.</td>
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<tr>
<td></td>
<td><strong>APPLIED KNOWLEDGE</strong></td>
<td>The extent to which scholarly theory and research, and/or local, credible information is leveraged to support efforts in the field</td>
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<tr>
<td></td>
<td>No leveraging of scholarly/locally relevant knowledge base to support efforts in the field</td>
<td>A little leveraging of scholarly/locally relevant knowledge base to support efforts in the field</td>
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<tr>
<td></td>
<td><strong>KNOWLEDGE SHARING &amp; DISSEMINATION</strong></td>
<td>Effective sharing of relevant knowledge among field actors and to external audiences</td>
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<tr>
<td></td>
<td>No/negligible knowledge sharing among field actors or dissemination to external audiences</td>
<td>A little knowledge sharing among field actors or dissemination to external audiences; e.g., information is passed on internally by word of mouth and in response to current needs only</td>
</tr>
<tr>
<td></td>
<td><strong>PROFESSIONAL STANDARDS</strong></td>
<td>Presence and use of standards of practice in the field, such as practice guidelines, credentialing processes, and reporting standards and platforms</td>
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<tr>
<td></td>
<td>No/very little presence of professional standards</td>
<td>Minimal professional standards among a small number of field actors</td>
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<tr>
<td>EH Domain</td>
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<tr>
<td><strong>QUALITY PROGRAMS AND SERVICES</strong></td>
<td>Agreement on standards, best practices, and exemplary programs that ensure the delivery of high-quality services. Trained professionals and capable organizations able to deliver and sustain the work.</td>
<td>☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td><strong>REACH</strong></td>
<td>The percentage of the relevant population of the field's potential beneficiaries who are reached by evidence-based and promising practices</td>
<td>No/very small percentage of beneficiaries reached with evidence-based and promising practices (&lt;20%)</td>
</tr>
<tr>
<td><strong>IMPLEMENTATION</strong></td>
<td>The extent to which drivers of high-fidelity, high quality implementation of program and services are in place in the field, such as training, coaching, and evaluation/performance monitoring</td>
<td>No/very little use of implementation drivers to support practice across field</td>
</tr>
<tr>
<td><strong>COMPREHENSIVENESS</strong></td>
<td>The extent to which the array of programs and services in the field is sufficient to meet the needs of potential beneficiaries</td>
<td>No/very few programs and services to meet any of the needs of beneficiaries</td>
</tr>
<tr>
<td><strong>LINKAGES</strong></td>
<td>Presence of linking mechanisms that allow beneficiaries to successfully transition from one related program to another</td>
<td>No/very few linkages, coordination, or integration among the service array</td>
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<tr>
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<tr>
<td><strong>Adequate Funding &amp; Support for Policy</strong></td>
<td>Sufficient funding to maintain core practices. An enabling policy environment supports diverse and steady funding streams from public, philanthropic, and corporate sources over a long period of time.</td>
<td></td>
</tr>
<tr>
<td><strong>Shared Measurement</strong></td>
<td>Existence and utilization by field actors of shared measures and a common data sharing platform, to monitor progress and inform decision making</td>
<td>1&lt;br&gt;No common data/measurement system to assess progress on shared goals&lt;br&gt;Nascent use of a few shared indicators among some field actors&lt;br&gt;A field-wide shared data/measurement system under development&lt;br&gt;Some use of at least a rudimentary shared data/measurement system to assess progress on shared goals&lt;br&gt;A robust, shared measurement system to assess progress on shared goals</td>
</tr>
<tr>
<td><strong>Funding</strong></td>
<td>The availability and security of the resources and funding to support effective collective action in the field</td>
<td>1&lt;br&gt;No shared resources available to support collective action in the field&lt;br&gt;Limited short-term shared resources; not sustainable, secure&lt;br&gt;Some shared resources for the next 2-3 years; moderately sustainable, secure&lt;br&gt;Most support is from local sources that are expected to provide continuous support; actors are beginning to access additional shared resources&lt;br&gt;Diversified and continuous shared resources and funds are secured to support both ongoing and new programs and activities</td>
</tr>
<tr>
<td><strong>Technology</strong></td>
<td>Existence and utilization of needed technologies to support effective action in the field</td>
<td>1&lt;br&gt;No/little access to enabling technologies across field&lt;br&gt;Limited access to enabling technologies&lt;br&gt;Some access to enabling technologies&lt;br&gt;Much access to enabling technologies&lt;br&gt;Widespread and inclusive access to enabling technologies that benefit most/all actors in the field</td>
</tr>
<tr>
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<tr>
<td><strong>ADEQUATE FUNDING &amp; SUPPORT FOR POLICY (CONT.)</strong>&lt;br&gt;Sufficient funding to maintain core practices. An enabling policy environment supports diverse and steady funding streams from public, philanthropic, and corporate sources over a long period of time.</td>
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<tr>
<td><strong>POLICY ENVIRONMENT</strong>&lt;br&gt;Presence of an enabling policy environment to support effective action in the field</td>
<td>No/negligible enabling policy environment; policies exist that are detrimental to progress</td>
<td>A few enabling policies in isolated part of the field</td>
</tr>
<tr>
<td><strong>POLICY KNOWLEDGE</strong>&lt;br&gt;Field actors have the knowledge necessary to inform and shape an enabling policy environment</td>
<td>No/negligible policy relevant knowledge</td>
<td>A little policy relevant knowledge</td>
</tr>
<tr>
<td><strong>POLICY ADVOCACY</strong>&lt;br&gt;Presence of a sustainable advocacy infrastructure to support effective action in the field</td>
<td>No/negligible policy advocacy capacity</td>
<td>A little policy advocacy capacity</td>
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<tr>
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<tr>
<td>ADAPTIVE CAPACITY (EXPERIMENTAL)</td>
<td>Monitoring</td>
<td>1</td>
</tr>
<tr>
<td>The field's ability to assess external environments, select strategies/tactics best suited for a particular situation, and adapt to shifting conditions</td>
<td>Ability to monitor and assess external environments in order to identify needed shifts relevant to field strategies, tactics, and needs</td>
<td>No monitoring of external environments</td>
</tr>
<tr>
<td></td>
<td>Adaptation</td>
<td>No demonstrated ability to alter strategies or strategies altered in ways that conflict with field goals</td>
</tr>
<tr>
<td></td>
<td>Flexibility of Resources</td>
<td>No reallocation, sharing, and/or leveraging of resources</td>
</tr>
</tbody>
</table>