SOCIAL IMPACT PROGRAM EVALUATION

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by
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ABSTRACT

Inadequate public and grant funding often inhibits social service agencies from covering all of their program participant and agency needs. Compounding this problem, funders now have greater expectations that agencies demonstrate a return on investment, document their success, and demonstrate benefits to the community. This has led agencies to seek or develop more effective tools to evaluate program impact. In this study, I drew from the literature a proposed approach of social impact measurement that was applied as a four-step blueprint for social impact program evaluation, also referred to as "blueprint" later in the study, in order to demonstrate greater effectiveness of program goals and outcomes, justify current and future funding needs, and ultimately validate social impact. My first and second studies explored 1) the usefulness of a new approach for identifying and quantifying the impact of social service programs and 2) the pros and cons of involving stakeholders throughout the social impact measurement process, and whether stakeholder involvement substantially changed the process and results. My third study further explored the social impact measurement process with additional consideration emphasizing funders and policy advocates as stakeholders and investigated their impressions and influence on the measurement process. This social impact measurement approach consists of four steps: applying the *Theory of Change* to assist with appropriately identifying the program's long-term goals; initiating a *Logic Model* to improve the connection between inputs, activities, outputs, outcomes and impact with the long-term goals; designing an *Impact Measurement* analysis to connect the specific outcomes with the intrinsic value each outcome creates for the well-being of the program

participants; and the involvement of stakeholders throughout the impact-oriented program evaluation process to utilize published and program-specific evaluation studies to calculate the *Social Return on Investment*. To learn more about the potential and pitfalls of the proposed four-step model of social impact measurement, I partially applied this model to one program at my organization, the Philadelphia Corporation for Aging, for my first study. Following the application of the proposed blueprint at my organization, challenges emerged related to the lack of stakeholder involvement, which led to the inclusion of stakeholders in the blueprint application for my second study. Practitioner literature suggests that involving stakeholders in every step of impact-oriented program evaluation will strengthen the quality of the *Impact Measurement*. Utilizing action research, I sought to understand this contention by comparing levels of stakeholder involvement across programs and different organizations to explore the ways in which stakeholder involvement might help or hinder *Impact Measurement*. The results suggest that exclusively relying on homogeneous workgroups to provide deeper insights regarding program impact to the community, or solely relying on external stakeholders that lack the micro-level nuances of the program processes and procedures, does not lead to well-rounded social impact measurement. However, combining internal and external stakeholders in a workgroup seems to provide the best and most consistent path to effective social impact measurement by diversifying perspectives and leading to the development and application of metrics that are both reflective of community impact and practical to track. My third study focused on gaining additional insights regarding the usefulness of engaging funders and policy advocates in the design and implementation of the social impact measurement model and the usefulness of a new approach for identifying and quantifying the impact of social service programs. For this stage of my study, semi-structured interviews were completed with leadership from State Units on Aging throughout the nation with differing demographic compositions. Additional interviewees included leaders from the Aging Network with a broad perspective of the Area Agency on Aging (AAA) Network including an executive from a key trade association, a former cabinet level staff member within a former Governor's administration, and key leaders from managed long-term service and support system payors in different states. To better understand the influence of funders as stakeholders, the *Resource Dependence Theory*, highlighting the delicate balance of power between funders and recipient organizations (Hung, C., and Berrett, J., 2021), and strategies used in the acquisition of resources, was further explored (Klein, L. L. and Diniz Pereira, B. A., 2016). While several challenges were presented regarding why impact measurement strategies have not progressed further, progress was noted when leadership identified successful strategies utilized by other industries or government agencies, or when they sought individuals with specific skillsets to strengthen their internal processes. Many of these strategies were possible due to the support of leadership and the addition of requisite state resources. However, the additional resources would often avoid duplicating resources that funders were initiating, and strategies would be considered if they did not significantly challenge funders or jeopardize funding. My study contributions include combining existing theoretical concepts into a proposed four-step blueprint for social impact program evaluation that focused on impact and outcomes for study one, which was further refined with the addition of stakeholders in study two, and study three continued to explore the role that stakeholders, including influential ones like funders, played in developing and applying social impact measurement tools. Additionally, study three further contributes to *Resource Dependence Theory* research by further assessing the balance of power between organizations and the leveraging of stakeholder partnerships to acquire resources from the external environment to minimize the dependence on funders. Strengthening the social impact measurement alignment between funders and funding recipients has the capacity to improve the consistency in the *Impact Measurement* processes. Utilizing the strategies from this study provides a pathway to align policies and procedures between funders and funding recipients; encourage the transition from measuring outputs to outcomes; lead to collaboration that increases organizational resources from external sources, which aids the balance of power between funding and funding recipient and minimizes dependence; and provides a potential for a replicable tool that can be used nation-wide and across different types of social service agencies.

DEDICATION

My dissertation, and all my academic endeavors to date, are dedicated to my loving family. If it were not for the support of my beautiful wife, four amazing children, and incredible mother, I could have never pursued my academic aspirations. You are all my heroes and inspire me to continue my journey of continued growth and development to become best version of myself.

I also want to acknowledge my extended family members and mentors (my “brothers” and “sisters”) that provide continuous guidance, encouragement, and motivate me during the weary moments.

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CHAPTER ONE

INTRODUCTION

Inadequate public and grant funding often inhibits social service agencies from covering all their program participant and agency needs. Compounding this problem, funders now have greater expectations that agencies demonstrate a return on investment, document their success, and demonstrate benefits to the community. This has led agencies to seek or develop more effective tools to evaluate program impact. Further, from a management perspective, the lack of effective measures of impact can make it more difficult to balance financial and mission imperatives (Kerby, D., & Weber, S., 2000). That is, social service agencies require more effective measures of social impact both to satisfy funders' demands and to improve operational management.

A stakeholder can be defined as "any person, group, or organization that can place a claim on an organization's attention, resources, or output or is affected by that output" (Gomes, R. C., & Miranda Gomes, L. De O., 2011: 136). In this chapter I will introduce a four-step blueprint for social impact program evaluation as an approach for improved measurement of social impact, and I pay particular attention to the role of stakeholders in that measurement. My inspiration to pursue this as my dissertation topic was to investigate and improve the retrospective nature of social impact measurement of publicly funded organizations that rarely tie practice to performance, are generally more process than outcomes focused, and are more aimed at meeting the needs of funders than the agency or program participants (Emerson, J. et al., 2000). In my study, I assert that improved social impact measurement focusing on evaluating the needs of the community could mutually support all appropriate stakeholders while also strengthening organizational performance, justify current and future funding needs, and ultimately validate social impact. However, current trends exhibiting organizations inconsistent stakeholder involvement, tendency to focus on outputs versus outcomes, and lack of a uniform conceptual definition of social impact corroborates the need for a template that could be replicated and consistently applied by all organizations that seek to validate their program impact and justify their funding (Rawhouser et al., 2017).

One such model that has gained attention related to its emphasis on the use of key stakeholders at every stage of assessing and developing *Impact Measurement* is the *Social Return on Investment* (Millar, R. & Hall, K., 2013). While supporters of this model believe the inclusion of key stakeholders enhances the perception of objectivity in *Impact Measurement*, challengers believe that society's changing perceptions of values over time decreases the perception of objectivity (Mulgan, G. 2010, Summer). Challengers also claim that the susceptibility of certain stakeholders, such as governments, can be easily influenced by external forces such as the media and public opinion due to fear of adverse consequences from negative publicity (Luo, J., Huang, Z., & Zhu, R., 2021). To better understand the influence of stakeholders and other external factors, theories such as the *Resource Dependence Theory* highlight the significance of balancing power, suggesting that organizational survival in a competitive environment is dependent on increasing "its power over stakeholders and decreasing stakeholders' power over it," and donors increased "power over it by imposing restrictions on donations," (Hung, C., and Berrett, J., 2021: 584). Additionally, the "ability to acquire resources from the external environment," including restructuring "dependencies using a variety of tactics to reduce uncertainty in the flow of resources, such as entering into collaborative relationships," also plays a part in the survival of an organization (Klein, L. L. and Diniz Pereira, B. A., 2016: 155).

Government subsidies often account for a large majority of the annual revenue for many nonprofit and other non-government organizations (NGOs) and contributes "more than 40 percent of government expenditures worldwide each year" according to the World Bank (Luo, J., Huang, Z., & Zhu, R., 2021: 260). Conversely, states have had to reduce local aid as a result of "drastic reductions in state and local government revenues and collections" (Malatesta, D., & Smith, C.R., 2014: 14). Therefore, measuring impact has been more essential to "increasingly emphasize accountability of nonprofits' funding as well as measurable results" (Lee, C. 2021: 1).

In my initial study, I mine the literature to identify best practices for measuring social impact, develop an integrated four-step blueprint for social impact program evaluation, and apply this within a social service agency to identify and evaluate the strengths and weaknesses of the model. The literature and application highlighted both the desirability and challenges of involving stakeholders in the *Impact Measurement* process. Advocates of stakeholder involvement in social impact measurement believe that their involvement strengthens an organizations' strategic planning and ability to demonstrate and measure social value, where challengers argue that stakeholders may not help because planning and impact-oriented program evaluation "demand people with unique expertise and [involving stakeholders] is time consuming" (Crisan-Mitra, C. & Szilagyi, E., 2017: 59).

To explore the role of stakeholders in the *Impact Measurement* process in study two, I utilized an action-research methodology that focused on three social service programs in the state of Pennsylvania that support older adults as their target population. For each of the respective programs the blueprint was applied, aspirational program goals were identified, and stakeholders were involved to various degrees. Three to four workgroup participants were identified for each program where the blueprint was applied. Each of the identified workgroups either consisted solely of staff within the identified agency, of external stakeholders that are not staff members of the agency, or any combination of internal and external stakeholders that the agency deemed appropriate. The respective stakeholder groups were all tasked with assessing the same three programs within their organizations, but they each used a different workgroup type for the respective programs. I provided training and support throughout the application, as well as led the data collection and reflection processes. My study incorporated semi-structured interviews to support the collection of data and determine the perceptions of the social impact measurement of the study participants. Interview-based abductive reasoning was applied due to its intent to generate the best explanation of some collection of observations of abnormality" (Keraynou, E. T., & Washbrook, J., 2001: 116).

My first and second studies explore 1) the usefulness of a new approach for identifying and quantifying the impact of social service programs and 2) the pros and cons of involving stakeholders throughout the social impact measurement process, and whether their involvement substantially changed the process and results. Additional questions raised that led to study three include: are funders dictating *Impact Measurement* or is there a national conversation; do funders contest or identify the best methods of evaluating and reporting impact; and who are the contestants, what are their interests, and what are the stakes or consequences for contesting funder *Impact Measurement* directives? My third study incorporated semi-structured interviews to further explore the social impact measurement process with additional consideration emphasizing funders and policy advocates as stakeholders and investigated their impressions and influence on the measurement process. The *Resource Dependence Theory* was explored to assist with broadening the understanding of specific influences and how power is balanced between the funder and funding recipient. Motivation to pursue further insights related to the funder's perspective including the desire to improve the process, policy, and procedure consistency for social impact measurement between funders and funding recipients; the aspiration for a universal transition to improve impact measurement; and the ambition to create a replicable tool that can be used nation-wide.

A total of twenty (20) interviews were completed with state funders and other identified leaders with the objective of gaining insights that organizations can use to improve the effectiveness and usefulness of measuring program impact. The identified participants were selected related to their knowledge, involvement, decision making capacity regarding the state's impact measurement process, or their broad knowledge and perspective of the subject matter. Strengthening the social impact measurement alignment between funders and funding recipients has the capability to improve the consistency in the *Impact Measurement* processes, align policies and procedures between funders and funding recipients; encourage the transition from measuring outputs to outcomes, thereby strengthening *Impact Measurement*; lead to collaboration that increases organizational resources from external sources, which minimizes dependence and aids the balance of power between funding and funding recipient; and provides a potential for a replicable tool that can be used nation-wide and across different types of social service agencies.

My study contributions include combining existing theoretical concepts into a proposed four-step blueprint for social impact program evaluation that focuses on impact and outcomes for study one, which is further refined with the addition of stakeholders in study two. Study three continued to explore the role that stakeholders, including influential ones like funders, play in developing and applying social impact measurement tools. Together the three parts of my dissertation – development of a model, exploration of the role of stakeholders, and exploration of the influence of funders to the shape and practice of social impact measurement of social service agencies – contributes to existing research by developing and refining a replicable four-step blueprint for social impact program evaluation.

In Chapter Two I draw on the literature to further develop an integrated, four-step social impact measurement model and applied the model to a social service agency to develop a sense of its strengths and weaknesses. In Chapter Three, I utilize action research to explore whether the addition of stakeholders substantially changes the application and results of the proposed four-step blueprint for social impact program evaluation. In Chapter Four, I turn to the role that state funders play as influencers in the design, processes, and practices of social impact measurement of social service agencies, then I explore whether their influence is straightforward or contested and whether and how it changes as political and cultural context shifts due to influencers. Chapter Five will conclude with a presentation of the contributions of the study as well as thoughts about future research that might further the effective application of social impact measurement in the social services.

CHAPTER TWO

A FOUR STEP MODEL OF IMPACT MEASUREMENT

In this chapter, I draw on the literature to further develop my integrated, four-step social impact measurement model and to explore whether the addition of stakeholders substantially changes the application and results of the proposed blueprint. I utilized an action research approach to evaluate the role of stakeholders in the impact-oriented program evaluation of Area Agencies on Aging (AAAs) programs in the state of Pennsylvania. First, I present a partially tested blueprint application process within my agency without the use of stakeholders to identify initial challenges and insights. I then collaborate with peer AAA offices in Chapter Three to apply the blueprint utilizing stakeholders in various ways to explore whether the inclusion of stakeholders substantially changed the process and results. The literature and my initial study findings, further explained below, indicate that proper social impact measurement should not exclusively rely on homogeneous workgroups to provide deeper insights regarding program impact without a community perspective. Advocates of utilizing key stakeholders to diversify social impact measurement argue that their inclusion increases the perception of objectivity in the process (Omoniyi, O.S., & Williams, I., 2020) and strengthens the agency's ability to identify and satisfy the needs that are deemed relevant to the target population (Staniszewska et al, 2011). Challengers of this philosophy believe that society's opinion regarding what creates value is often conflicting and changes over time therefore cannot be a reliable source when identifying key metrics to measure impact (Mulgan, G., 2010, Summer). I draw on the literature to further develop the integrated four-step social impact measurement model below.

Four-Step Blueprint for Social Impact Program Evaluation

In this section, I draw from the literature a proposed approach of social impact measurement that was applied as a blueprint for demonstrating greater effectiveness of program goals and outcomes, justifying current and future funding needs, and ultimately validating social impact. This chapter will provide a review of the literature correlating with the blueprint.

This social impact measurement approach consists of four steps.

1) Applying the *Theory of Change* as a technique to assist with identifying the most appropriate long-term program goals.
2) Initiating a *Logic Model* to improve the connection between inputs, activities, outputs, outcomes, and impact with the long-term goals.
3) Designing an *Impact Measurement* analysis to connect the specific outcomes with the intrinsic value each outcome creates for the well-being of the program participants.
4) Combining published and program-specific evaluations of the links between specific actions and outcomes to calculate the *Social Return on Investment* for a program with the use of stakeholders throughout the design and application.

This four-step social impact measurement process was developed in association with relevant literature with the intent to change the retrospective nature of the impact-oriented program evaluation process to a more proactive and informative process by linking performance with the changes made to the program practices (Emerson, J. et al., 2000).

Following a partial test of the model at my agency, additional agencies and stakeholders were included in Chapter Three to explore 1) the usefulness of a new approach for identifying and quantifying the impact of social service programs and 2) the pros and cons of involving stakeholders throughout the social impact measurement process, and whether their involvement substantially changed the process and results. The four steps of the blueprint will be described in detail below. My third study, presented in Chapter Four, further explores the social impact measurement process with additional consideration emphasizing funders as stakeholders and investigates their impressions and influence on the measurement process.

Theory of Change

Many researchers believe the foundation for theory-based program impact-oriented program evaluation began in the 1930s and 1940s with pioneers like Ralph Tyler, an educator, who believed that goals or objectives must be accurately connected to the program for proper assessment and process improvement (Baker, E., 2013). This concept progressed further in the 1970s and 1980s when professors and pioneers such as Huey-Tsyh Chen and Peter H. Rossi (1980) contributed to the improvement of impact-oriented program evaluation by explaining that accurate interpretation of the program must occur before the evaluation tool is designed. Social scientist and Harvard University Professor Emerita, Carol H. Weiss, is believed to be one of the first researchers to apply theory to impact-oriented program evaluation (Centre for Theory of Change, 2019). Since program impact was becoming increasingly challenging to evaluate, Weiss thought it was important to use theory-based approaches to identify underlying assumptions, analyze the data collected, and ensure the impact-oriented program evaluation was linked to program activities (Weiss, C.H., 2011). This style of evaluation was the foundation to the *Theory of Change,* which strengthened the connection between the specific activities and outcomes to be measured to ensure they are properly associated with the proposed long-term program goals.

The first step to effective impact-oriented program evaluation and measurement of impact is to understand how and why certain assumptions and activities lead to certain results. The first article identified in the literature review is from a 2007 study of the *Theory of Change* from Carolyne Ashton. Ms. Ashton's study defines the *Theory of Change* as "implicit assumptions held by practitioners and participants about why the activities they choose for addressing a particular problem will work" and leads to expected "outcomes for program participants" (2007: 42). Ashton's study assessed UNICEF and Ministries of Education peace education programs in elementary and middle school children in Armenia and Indonesia between 2000 and 2002. The goals of the peace education programs were to assist children reject a culture of war in exchange for a culture rooted in peace and assist with healing and reconciliation after trauma. Ashton's study uses three case studies to analyze interview statements from stakeholders and program participants utilizing identified peace evaluation curricula. The findings indicated the use of the "Theory of Change informed research questions," and "added value to the peace education implementation and program evaluation" by providing a more complex understanding of conflict and its impact to program participants (Ashton, C. V., 2007: 45). Additional key findings identified in the study were related to stakeholders experiencing analysis paralysis due to the difficulty in narrowing down which theories were most critical to the impact-oriented program evaluation design, and despite adding time the *Theory of Change* leads to positive change due to the practice of front-end impact-oriented program evaluation rather than a rushed evaluation process at a much later point in time. Also noted by the author, the *Theory of Change* provides the tools to properly plot effective impact-oriented program evaluation.

In a study completed by Segal et al (2012), the *Theory of Change* aided impact-oriented program evaluation in their assessment of 52 home-visiting programs, cited in 143 identified articles, that used professionals to reduce child abuse in the U.S., Australia, Canada, U.K., New Zealand, Syria, Japan, and Norway. The authors hypothesized that the program was more likely to be successful “if the program components, population, and child abuse objectives matched the underlying theory” (Segal, L., et al, 2012: 67). Each respective program was ranked from a range of (1) through (5), with (1) correlating to low risk of abuse and (5) with active presence of abuse or domestic violence. Success was partially determined by ascertaining whether the program explicitly mentioned the reduction of abuse and neglect as a specific program objective. Statistical significance was tested by using Pearson’s chi-square and Fisher’s exact. The proposed hypothesis was supported, and the results identified 25 programs (or 48 percent) that were defined as successful, 27 (or 52 percent) as not successful. The authors’ noted success was significantly linked to combining the program theory and components with the target population. However, it was also noted that challenges can arise when program activities inaccurately demonstrate program success, when programs lack adequate classification according to defined theory, or when bias influences how the outcomes are measured.

In a study aimed at assessing successful implementation and strengthening participation of global childhood vaccination programs in Nigeria, a literature review studied 27 programs in Sub-Saharan Africa, Asia, North America, and the Middle East (Omoniyi, O.S., & Williams, I., 2020). The goal of the study was to "contribute towards the theory and evidence base" and strengthen Nigeria's immunization policies and practices, thereby improving program participation. The literature review included assessment of six focus areas: clarification of the review question, published immunization strategies that can lead to empirical evidence to test theories, whether the program referred to patients and health systems, the collection of descriptive and substantive data, whether the same theory applied in comparable settings, and what were the relevant findings. The findings indicated vaccination rates improved when the following formal program strategies were implemented: inclusion of influential leaders in communication and education strategies, availability of monetary incentives, grassroots targeted outreach, and integrating additional interventions to improve participation. However, limitations noted in some of the articles included gaps in evidence, bias in some of the studies, and lack of sufficient reference to the program theory or interventions. The author concluded this is the first study to review "international evidence on strategies to improve childhood vaccinations," and provided an outline for further research (Omoniyi, O.S., & Williams, I., 2020: 283). Further research properly targeting program theory and identifying study bias should be considered to advance this study.

Logic Model

The second step to effective social impact measurement is to map your assumptions to ensure they accurately depict the processes that lead to your proposed results. This is where *Logic Models* provide assistance, which are sequences of events through which a program achieves its goals by “moving from inputs through processes to outcomes” (Sofaer, S., 2019: 52). This technique for tracking the processes provides a timeline to aid program evaluators with visualizing when to track the respective metrics and differentiate which metrics correlate with the respective outcomes.

To maintain consistency, the *Logic Model* should map the same set of process sequences for each respective impact-oriented program evaluation. A pioneer in the impact-oriented program evaluation method, Henry Hatry, suggests many forms of source data can be used to track the processes, but “comparing the outcomes to benchmarks is fundamental,” the outcomes should be quantifiably measured, and staff that are subject matter experts and fully understand the processes should participate in the development of the *Logic Model* to avoid overlooking critical assumptions and casual connections (Herranz, J.J., 2010: 63). Hatry identified four key elements in a *Logic Model*: inputs – which are the resources and investments; activities – the strategies and methods; outputs – the delivery of tangible products; and outcomes – the expected changes. While *Logic Models* are tremendous tools for monitoring “progress towards meeting specific performance benchmarks,” they do not always “provide sufficient empirical analysis to establish the proof or mechanisms of causation” (Herranz, J.J., 2010: 76).

Theory-base impact-oriented program evaluation, especially when paired with *Logic Models*, can improve program evaluation. However, Johnson et al. identified additional limitations to these models (Johnson, V.A., Ronan, K.R., Johnson, D.M., & Peace, R., 2016). In their study of disaster education programs, they sought to understand if intended long-term impacts were correctly correlated with the proposed program theories. The findings indicated most of the programs were able to demonstrate successful short-term outcomes and confirm knowledge was gained by participants. However, "achievement of immediate outputs" or outcomes "were evaluated without a critical analysis of the validity of the assumed link between the outputs and intended outcome" (Johnson, V.A., Ronan, K.R., Johnson, D.M., & Peace, R., 2016: 2123). This can lead to an erroneous conclusion that the program was successful due to faulty assumptions that the identified immediate output concludes with the intended outcome. Therefore, data collection and analysis of the *Logic Model* processes leading to long-term outcomes is necessary to strengthen the effectiveness of the tool. Flawed assumptions regarding the assumed link between the outputs and intended outcome can lead to false conclusions regarding anticipated outcomes and program impact.

While numerous metrics are regularly identified by social service agencies, program monitoring is often fragmented due to essential metrics being infrequently evaluated. Completion and reassessment of *Logic Model* mapping should be done more consistently, it should ultimately be associated with more meaningful outcomes versus stopping at outputs, and stakeholders should weigh-in whether these metrics accurately lead to the proposed outcomes. Tracking the correct metrics and measurements could validate existing funding and justify when increases are necessary, identify best-practices while also improving stakeholder input and program participant choice, decrease or eliminate underrepresented or underserved program participant groups, lead to best-practices that could improve national *Impact Measurement*, and improve outcomes for the target population.

Impact Measurement

Many researchers believe that true intrinsic program impact cannot be established unless quantitative value is also demonstrated. This leads to the next critical step of effectively measuring impact in social impact measurement. Quantification is a powerful tool for translating local and specific knowledge into a form that can communicate impact to a broad audience (Porter, 1992). Precise measurement of program variables can be a crucial technique used to minimize funder and other stakeholder assumptions when subjective or arbitrarily selected metrics are measured to demonstrate program impact (Porter, 2006). Additionally, quantification excises impact from context and human stories; that is, quantification offers the power of easy communication and generalization but at the risk of crowding out particular, and often less powerful, voices and experiences (Porter, 1992). Some of Porter's more recent and groundbreaking writings explores the impact of numbers on the natural and social sciences, how "rigorous quantitative rules" are driven by moral and political conversations, and "objectivity and impersonality in science is not quite universal" (Porter, T.M., 1996: page xi). For example, Mulgan (2010) points out that society is made up of people with diverse, and often conflicting, opinions of what creates value and the desired outcomes that should be prioritized. Some people have a preference to imprison criminals as a means of punishment, despite the higher costs associated with incarceration, while others find value in funding prevention programs and alternatives to incarceration for non-violent offenses. Additionally, societal opinions related to the creation of value, supply and demand, or even cultural norms and beliefs change over time. These differences in perspective and power inevitably affect the *Logic Model* and measurements chosen.

In their review of 71 published papers, Rawhouser et al. (2017) identified several challenges with quantifying social impact, ranging from the technical – such as measuring activities rather than outcomes, the mixing of social outcomes, over reliance on quantitative data at the expense of qualitative data – to more theoretical issues such as the lack of consistent definition for social impact to guide how the constructs are to be measured. Their proposed solutions involve setting standards and involving coalitions of stakeholders in a standard setting to avoid some of the political challenges noted by Porter and Malden. That is, involving stakeholders ensures that the selected *Impact Measurements* will be more meaningful and "relevant to the needs of the people it is intended to benefit" (Staniszewska et al, 2011: page 631). Patient and public involvement in health care and social service program measurement is an example of stakeholder involvement. Stakeholder involvement can also lead to impact-oriented program evaluation measures that reflect the needs of the identified audience capturing meaningful outcomes and true impact when they are involved throughout the program development and implementation.

Social Return on Investment

Developed by the Roberts Enterprise Development Fund (REDF), *Social Return on Investment* (*SROI*) is a performance measurement tool with a foundation in accountancy and cost-benefit analysis that was "designed to understand, manage, and report on the social, environmental and economic value created by an organization" by comparing the perceived value of the social benefits and the actual cost to achieve them (Millar, R. & Hall, K., 2013: 924). An essential procedure that differentiates *SROI* from alternative approaches for measuring program impact is the use of key stakeholders at every stage of assessing and developing *Impact Measurement*.

Figure 1 depicts the Social Return on Investment Calculation.

$$\text{SROI} = \frac{\textbf{Net Present Value of Benefits}}{\textbf{Net Present Value of Investment}}$$

Figure 1. Social return on investment calculation.

When completing a full *SROI* analysis for a social enterprise organization seeking funding or analysis utilizing the REDF methodology, the organization completes the following: examines a social service activity over a given time frame (i.e., five to 10 years); calculates the amount of investment required to support that activity and analyzes the capital structure of the nonprofit that is in place to support that activity; identifies the various cost savings, reductions in spending and related benefits that accrue as a result of that social service activity; monetizes those cost savings and related benefits (i.e., calculates the economic value of those costs in real dollar terms); discounts those savings back to the beginning of the investment timeframe using a net present value or discounted cash flow analysis; and presents the socio-economic value created during the investment time frame, expressing that value in terms of the net present value and *SROI* rates and ratios (Emerson, J. et al. 2000).

The benefit of using *SROI* as the fourth and final step in effective social impact measurement over alternative approaches such as cost-benefit analysis is the inclusion of stakeholders throughout the development and application of the impact-oriented program evaluation process in an attempt to minimize organizational bias related to perceived value. While this approach has gained some recognition since development, many organizations prefer to utilize internally created tools to measure value due to the cost and timeliness to implement *SROI* is frequently not supported by staff and funders. Stakeholder informed measurement of program impact is one of the benefits of the model, but critics believe it would be a more useful tool if there was better collaboration across users to develop standards – not unlike accounting standards– to support uniform implementation.

Identifying methods to improve social impact measurement is not only explored by non-profit funders, but government funders are also more frequently inquiring about methods to improve measuring program impact. In a study by Hall and Millo (2016), the authors explored why *SROI* was chosen by the UK Government as a preferred *Impact Measurement* tool to assess non-profit sector performance over the Local Multiplier 3 (LM3) and Social Accounting tools. The study focused on the use of archival documents totaling 400 pages of text, oral and written testimonies ("produced during the UK Parliament's Public Administration Selection Committee inquiry into the role of the non-profit sector"), and semi-structured interviews lasting between 30 minutes and two (2) hours were completed with participants who were involved in the UK government's selection of *SROI* as the preferred tool (Hall, M., & Millo, Y. 2018: 344). The interviews were recorded and transcribed, and questions focused on participants involvement and account of the three tools explored. While Social Accounting was described as a tool that "collects, analyses and interprets descriptive, quantitative and qualitative information" to assess "social, environmental and economic performance and impact," this accounting approach was opined as less comprehensive due to the lack of a monetized value (i.e., ratio or score) supporting impact. Similarly, while LM3 was perceived as a tool that provides a simple "way to measure the economic impact of an organization or initiative," the tool was also viewed as less comprehensive due to the focus on economic impact and lack of focus on social or environmental impacts (Hall, M., & Millo, Y. 2018: 347). *SROI* was perceived as capable of capturing the social impact and "providing a more holistic assessment of the value of the non-profit sector" due to its ability to find "financial proxies" as indicators for social value (Hall, M., & Millo, Y. 2018: 349).

Challengers of *SROI* argue that stakeholder subjectivity and society's changing perceptions over time regarding what is considered noteworthy impact contributes to the difficulty in measuring program impact. However, supporters believe regular and consistent involvement of stakeholders improves the perception of objectivity through the inclusion of the target audience and diversifies the reflection and introspective deliberation of impact-oriented program evaluation development and application.

Exploratory Application of the Blueprint

So far, I have presented a proposed approach of social impact measurement that was applied as a blueprint for demonstrating greater effectiveness of program goals and outcomes, justifies current and future funding needs, and ultimately validates social impact. This social impact measurement approach consists of four steps as informed by the literature: *Theory of Change* – to avoid incorrect assumptions and false cause-and-effect associations (Weiss, C.H., 2011), starts with identifying the program long-term goals, then identifies the activities and outcomes that are properly associated with them;

Logic Model – accurately maps the inputs, activities, outputs, outcomes and impact to ensure they depict the processes that lead to the proposed results (GAO Reports, 1, 2003), but challengers contend they are insufficient to justify causation without adequate empirical analysis (Herranz, J.J., 2010); *Impact Measurement System* – connects the specific outcomes with the intrinsic value each outcome creates for the well-being of the program participants served (Arshad et al, 2015); and *Social Return on Investment* – incorporates stakeholders throughout the development and application of the impact-oriented program evaluation instrument (Millar, R. & Hall, K., 2013), but remains conscientious of the potential for stakeholders to introduce bias (Mulgan, G. 2010, Summer). While contemplating which outcomes create intrinsic value, it is important to consider measuring outcomes that create consequential increases and decreases for the target population (i.e., increased revenue and decreased expense).

To learn more about the proposed model in practice, I first applied the proposed blueprint at my place of employment, the Philadelphia Corporation for Aging. The Philadelphia Corporation for Aging (PCA), founded in 1973, is the designated nonprofit Area Agency on Aging (AAA) serving Philadelphia County. The agency mission is to "improve the quality of life for older Philadelphians or people with disabilities and to assist them in achieving their maximum level of health, independence and productivity" (Philadelphia Corporation for Aging, 2020). PCA administers more than 30 programs and serves more than 140,000 older adults annually. Since inception, PCA has grown into the largest AAA in the Commonwealth of Pennsylvania and one of the largest in the nation.

Study One – Partial Blueprint Application at PCA

Philadelphia has the second highest proportion of impoverished older adults and is the poorest overall of the 10 largest cities in the United States (PEW, 1996-2020). To learn more about the potential and pitfalls of the proposed four-step model of social impact measurement, I selected one of PCA's programs – the Home Delivered Meals (HDM) Program. Through PCA's Meal Distribution Center, nearly 1.9 million meals were delivered to older adults in fiscal year 2019-2020. This program was selected due to the significant impact that poor nutrition has on the total cost of healthcare and on the health status of older adults. Table 1 below depicts the Home Delivered Meals *Logic Model*.

Table 1.

Home Delivered Meals Logic Model

INPUTS	**ACTIVITIES**	**OUTPUTS**	**OUTCOMES**	**IMPACT**
OAA funding State Lottery funding State Aging Program Directives Target population Meal distribution center and food prep vendor contract Drivers and meal packing staff Appropriate refrigeration and freezer storage Appropriate vehicles to transport meals Meal packing materials	Meal prep, heating, and packing in transport containers Delivery of meals Contact with program participant (or emergency check from staff or family)	Number of program participants Number of older adults served in prior years Estimated numbers of older adults at risk for food insecurity	Improved nutrition Improve health status as a result of improved nutrition Reduce social isolation due to contact with driver	Improved physical health and reduced hospitalizations due to improved nutrition Improved mental health status due to increased social contact and nutrition
MEASUREMENTS Prior funding allocations Sufficient food and other resource capacity to serve registered participants U.S. Census and other target population reporting tools	**MEASUREMENTS** Staff manage efficient, effective, and timely distribution operations Participant surveys	**MEASUREMENTS** Daily participant authorization signatures State and local tracking	**MEASUREMENTS** Mandatory state program screening tools State and local planning and service area assessments (i.e., Public Health Management Corporation, U.S. Census)	**MEASUREMENTS** Reduced healthcare (i.e., hospitalizations) and mental health service spending (i.e., decrease of anti-depressant medications prescribed as a result of social isolation) Can be compared against statewide percentages

Proper nutrition has been linked to the improved health status of older adults, and research has indicated that those participating in Older Americans Act funded nutrition programs had fewer adverse health conditions and were in less jeopardy of nutritional risk (Wellman et al, 2007). A study that tracked health outcomes for 600 high-risk older adults enrolled in the Southern Maine Area Agency on Aging HDM program identified that enrolled older adults had a 38 percent decrease in 30-day hospitalization readmissions (Martin, S.L, et al. 2018, June 18). The AAA determined that $3.87 was saved in healthcare costs for every dollar spent on the HDM program, thus leading to positive outcomes due to program enrollment.

The question raised was whether the proposed theory-based four-step blueprint for social impact program evaluation could assist AAAs improve physical health and reduce hospitalizations related to improved social contact and nutrition? For the purposes of calculating *SROI* for PCA's HDM program without the involvement of stakeholders, the proposed equation in figure one below was used.

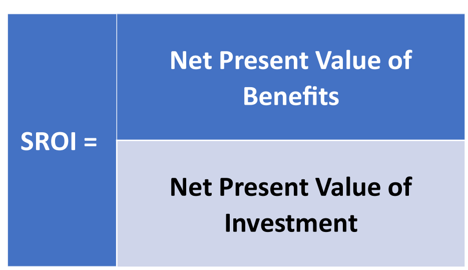

Figure 1. *SROI* Calculation

Figures 2 through 6 below will depict the partial application of the blueprint within my organization.

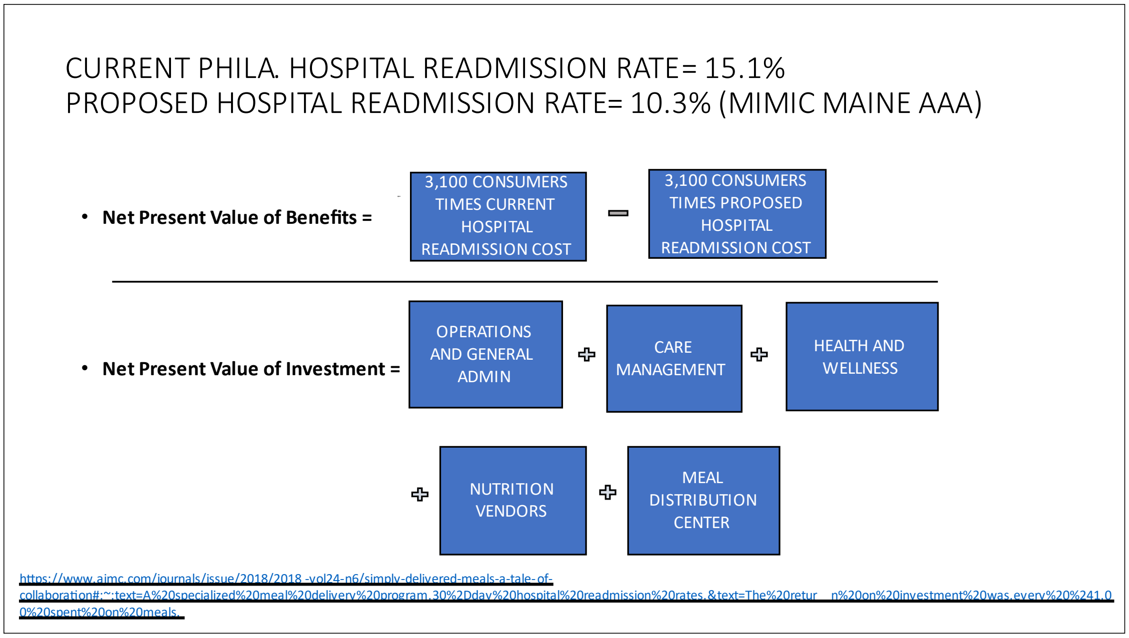

Figure 2. Home Delivered Meals Program *SROI* Metrics

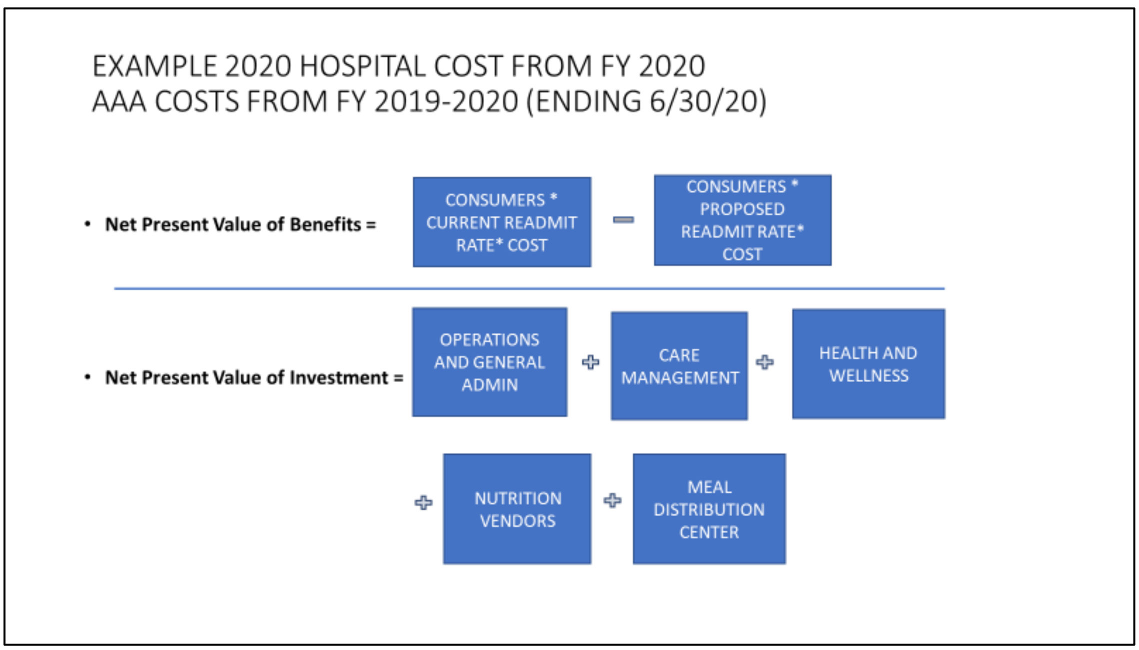

Figure 3. Home Delivered Meals Program *SROI* Time Period

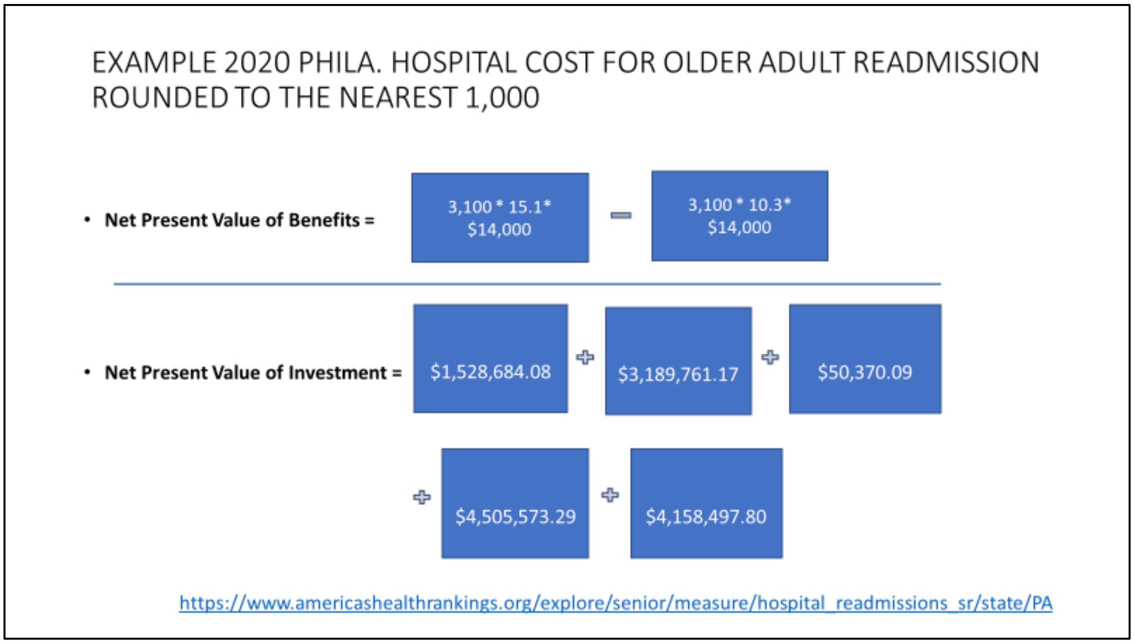

Figure 4. Home Delivered Meals Program *SROI* Calculation

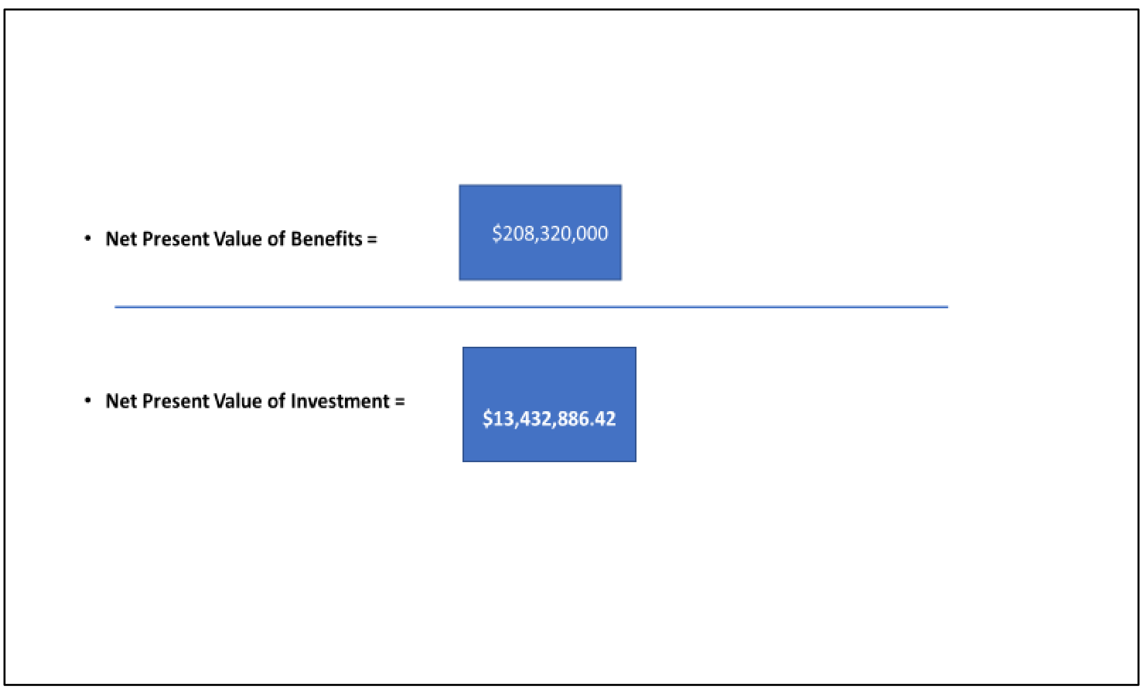

Figure 5. Home Delivered Meals Program *SROI* Calculations

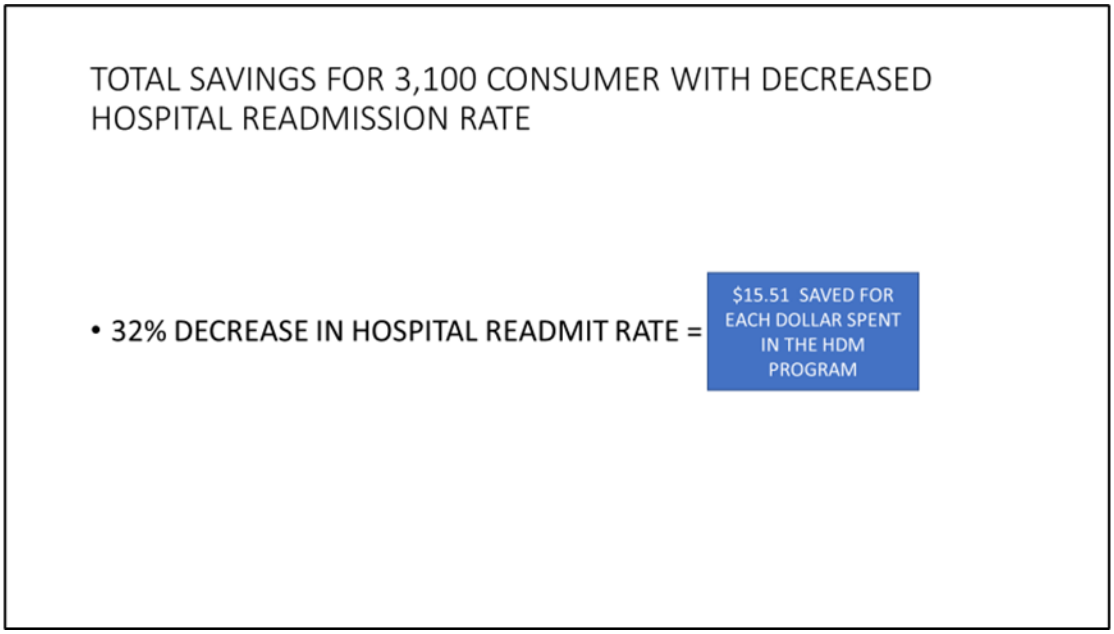

Figure 6. Home Delivered Meals Program *SROI* Results

Initial Reflections

In this section, I compare the partial application of the social impact measurement blueprint to the Home Delivered Meals Program to some of the issues raised in the literature. The main challenges to the model relate to the lack of stakeholder involvement and whether or how their omission affected the usefulness and insights offered to PCA by the blueprint.

Theory of Change - literature indicates the *Theory of Change* is a useful model for impact-oriented program evaluation because it leads to becoming more informed about the research question, but stakeholders can experience “analysis paralysis” due to the difficulty in narrowing down which theories are most critical to the impact-oriented program evaluation design (Ashton, C. V., 2007). While well versed in the program policies, procedures, and overall objectives, I found it challenging to identify objective long-term goals without the inclusion of key stakeholders to deliberate with. Input from stakeholders could have been extremely helpful, but I also pondered if their inclusion could hinder progress due to the time commitment needed to survey the groups. Additionally, thoughtful contemplation was required to identify long-term goals and meaningful impact, and the backward focusing approach of the *Theory of Change* helped with better identification of the activities and outcomes associated with the long-term goals.

Logic Model - the literature review indicated the emphasis on outputs versus outcomes and flawed assumptions potentially leads to false conclusions regarding anticipated outcomes and program impact (Johnson, V.A., Ronan, K.R., Johnson, D.M., & Peace, R., 2016). Insights observed during my partial application of the blueprint included being able to visualize the inputs, activities, outputs, and outcomes that led to proposed program goals and impact. This helped to assess whether the variables used to evaluate the program were misleading or accurate. While it initially appeared uncomplicated and straight-forward to map the program metrics that lead to long-term goals, it was challenging when pondering whether my identified metrics increased the perception of objectivity versus determining if they were subjective choices that I unilaterally preferred. Additionally, mapping the distinct metrics along the continuum of the *Logic Model* transitioned from identifying concrete and easy measurements correlating with the inputs, activities, and outputs (i.e., input – federal and state funding; activity – specific service provided; output – number of participants served) to more challenging aspirational measurements correlating with the outcomes and impact (i.e., outcome – reduced social isolation due to staff contact; impact – improved mental health status due to increased social contact). In other words, it was more difficult than anticipated to move from concrete to conceptual and causal links that support identified long-term goals. Additionally, it was also challenging to identify practical and sufficient longitudinal metrics that were most appropriate for measurement. The inclusion of stakeholders could assist with deliberating regarding the selected inputs, activities, outputs, and outcomes that lead to impact.

Impact Measurement **-** the literature review indicated that there was a lack of a standard model utilized to measure social impact programs, the need for a committed timeline to measure impact often spans several years, and many agencies decide to develop their own tool rather than using theory-based approaches (REDF, 2020). Insights observed during my application included whether sufficiently identified metrics were tracked, and for the appropriate time period, to validate the reliability in the measurement. Additionally, significant progress on program *Impact Measurement* may be difficult without consistent stakeholder collaboration to assist with consistencies in the approach.

SROI – while some literature highlighted the increased perception of objectivity as a benefit of *SROI*, challengers believe perceived objectivity decreases due to society's perceptions change over time (Mulgan, G. 2010, Summer) and when stakeholders disagree regarding which goals and metrics are considered most impactful to measure. Insights observed in my blueprint application included gaining feedback from key stakeholders in the development of the impact-oriented program evaluation process, including individuals that benefit from and are vested in the success of the program, could have provided more meaningful results. While the use of stakeholders is emphasized in *SROI* literature, stakeholder involvement throughout all stages of development and application of social impact measurement is essential. Additionally, the use of proxies or previously defined metrics can be extremely beneficial when translating metrics into monetized impact, therefore establishing universal proxies or metric definitions would be paramount for the evolution of social impact measurement.

Finally, there is always a problem of attribution: How can one know that the activities identified in the logic model, measured in the measurement model and included in the SROI analysis are the ones that led to the outcomes and impacts measured? Very often, there are other explanations of or influences on outcomes and impacts, and the possibilities multiply as the distance between activity and impact grow in time or space. The *Theory of Change* and *Logic Model* helps to reduce the concern about attribution by providing a clear logical path from activity to impact, but the problem of attribution remains and requires more consideration in program evaluation design, data collection and analysis.

The challenges that emerged from my lack of stakeholder involvement in the partial application of the blueprint at my organization led to the inclusion of stakeholders in the application as the next logical step of the study. The next chapter will compare levels of stakeholder involvement across programs and different organizations to further explore the impact of stakeholder involvement. Persistent questions that required further exploration included whether the addition of stakeholders would help to decrease false assumptions when pairing the program metrics with long-term goals, would they increase or decrease the perceived objectivity in *Impact Measurement*, would their inclusion increase the time and resources necessary for implementation of the proposed blueprint, and would they materially change the process and results of the blueprint? Emphasis was placed on diversifying stakeholders to provide the best and most consistent path to effective social impact measurement and improving the perception of objectivity (Omoniyi, O.S., & Williams, I., 2020). This will be followed by a focus on the funder as the stakeholder and its influence and impression of social impact measurement in Chapter Four.

In Chapter Three I will cover the role of stakeholders in *Impact Measurement*, and the study Methodology, Findings, Discussion and Summary sections. In Chapter Four I will cover the role that funders play as stakeholders, the Research Design and Data Collection. In Chapter Five I will conclude with a presentation of the conclusions and contributions of this dissertation.

CHAPTER 3

BEST PRACTICES: THE ROLE OF THE STAKEHODLERS IN IMPACT MEASUREMENT

A stakeholder can be defined as "any person, group, or organization that can place a claim on an organization's attention, resources, or output or is affected by that output" (Gomes, R. C., & Miranda Gomes, L. De O., 2011: 136). In this chapter I will cover the role of stakeholders in *Impact Measurement*, and present the Methodology, Findings, Discussion and Summary sections from study two.

Stakeholders of social impact measurement can be described as "people whose lives are affected by the program," and their active and engaged decision making can "affect the future of the program" or "substance or content of the evaluation" (Greene, J. G., 1988: 101). For stakeholders to "become integrally involved in [the] decision making" process of impact-oriented program evaluation, they must be "educated about the nature and purpose of evaluation research, the designs and methodologies which might best answer the evaluation questions," and "the myriad of options available for measurement" (Cherin, D. & Meezan, W., 1998: 7). *Impact Measurement* that has foundations rooted in stakeholder engagement, such as *SROI*, "can build stakeholder relationships and therefore assist with managing resident and community expectations through improved communication channels," raise community awareness regarding how program decisions are made and services are delivered, and evaluate outcomes and reduce "misinformation and misunderstandings" caused by false assumption (King, N., 2014: 156). However, as mentioned in previous chapters, critics of using *SROI* believe it is difficult to replicate, is cost prohibitive, and the use of stakeholders can increase subjectivity when pre-existing values are identified, when partial information is acknowledged as significant, and when there is pressure to inflate the reported program impact.

Due to strained public resources and an expectation of greater accountability and validation of program impact from funders, agencies are compelled to consider approaches that will improve the social impact measurement process. This study explores the usefulness of a proposed four-step blueprint for social impact program evaluation as an approach for identifying and quantifying impact and focuses on whether and how the addition of stakeholders substantially changes the application and results.

Practitioners and academics alike suggest that each step of the blueprint can be improved by involving stakeholders, at least to some degree. Many supporters of stakeholder involvement in the development and application of impact-oriented program evaluation believe their involvement improves opportunities to accurately identify long-term goals and program impact that affect the target population. They also believe the addition of stakeholders strengthens the perception of objectivity by adding diversity to the impact-oriented program evaluation reflection, design, and application. Conversely, the lack of appropriate stakeholder input has been attributed with linking inconsequential or erroneous metrics that are not accurately attributed to program impact and can lead to impact-oriented program evaluation bias by solely relying on a homogeneous group to deliberate over program metrics and objectives.

The general arguments for and against stakeholder involvement play out in slightly different ways in each of the four steps of the model. The main arguments are summarized in Table 2 and discussed below.

The initial step in the propose four-step blueprint for social impact program evaluation consists of applying the *Theory of Change*. The initial identification of the long-term goals in the *Theory of Change* helps to avoid incorrect assumptions and false cause-and-effect associations (Weiss, C.H., 2011), but objections include the amount of time and resources needed for implementation (Ashton, C. V., 2007). The involvement of stakeholders in this step assists with early identification and diversifying the deliberation regarding which long-term program goals should be selected and evaluated to validate impact. However, certain stakeholders may be displeased with the additional time needed to deliberate to effectively identify the long-term goals or may have differing opinions regarding the selected long-term goal, thus some may wish to eliminate this step of the blueprint.

The second step consists of initiating a *Logic Model*, which assists with accurately mapping the metrics leading to proposed long-term program goals (GAO Reports, 1, 2003), but some researchers believe they are simply benchmarks versus a means to adequately display causation (Herranz, J.J., 2010). The addition of stakeholders in this process assists by enhancing the variety of opinions regarding the complementary metrics that accurately lead to long-term program goals. However, some stakeholders may struggle to identify abstract metrics or benchmarks that result in validation of long-term goals and program impact.

Table 2

Pros and Cons of Involving Stakeholders in the Social Impact Measurement Process

	PROS	**CONS**
THEORY OF CHANGE	Avoids incorrect assumptions and false cause-and-effect associations by identifying the program long-term goals first, then identifies the activities and outcomes that are properly associated with them. (Weiss, C.H., 2011)	Additional time and resources needed to implement. (Ashton, C. V., 2007)
LOGIC MODEL	Aids the evaluator's ability to visualize tracking the respective metrics by mapping the inputs, activities, outputs, outcomes and impact to ensure they depict the processes that lead to your proposed results. (GAO Reports, 1, 2003)	Some researchers believe they are good tools to monitor benchmarks but are insufficient to justify causation without adequate empirical analysis. (Herranz, J.J., 2010)
IMPACT MEASUREMENT	Connects the specific outcomes with the intrinsic value each outcome creates for the well-being of the program participants served. (Arshad et al, 2015) Good to measure the positive benefits as a result of the outcomes, as well as the decreases in negative population outcomes. (Emerson, J. et al. 2000)	Target participants and stakeholders must participate in the process to improve perceived objectivity. (Omoniyi, O.S., & Williams, I., 2020)
SROI	Encourages stakeholder involvement in the program evaluation process and development of the evaluation instrument. (Millar, R. & Hall, K., 2013)	Often viewed as subjective because a society's perception of value changes over time, and supply and demand create perceived value in the outcomes evaluated. (Mulgan, G. 2010, Summer)

The third step consists of designing an *Impact Measurement* to demonstrate the intrinsic quantitative value of the program outcomes (Arshad et al, 2015). The involvement of stakeholders in this step assists by improving the identification of key metrics (i.e., total program expenses and the dollar amount that correlates with the proposed intrinsic value created from program outcomes) that should be associated with accurately monetizing the program impact. However, appropriate selection of stakeholders is necessary to improve perceived objectivity in this step rather than adding bias (Omoniyi, O.S., & Williams, I., 2020).

The final step consists of calculating the *SROI*, which aids the impact-oriented program evaluation process with the involvement of stakeholders throughout the impact-oriented program evaluation development and application (Millar, R. & Hall, K., 2013). However, this theory is not universally considered objective due to society's changing perceptions over time regarding what is considered objective, thus the opinions of stakeholder will change over time (Mulgan, G. 2010, Summer). Due to society's changing perceptions over time, some in opposition of this theory argue it adds bias versus its intent to decrease or eliminate bias.

Critics of the individual stages of the blueprint believe the *Theory of Change* requires additional time and resources required to apply, *Logic Models* are often perceived as insufficient techniques due to a lack of corresponding quantitative analysis, *Impact Measurements* are limited due to the lack of stakeholders, and it is difficult to remove the subjectivity from *SROI* due to the society's changing perceptions regarding how measuring impact is perceived. However, supporters of the addition of stakeholders in each stage of the blueprint believe they support the development and implementation process when measuring program impact by further informing the research question, improve the accuracy of correlating metrics with identified long-term goals, and allows the audience most interested in the success of the program to assist in the approach, development, and application of measuring the program impact. An action research approach was utilized to gain more insight into the effects of using stakeholders in various ways throughout the blueprint.

Study Two Method

To gain further insights into 1) the usefulness of a new approach for identifying and quantifying the impact of social service programs and 2) the pros and cons of involving stakeholders throughout the social impact measurement process, and whether their involvement substantially changed the process and results, the proposed blueprint was applied to three programs within three Area Agencies on Aging (AAAs) offices in the state of Pennsylvania. For each of the three programs, aspirational program goals were identified, and the AAAs involved stakeholders to different degrees – from acting as informants to full involvement in the design and application of the blueprint. AAA leadership was involved in the design of the application, the management of the application, and reflection on the effectiveness of the application. I provided training and support throughout, as well as led the data collection and reflection processes. An overview of the AAA network, and selected offices and programs of this study will be described below.

Setting – Area Agencies on Aging

U.S. Census data indicates 10,000 people turn age 65 per day, and this number is expected increase to up to 12,000 people per day through the year 2030 when all Baby

Boomers will be at least age 65. Unfortunately, public funding and other resources have not kept pace with the growth in the older adult population. The social impact measurement strategies identified in the proposed blueprint will be applied to identified programs at AAA offices in the Commonwealth of Pennsylvania that identity older adults as their target population. A few objectives of the proposed four-step blueprint for social impact program evaluation include demonstrating greater effectiveness of program goals and outcomes, justify current and future funding needs, and strengthen the validation of program social impact.

The foundation for the formally coordinated service and support system for older adults in the United States was established with the Older Americans Act (OAA) of 1965. The OAA not only allocated federal dollars to support critical community programs, but also created the framework for the provision of service through federal, state, and local agencies dedicated to serving the needs of older adults. The Administration on Aging (AoA), a federal office within the Administration for Community Living (ACL), is responsible for the oversite of OAA funding, administration of the respective SUAs, and the promulgation of policies once statutorily enacted and codified into law. Each State Unit on Aging (SUA) designates the respective planning and service areas (PSA), and authorizes the administration and provision of services and supports to AAA offices within the designated PSA.

For several years, federal and state funding supporting older adults has either experienced minimal increases to specific line-items, has been flat-funded, or in some cases received funding cuts. When adjusted for inflation, OAA funding has experienced decreases in the double digits from 2001 through 2019, which is expected to nearly double if this trend continues through 2030 (Ujvari, K., Fox-Grage, W., & Houser, A. 2019, February). These budgetary challenges cause strain on the local AAA offices' ability to subsidize necessary programs at the same funding level each year and meet the needs of the growing older adult population.

Pennsylvania has 52 AAAs designated to support the needs of older adults in all 67 counties within the Commonwealth. Approximately 70 percent of the AAAs in Pennsylvania are governed by county commissioners and classified as offices within local government, and the remaining approximate 30 percent are nonprofits and governed by boards of directors. Each AAA is also statutorily required to maintain an Advisory Council consisting of local stakeholders to ensure the voice of the local community is adequately represented. Public funding allocated to AAAs in Pennsylvania is a combination of federal revenue from the OAA, dedicated state dollars from the state Lottery, and often includes local funding allocated from county government. Special consideration for the individuals served is given to older adults aged 60 and over with the greatest needs and fewest resources. AAAs generally follow three paths for supporting older adults:

1) Prevention of social isolation and assisting older adult remain connected to their communities. A few of these programs include, but are not limited to senior community centers, senior employment programs, civic engagement opportunities, volunteer opportunities, community outreach and education, and health and wellness programs.
2) Assisting older adult with linkage to long-term services and supports and other resources to help them remain in their homes and communities as long

as they can safely do so. This is typically accomplished using agency social workers that complete comprehensive assessments and tailor plans of care to meet the strengths-based and wholistic needs of each program participant. A few of the direct care services available to older adults include but are not limited to home care to assist with activities of daily living (such as bathing, dressing, and grooming) and instrumental activities of daily living (such as cooking, laundry, and transportation), personal emergency response units, home-delivered meals, adult day center, home modifications, and medical equipment and supplies. A thorough understanding of the older adult's Social Determinants of Health (SDoH) are also identified in the care planning process. The five SDoH identified by the Centers for Disease Control are the social and physical environmental factors that contribute to a person's quality of life and health and risk outcomes (Center for Disease Control and Prevention. 2019, December 12). The goals of SDoH are to identify risk factors in the respective areas, then identify supports, resources and environments that create and promote health equity for everyone (Office of Disease Prevention and Healthy People, 2014).

Figure 7 provides a visual depiction of the Social Return on Investment.

Figure 7. Social Return on Investment

3) The provision of advocacy, protection, and legal services. This includes Older Adult Protection Services units to mitigate risk and aid older adults where there is alleged elder abuse. Each AAA uses trained staff to investigate, eliminate the risk, and support older adults at risk for abuse, neglect, financial exploitation, and abandonment. Each investigator uses person-centered and strength-based approaches during their investigation, often collaborates with formal and inform support systems, local law enforcement or local courts, and focuses on older adult preferred and the least restrictive outcomes.

Selected Offices and Programs

The three identified offices selected to participate in this stage of the study included a Western PA County AAA, a Southeast County AAA, and Northeast County

AAA, with each office respectively supporting older adults as their target populations. All three offices are designated as local government agencies and support older adults in their counties as part of the larger Human Service Departments. Their Older Adult Protective Services Programs, Home Delivered Meals Programs, and Information and Referral departments were identified for evaluation and application of the blueprint. Aspirational program goals were identified by each agency, and the blueprint was applied to the three programs with varying degrees of stakeholder involvement.

Home Delivered Meals Program

Approximately 10 percent of Philadelphia's older adults receive income less than 50 percent of the federal poverty guidelines, and approximately 22 percent are at or below 100 percent. According to the 2018 Public Health Management Corporation's Household Health Survey, of the more than 310,000 older adults in Philadelphia age 60 plus, more than 56,000 are unable to shop for themselves, 32,000 need assistance preparing a meal, and 36,000 report skipping a meal due to lack of money (PHMC, 2019, June 25). However, challenges with food insecurity are not limited to older adults that reside in Philadelphia, the most populous county in the state. In 2020, more than 12 percent of older adults in the Commonwealth of Pennsylvania age 60 and over were at risk for food insecurity (United Health Foundation, 2021). These statistics imply that the need for proper nutrition is great among older adults. Poor nutrition in older adults can exacerbate preexisting health conditions, increase the overall cost of health care, and increases the number of days per inpatient hospitalizations for those identified as malnourished. Older adult Home Delivered Meals programs provide homebound older adults with a nutritious balanced meal and a regular form of social engagement through safety checks from the meal driver.

The Home Delivered Meal Program in Pennsylvania faces similar challenges as other Older Americans Act programs across the nation when attempting to demonstrate program effectiveness, including but not limited to comparing: uniformity of identified program metrics tracked for the 52 AAAs in the Commonwealth of Pennsylvania versus national metrics; measuring outputs from previous fiscal years versus a focus on outcomes; whether program growth is a result of positive outcomes or solely a result of the growth in the older adult population; and lack of clearly defined national definitions, goals and outcomes to be measured. The Home Delivered Meals program was selected for this study due to the significant impact that poor nutrition has on the total cost of healthcare and on the health status of older adults.

Older Adult Protective Services Program

Recognized in federal and state law, ACL administers programs targeting the mitigation of risk and elimination of older adult abuse, neglect, financial exploitation, and abandonment. These laws and program policies provide guidance for Older Adult Protective Services Program activities managed by the AAAs and strengthen the collaboration with law enforcement agencies and local courts. According to the National Council on Aging, up to five million older adults are victims of elder abuse each year, and annual loss by victims of financial exploitation "is estimated to be at least $36.5 billion" (National Council on Aging. 2021, Feb 23).

Each AAA is required to receive reports of suspected abuse, initiate a timely investigation, promote self-determination, and provide the least restrictive intervention to mitigate or eliminate imminent risk to the older adult or their property. This program was selected for assessment utilizing the blueprint because Older Adult Protective Services programs most often interacts with older adults exposed to imminent risk that can lead to significant harm, hospitalization, institutional care, and even death. While state-wide strategies are being considered to strengthen performance and available training, the question is whether this blueprint can lead to increased long-term positive program impact if applied.

Information and Referral

Information and Referral departments are often the initial connections that people make with AAAs when inquiring about the complex services and support system available to older adults. Whether referral to a program administered by the AAA, a collaborative partner, or another stakeholder agency, AAAs aim to connect older adults and their caregivers to the most appropriate resources to meet their needs. Calls can range from assistance with linkage to benefits or local events sponsored by the AAA, or an anonymous call to report suspected elder abuse. An average of more than 510 calls per day are received in response to questions from older adults, their family or friends, professionals, and other community stakeholders at the Philadelphia Corporation for Aging alone, the AAA designated to supporting older adults in Philadelphia County. This program, while often viewed as the entry point to the service and support system for older adults, was selected due to the historic difficulty identifying the total impact the program has for the community. The research design will be reviewed in the next section to provide further context related to study methodology.

Research Design

My study applied an action research design utilizing the assistance of the three identified AAA offices in the Commonwealth of Pennsylvania. This qualitative research included semi-structured interviews to support the collection of data. Rigor was established with the use of different paths for three identified workgroups for the selected programs (see below). The rationale for selecting an action research methodology was to "learn from the intervention in an organization and then use that learning to benefit others" (Myers, M.D., 2020, p. 71). With an objective to "contribute both to the practical concerns of people in an immediate problematic situation and to the goals of social science," action research contributes to "problem-solving, theory expansion and competence enhancement" related to the participants learning from the research study, the theoretical implications and "the process of a collaborative problem-solving strategy" (Hult, M., & Lennung, S.A., 1980). While the specific level of participation the researcher engages in directly has frequently been debated, three main goals of action research include "the improvement of practice; the improvement of the practitioners' ability to improve their practice, including relevant practice contexts; and the generation of knowledge about practice and the improvement process" (Robinson, V.M.J., 1993). My study coincides with principles of action research related to my partial application of the blueprint within my organization to identify the challenges and insights of the model prior to the addition of stakeholders. Additionally, the study's intent has been to identify strategies and solutions to relevant practitioner challenges, and the practitioners within each respective AAA was actively involved in the improvement of their social impact measurement practices.

Interviews were completed to determine perceptions of whether the inclusion of stakeholders substantially changed the process and results of the social impact measurement. Interview-based abductive reasoning was applied due to its focus on questions like "'what is the meaning of explanation plausibility?', 'how are plausible solutions formed?', and 'How is the best solution selected?'" (Keraynou, E. T., & Washbrook, J., 2001: 89) with the intent to generate the best explanation of some collection of observations of abnormality" (2001: 116). IRB approval was sought and determined not necessary because the study focuses on understanding and improving approaches to the program evaluation process (see Appendix E).

Stakeholder factors considered in the study included: identification of an appropriate number and type of stakeholders to assist with the blueprint application; remaining mindful of the necessary time commitment and essential resources required; stakeholder insight regarding the selected metrics leading to impact, and how *SROI* calculations were completed to monetize impact; and recognition of bias or conflicting priorities creating differing value judgements regarding the identified goals and metrics.

The participating offices identified aspirational program goals and evaluated three Aging Network programs using different approaches for the respective programs. Three to four workgroup participants were identified for each program where the blueprint was applied. Each of the identified workgroups were identified as: AAA staff led, which consisted solely of staff within the AAA; stakeholder led (AAA facilitated), which consisted of external stakeholders that are not staff members of the AAA, but can consist of key collaborative partners, program participants, caregivers, or other esteemed members of the community; and expert led, which consisted of any combination of internal and external stakeholders that the AAA deemed appropriate. The respective stakeholder groups were all tasked with assessing the same three Aging Network programs within their organizations, but they each used a different workgroup type for the respective programs.

Figure 8 depicts the research design matrix.

	AAA Staff-led	Stakeholder-led (AAA Facilitated)	Expert-led (Interviews with Stakeholders and Staff)
Information and Referral	Western PA AAA	Southeast PA AAA	Northeast PA AAA
Home Delivered Meals	Southeast PA AAA	Northeast PA AAA	Western PA AAA
Older Adult Protective Services	Northeast PA AAA	Western PA AAA	Southeast PA AAA

Figure 8. Research Design Matrix

Prior to application of the blueprint at the respective offices, preliminary meetings were scheduled with the agency Directors and their agency liaisons to provide an overview and background of the research, to identify and address the agencies preliminary questions, and review the research timeline and theoretical concepts. Interviews were scheduled with each agency following the selection of their workgroup compositions. Additional interviews were held following their initial application of the blueprint and upon completion and submission of their blueprint supporting documentation (i.e., *Logic Model, Impact Measurement*, and monetized *SROI* calculation) to gain opinions regarding blueprint reflections. Careful consideration was devoted to the identified liaison's observations and impressions regarding the role, influence, opportunities gained, and challenges related to involving stakeholders. Specific details regarding the collection of data will be reviewed next, and the research design for the second study will be explained in detail in Chapter Four.

Data Collection

Data collection techniques in this stage of my study included an archive of notes, workgroup interviews, and analysis of the blueprint process completed by the three offices. The study process and proposed blueprint was thoroughly reviewed with the three AAA offices. Following the application of the blueprint utilizing the stakeholder composition depicted above, workgroup interviews were completed throughout and upon conclusion of the blueprint implementation to identify the impressions of the stakeholders regarding the application process and outcomes.

Interview questions included details to gain perspectives related to opinions and reflections regarding selection of the stakeholders, process design, process strengths and weaknesses, and reflections regarding the results (see Appendix C for the detailed list of interview questions.) All interviews with workgroup liaisons were recorded and transcribed utilizing Microsoft Teams. The study process and blueprint applications were initiated in November 2020 and final reflection interviews commenced in April 2021. Interviews varied in length from approximately forty minutes to an hour and fifteen minutes. In addition to the workgroup liaisons, the agency Director and other senior leadership participated in several of the interviews. Data collection for the second study will be described in Chapter Four.

Table 3 presents the phase one research timeline.

Data Analysis

A hermeneutics data analysis approach was utilized to interpret the interview data from the study once it was completed and organized (Myers, M.D., 2020, p.227). The data analysis approach included content analysis and first order coding using NVivo software. The responses to the interview questions were coded using NVivo to determine if a pattern existed in the responses from participants. I recorded and transcribed my interviews with the workgroups following the application of their blueprints and gained final impressions from the agency leadership and their liaisons regarding the blueprint and study reflections. To assist with determining how and what worked for the development of the social impact measurement blueprint, I used NVivo's Word Cloud process to visually display the first order coding. I started by importing each workgroup's submitted written materials separate from the interview transcription (*Logic Models* and notes related to their *Impact Measurements* and *SROI* calculations for their Home Delivered Meals, Older Adult Protective Services Programs, and Information and Referral Departments). Then, to identify more patterns, I consolidated the respective workgroups written material and video transcription so the coding would contain all their program documentation and impressions in a single code (see Appendix A). I then imported their reflection interviews and used Word Clouds for first order coding to gain final feedback from the agency director and liaisons related to their impressions of the blueprint application.

Table 3

Study One Timeline

	November	December	January	February	March	April
Meet with AAA CEOs/Directors to review process						
PRE-INTERVIEWS/WORKSHOPS: meet with office admin staff regarding identifying work group participants within their AAA (1 work group lead, 1 scribe, and 3-4 AAA staff member participants), stakeholder-led work groups within the AAA network (1 work group lead, 1 scribe, and 3-4 participants), and expert-led work groups with external AAA network stakeholders (1 work group lead, 1 scribe, and 3-4 participants)						
Work groups initiate Theory of Change, Logic Models, Impact Measurement, and SROI; trouble shoot with AAAs and observation.						
Start analyzing results (pre-interviews, Nvivo).						
POST-INTERVIEW/WORKSHOP: meet with work group leads, scribes and expert-lead for exit interviews and documents.						
Write-up results						

Word Clouds were created and are displayed below to depict key terms identified in the respective *Logic Models* and workgroup reflection interviews. Prior to the creation of each Word Cloud, the interview transcripts were edited to remove grammatical errors not identified by the Microsoft Teams transcription software or words that were repeated by participants (i.e., filler words following pauses and words that were repeated such as stammering). A minimum of six letter words were used in the creation of the respective Word Clouds (with words below a minimum of six letters omitted). Terms identified in the Word Cloud worth noting include words that had a direct correlation to their long-term program goals or identified metrics (see Appendix B).

Findings

Blueprint application results for each program are presented below to review the results and reflections from the stakeholders. Following a summary of the blueprint application to the Home Delivered Meals Program, Older Adult Protective Services Program, and Information and Referral departments, a comparison analysis is presented to identify variations and commonalities identified despite differing workgroup compositions.

Based upon the research findings, an appropriate selection of internal and external stakeholders, as utilized in the expert led workgroup, appears to diversify the reflection and introspective deliberation of social impact measurement development and application. Despite having micro-level input regarding program processes and procedures, there appears to be a substantial difference when a heterogeneous composition of stakeholders is involved in social impact measurement versus solely using agency staff throughout the blueprint application. The application of the blueprint correlating to the identified programs will be reviewed in detail in the next sections.

One workgroup was unable to complete the *SROI* calculations in time for this write-up due to reasons related to the pandemic.

Home Delivered Meals Blueprint Application

Figure 9 depicts the composition of the Home Delivered Meals stakeholder workgroups designated at the three AAA offices consisted of the following:

	AAA Staff-led	Stakeholder-led (AAA Facilitated)	Expert-led (Interviews with Stakeholders and Staff)
Home Delivered Meals	Southeast PA AAA	Northeast PA AAA	Western PA AAA

Figure 9. Home Delivered Meals Blueprint Workgroup Composition

Description

The Southeast County AAA utilized a staff led workgroup for the Home Delivered Meals application of the blueprint, the Northeast County AAA utilized a stakeholder led workgroup, and the Western County AAA utilized an expert led workgroup. The results from the Home Delivered Meals blueprint application for the three workgroups and study reflections and summaries will follow.

Despite a different composition of stakeholder workgroups, all three workgroups made references to the social interaction, improved safety and focus on food insecurity for the program outcomes or impact. Two of the three workgroups (staff and expert led workgroups) also identified the increased ability of program participants to reside in the community versus needing institutional care as one of the program impacts. All three workgroups identified a positive *SROI* cost benefit to their counties per dollar spent on the program.

Reflection on the Process

The three workgroups primarily used the templates provided to apply the respective blueprint steps. The stakeholder led workgroup county opted for a slightly altered version of their *Logic Model* than the template provided. Rather than identifying the inputs, activities, outputs, outcomes and impact as the program metrics, their *Logic Model* identified the inputs, activities, outputs, outcomes, process evaluation, and outcome evaluation as their respective metrics. Additional process reflections are noted below in stakeholder reflections.

Reflection on Stakeholders

The staff led workgroup reported being able to clearly disseminate metrics and goals that would imply program impact and success. While the workgroup lead reported initially considering program impact that differed from the workgroup, the participating staff stakeholders were compelling regarding their determination that program impact should depict the reduction of stress and assistance provided to caregivers and decreased institutional care for older adults that receive Home Delivered Meals. During implementation of the blueprint, the workgroup lead reported interpreting many of the program challenges that were raised by the staff workgroup as challenges that could be resolved relatively easily (i.e., considering operational adjustments that include older adult opinions such as likes and dislikes regarding meals choice; improving the consistent quality of the meals; and strengthening the social interaction between the driver and older adult to improve social interaction similar to the focus of comparable nutrition providers).

The stakeholder led workgroup indicated insufficient funding and lack of public awareness regarding the Home Delivered Meals Program as barriers for the program. Community partnerships to share resources and marketing strategies was considered as a means to assist with increasing community awareness. The stakeholder led workgroup also indicated that a lack of familiarity with the blueprint processes and theories presented a challenge during application, and the blueprint template details had to be reviewed several times with the workgroup to understand the directions for application.

The expert led workgroup reported conducting annual program participant surveys of their Home Delivered Meals Program to gain feedback and critiques of the service. To complete this annual survey, staff identify a random sample of program participants to be called and interviewed, or a paper version of the survey is distributed with the delivery of the program participant's meal. This county was vigilant about following the blueprint template that was provided and included a comprehensive literature review with their document submitted.

Staff Led Workgroup Logic Model, Word Cloud and SROI Calculation

Table 4 presents the staff led workgroup Home Delivered Meals *Logic Model*.

Table 4

Staff Led Workgroup Home Delivered Meals Logic Model

Logic Model Worksheet

Program Theory of Change:
HDM – staff only

Inputs *Resources needed for this program*	**Activities** *Specific activities, interventions provided*	**Outputs** *Immediate effects, numbers*	**Outcomes** *Long & short-term effects of the program*	**Impact** *Long term effect of a successful program*
Cost for meal Staff time Volunteer reimbursement for travel Getting volunteers Assessment Getting providers Getting supplies – trays, bags, utensils Equipment – heat, oliver machine Fiscal time - invoices	Assessments Contracts for meals and for providers Getting service orders done Scheduling Fiscal invoices Delivery tickets Annual reassessments and quarterly contacts Paperwork in SAMS Review by Sups Generating annual service orders	# of meals # of meals tailored to special diets # of reassessments Count of HDM only that are within OPTIONS How much socialization time spent with client	Reduces falls and injuries that happen during meal prep Enhances safety – i.e., don't leave stove on Special diets met for senior Decrease social isolation when interact with delivery person Second set of eyes on seniors – i.e., check-ins occur on how the person is doing Health stabilizes Increased relief and stress for family members Opportunity for volunteers to serve in their communities	Keeps people in their home as long as possible, reduces chance of placement
Measurements $ for meals Transportation costs # of contracts Volunteer costs Hours of staff time	***Measurements*** # of service orders # of assessments and reassessments # of contracts # of meals delivered	***Measurements*** 90,000 congregate and 140,000 HDM a year 650 unduplicated people Total costs	***Measurements*** Average falls of seniors vs. those that get HDMs? # of special diets provided	***Measurements*** Cost of meal provision for a person in one year vs cost of institutionalization for a year

Figure 10 presents the staff led workgroup Home Delivered Meals Word Cloud.

Figure 10. Staff Led Workgroup Home Delivered Meals Word Cloud

Terms identified in the above Word Cloud worth noting include: assessments and reassessment – since this workgroup consisted of agency staff, they are intimately familiar with program eligibility and the need to complete program participant assessments to identify needs; volunteer and delivered – this AAA relies on the support from volunteers to deliver the meals to program participants, so the recognition of the volunteers in the delivery of meals was logical; and socialization – combating food insecurity is one of the main purposes why federal and state funding is allocated for this program, but the staff also noted how important the social interaction is between the program participant and the delivery volunteer.

Table 5 presents the staff led workgroup Home Delivered Meals *SROI* calculation.

Table 5

Staff Led Home Delivered Meals SROI Calculation

880 program participants and the AAA cost is $936,600.
LT goal is to keep seniors out of nursing homes because they can function well at home.
· Average NH stay in a SNF is 29 days at $251/day.
29 days x $251 x 880 – 14 days x $251 x 880 = $3,313,200
· Total HDM costs = $936,600
SROI is $3.54
The SROI identified $3.54 saved for every dollar spent on Home Delivered Meals program participants in the staff led workgroup.

Stakeholder Led Workgroup Logic Model, Word Cloud and SROI Calculation

Table 6 presents the stakeholder led workgroup Home Delivered Meals *Logic Model*.

Table 6

Stakeholder Led Workgroup Home Delivered Meals Logic Model

INPUTS	**ACTIVITIES**	**OUTPUTS**	**OUTCOMES**	**PROCESS EVALUATION**	**OUTCOME EVALUATION**
Staff Volunteers Materials Supplies Technology Transportation Communication Funding	Meal Delivery Wellness and Safety check Pet Food Delivery Weekly Cleaning (CHOMP) Catering/Events Fundraisers	1,500 Clients Receive Meals 125,000 Wellness/Safety Checks 50 Clients Receive Pet Food Deliveries 120 Pets are Fed 35 Clients' Homes are Cleaned	SHORT TERM (12 WEEKS) Decreased Fall Risk Improved Safety Decreased Hunger Socialization Cleaner Environment	Qualitative Assessment Daily/Weekly on Programs Quantitative Weekly/Monthly Reporting Health and Wellness Surveys	Fall Risk Assessment Nutrition Risk Assessment
			MEDIUM TERM (6 MONTHS) Decreased Nutritional Risk Improved Emotional State Improved Socialization LONG TERM (12 MONTHS) Improved Health Status Decreased Hospitalization Area Non-Profit Supported		

Figure 11 presents the Home Delivered Meals stakeholder led workgroup word cloud.

Figure 11. *Home Delivered Meal Stakeholder Led Workgroup Word Cloud*

Terms identified in the above Word Cloud worth noting include: nutrition and wellness – access to food is a well-known impact on the health status of older adults so it is logical that these words would be cited frequently; assessment – this AAA mentioned assessing program participant falls as a result of food insecurity and nutritional status was a regular practice at their agency; socialization – an extra benefit of the home delivered meals program is the interaction with delivery drivers that provide increased socialization for the program participant and extra support to ensure they receive a regular "check-in" and safety check on delivery days.

Table 7 depicts the stakeholder led Home Delivered Meals *SROI* calculation.

Table 7. *Stakeholder Led Home Delivered Meals Program SROI Calculation*	
Impact Measurement connects outcomes with the value that these outcomes create.	
Value = Expenses compared to Monetary Benefits	
Home Delivered Meals Programming Outcomes:	
· Improved health status	
o Indicator: Number of Hospitalizations	
· Decreased hospitalizations and long-term care stays	
· Decreased hospitalizations and long-term care placements AND independent living within the community	
o Indicator: Number of Hospital Admissions AND long-term care placements	
SROI =	Net Present Value of Benefits Net Present Value of Investment
· Northeast County Hospital Admission (Inpatient) Average Cost: $2,797	
o 20,178 Northeast County residents had inpatient hospital stays during 2015 (year of report)	
§ 56.7% of those stays were individuals over the age of 64; totaling 11,440	
§ 11,440 stays x $2,797 per stay = $31,997,680 annually	
· PA Long Term Care Placement Cost: $82,125	
o Assuming 15% of those 11,440 hospital stays resulted in placement: 1,716 placements	
o 1,716 placements x $82,125 = $140,926,500	
· Net Present Value of Benefits: $172,924,180	
· Net Present Value of Investment: $1,800,000	
· Net Present Value = $171,124,180	
· SROI = $171,124,180 / $1,800,000 = 95.07	
For the stakeholder led workgroup, $95 of value for every $1 of investment was identified for the Home Delivered Meals Program.	

Expert Led Workgroup Logic Model, Word Cloud and SROI Calculation

Table 8 presents the expert led workgroup Home Delivered Meals *Logic Model*.

Table 8

Expert Led Workgroup Home Delivered Meals Logic Model

INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES	IMPACT
Volunteer and paid staff (committed, caring, observant) Funding and financial support Understanding of health department rules Kitchen equipment Meals (stocked, warm, frozen) Packaging Vehicles Phones Database (for reporting, billing, program participant information) Smartphone application (to address identified program participant issues and direct to appropriate supports) Donations (e.g., flowers) Partners that care about community, value older adults (willing to commit to raising money in order to deliver high quality services that older adults need)	Staff/volunteer recruitment and vetting (e.g., background checks) Staff training Fundraising* Advisory council meetings, events Creating, revising routes for delivery efficiency Packaging meals Delivering meals Conducting wellness checks Data entry (e.g., referrals, program participant information) Administrative functions (e.g., monitoring service quality, managing program participant data, vehicle maintenance, monitoring contracts) Providing program participants with non-food related information (e.g., program flyers) Activities to address loneliness/ social isolation, express care** Administration of flu vaccine (with support from EMS)**	Meals Wellness checks, alerts Connections to needed supports (e.g., health support, utility support, transportation, in-home services, community-based services), with follow through Follow-up program participant calls	Program participants receive meals Program participants receive social contact Program participants have access to information, supports as needed Program participant issues/emergencies are detected, reported, and addressed Clients continue living at home Caregivers receive respite from providing meals	Reduced food insecurity hunger among older adults Improved health outcomes Program participants are better able to live independent lives and remain in the community (non-institutionalized) Program participants are able to transition home from temporary hospital or facility stays Building community, supporting engagement, cultivating meaningful connections, instilling trust in the community and among older adults in need

Table 8 *Continued*				
MEASUREMENT APPROACH				
INPUTS	**ACTIVITIES**	**OUTPUTS**	**OUTCOMES**	**IMPACTS**
Number of staff and volunteers (total count, turnover, retention, salaries) Health Department regulations training hours Staff satisfaction Funding amount Operational equipment counts (e.g., kitchen, vehicles, phones) Number of community partners	Time and funds spent recruiting/ vetting staff and volunteers Number of training hours Dollar amount of funds raised Number of advisory council meetings and other events held Time spent by activity (e.g., packaging, delivering meals, etc.) Volunteer hours Volume of informational materials distributed Number of vaccinations administered	Number of program participants served Number of meals distributed Number of wellness checks conducted Number of alerts made Number of service connections made Number of follow-up calls made	Program participant satisfaction surveys Volume of service connections that resulted in service delivery Anecdotal evidence (program staff, volunteers, program participants noting satisfaction, positive effects)	Avoidable hospitalizations (initial admission, re-admission) Number of successful transitions home (e.g., from hospital, facility) SNF, PCH, AL admissions Medication/medical compliance Interventions made (e.g., fall prevention, caregiver support)***

*The program operates on structural deficit – the allocated funds from the program do not cover food, delivery, staff-related expenses. Therefore, providers rely on grant money and individual fundraisers to cover costs.
**The program conducts additional, non-food related activities to build relationships with program participants, address loneliness and social isolation, and express care (e.g., distributing cards, flowers).
***Specific to programs that connect their program participants to interventions, needed supports on their own/relying on their own resources.

Acronym Definitions
SNF: Skilled Nursing Facility
PCH: Personal Care Home
AL: Assisted Living

Figure 12 presents the expert led workgroup Home Delivered Meals word cloud.

Figure 12. Expert Led Workgroup Home Delivered Meals Word Cloud

Terms identified in the above Word Cloud worth noting include: community – program participants gaining more independence and an increased ability to reside in the community versus in an institution as a result of this program was stressed several times; checks, wellness, and connections – the role the Home Delivered Meals driver plays related completing wellness checks and providing socialization for the program participant in addition to simply delivering meals was noted.

Table 9 depicts the expert led Home Delivered Meals SROI calculation.

Table 9.

Expert Led Home Delivered Meals SROI Calculation

Present Value of Benefits
Number of program participants affected (for the measurement period - e.g., 3 or 5 years; how many program participants would benefit in total and annually)
· Count of Home Delivered Meals recipients from 7/1/19 – 6/30/20: 3,931
· Count of meals distributed from 7/1/19 – 6/30/20: 509,739
Benefits for each of the outcome and income benefits expected, assign a per-program participant or per-event dollar amount to each outcome or impact.
Outcomes
· Meals provide necessary nutrition support as program participants are often unable to get groceries or cook for themselves
· Program participants may be better equipped to continue living at home as a result of receiving nutrition support provided by the HDM program
o Count of program participants enrolled in the HDM program and actively receiving meals at home
· Caregivers receive respite from providing meals to the program participant
· The delivery staff are a source of social contact for program participants
o Program participant satisfaction surveys
o Anecdotal evidence from program staff, volunteers, program participants noting satisfaction and positive effects of the program
· Delivery staff's presence allows them to detect, report, and address program participant issues or emergencies that may arise
o Volume of reported issues
· Program participants have access to information and connections to supports as needed
o Volume of service connections that resulted in service delivery
Impacts
· Potential for improved outcomes across a range of health domains (physical, social, emotional, intellectual, etc.) among older adults in the Western County AAA
o Count of program participants enrolled in the HDM program and actively receiving meals
· Reduced food insecurity and hunger among older adults
o Volume of meals received per program participant
· Program participants are able to transition home from hospital or facility stays
o Discharges from facilities (i.e., hospitals, assisted living facilities, personal care homes, skilled nursing facilities)
· Program participants are better able to live independent lives and remain in the community (non-institutionalized)
o Facility admissions and re-admissions (i.e., admissions/readmissions to hospitals, assisted living facilities, personal care homes, and skilled nursing facilities)/Increase in proportion of older adults living in their homes/the community
Apply present value calculations (to bring future benefits back to current day) – see the attached spreadsheet.
Sum the present value of all the benefits. This provides an estimate of total benefit ("return") related to the program – see the attached spreadsheet.

Table 9. *Continued*
Present Value of Expenses/Investment
· What are the total expenses for the program (i.e., meal provision and administrative) per year?
o Total Expenses (FY 2019-20): $5,319,140
o Meal provision: $3,835,753
o Administration: $1,483,387
SROI
Divide present value of benefits/present value of expenses à social return on investment made. That this, the estimated return, in $s, per $ spent.
For every dollar spent in support of the Home Delivered Meal program functions (see logic model "activities" above), an estimate of $11.74 of return in social value in the form of reduced emergency room visits and costs as well as reduced use of nursing facilities among older adults as identified by the expert led workgroup.

Literature Review Notes

- The average emergency room visit cost $1,389 in 2017 (Alltucker, 2019).
- Access to nutrition (specifically via SNAP) decreases emergency room visits for hypoglycemia by 13% (University of Missouri Health, 2017).
- Malnutrition diagnosis is associated with $21,892 higher mean total emergency department charges (data from up until 2014) (Lanctin et al., 2019).
- There are 4,015.8 inpatient stays per 100K population related to malnutrition for individuals age 65+ (calculated with data from: Barrett et al., 2016). See the inserted image below for calculations.

Table 10 presents the expert led workgroup Home Delivered Meals sample calculation.

Table 10

Expert Led Workgroup Home Delivered Meals Sample Calculations

Characteristic	**Postsurgical non-absorption**	**Nutritional neglect**	**Cachexia**	**Protein-calorie malnutrition**	**Weight loss, failure to thrive**	**Underweight**
Total number	**31,100**	**4,460**	**177,640**	**1,454,045**	**400,075**	**117,280**
Rate per 100,000 population	**9.6**	**1.4**	**55.1**	**451.0**	**124.1**	**36.4**
Age, mean	46.0	43.7	68.4	66.0	58.6	64.8
Age, rate per 100,000 population						
< 18	8.5	2.6	1.6	41.4	91.9	3.0
18–39	4.2	0.1	9.7	106.8	22.4	15.5
40–64	11.8	0.5	54.2	436.8	82.0	30.8
65–84	17.8	3.1	180.2	1,487.1	354.1	105.6
85+	12.6	9.5	547.1	3,753.7	1,186.8	374.0

Calculations	Postsurgical non-absorption	Nutritional neglect	Cachexia	Protein-calorie malnutrition	Weight loss, failure to thrive	Underweight	Total
65-84	17.8	3.1	180.2	1,487.1	354.1	105.6	**2,147.9**
85+	12.6	9.5	547.1	3,753.7	1,186.8	374.0	**5,883.7**
Total (per 200K)	**30.4**	**12.6**	**727.3**	**5,240.8**	**1540.9**	**479.6**	**8,031.6**
Total (per 100K)	**15.2**	**6.3**	**363.65**	**2,620.4**	**770.45**	**239.8**	**4,015.8**

- The average cost of nursing home care in the Pittsburgh area of Pennsylvania is $286 per day ("Financial Assistance, Costs & Payment Options for Eldercare in Pennsylvania," 2021).
- In the 6 months before receiving MOW services, 13% received care in a nursing home (Shan et al., 2019).
- Meals on Wheels recipients' nursing home utilization decreased by 25% in the 180 days after starting Meals on Wheels ("The impact of home-delivered meals on overall health and associated use of healthcare services," 2017).

Home Delivered Meals Blueprint Application Summary

Two of the three workgroups that administered the blueprint identified an increased ability of program participants to reside in the community versus requiring institutional care, and all three workgroups identified a positive *SROI* cost benefit and referenced increased social interaction, improved safety and a focus on food insecurity and critical program metrics. Despite three different workgroup compositions administering the blueprint, comparable focus areas between the three workgroups can be rationalized due to the strong correlation between proper nutrition, improved health outcomes, and in some instances a decreased probability of older adults requiring admission into a nursing facility when participating in publicly funded nutrition programs (Szanton et al., 2017). While proper nutrition is a common focus for services that support children, programs that combat malnutrition and hunger in older adults are often less frequently emphasized due to perceived or actual program barriers or stigma associated with participation. Additionally, social interaction was strongly associated with all three workgroups due to the role that Home Delivered Meals drivers play when connecting with program participants. Whether the drivers are friendly visitors that develop a strong rapport with the program participants or provide a regular but informal safety check to ensure the program participant is doing well, the drivers often assist with reducing loneliness and improve the quality of life for older adults by promoting independent living within the community.

Conversely, while all three groups identified nursing facility or hospital readmission rates for their SROI calculations, one difference between the workgroups was the level of analysis and research when identifying their *Impact Measurements* and monetizing their *SROI*. This can be attributed to the availability of resources to support the blueprint application and analysis. Despite different level of resources available for the research, all three workgroups identified a positive *SROI* calculation to support the funding allocated to their Home Delivered Meals programs.

Strengths and Weaknesses of Stakeholder Involvement

The staff led workgroup reported that implementation of the blueprint allowed program challenges, even if previously identified, to be discussed together as a group, which "helped coalesce" resolutions to many of these challenges that can reasonably be resolved. Also, the workgroup lead reported that staff had a good sense for what is involved to provide the service and had a good perception for desired goals and impact. However, the lead was able to recognize that individuals external to this selected staff workgroup could dispute the selected goals and impact, as well as well the *Impact Measurement* metrics and monetized *SROI* calculation. This implies insight that correct selection of the appropriate stakeholders is critical for buy-in and the effectiveness of the blueprint.

As mentioned above, the stakeholder led workgroup indicated that lacking prior familiarity with the blueprint process and theory presented a challenge during application. To assist with comprehension regarding the blueprint application, I reviewed the blueprint template details with the workgroup lead several times to aid facilitation, and the lead for this workgroup observed another workgroup's application to strengthen comprehension and interpretation of the process. The workgroup lead stressed the challenges with implementing this blueprint due to the need to focus on older adult pandemic vaccinations and related increased tasks, and also reported more frequent and in-person meetings would have helped with facilitation and timeline challenges if the study didn't commence during the pandemic.

The expert led workgroup indicated that the Home Delivered Meals Program was "much easier" for application of the blueprint because the metrics identified and tracked for this program are more tangible and less abstract. While the workgroup was familiar with *Logic Models*, they did not prefer utilizing them when evaluating program impact. Additionally, while this workgroup understood the proposed implications and had a desire to contribute to the implementation of the blueprint, the time commitment to apply this abstract "theoretical" concept "was definitely a barrier" because they didn't perceive this blueprint with having the ability to produce timely results and they "had bigger fish to fry." Suggestions from this workgroup included providing interview and other thought-provoking questions earlier, as well as the *Impact Measurement* metrics and *SROI* calculation templates, to help "get the ball rolling" with proactive contemplation prior to the blueprint application. Finally, challenges noted were related to the difficulty of finding more current comparable *Impact Measurement* and *SROI* metrics rather than public information or equivalent research that utilizes outdated expense comparisons.

The staff led and expert led workgroups appeared to present synergies between their selected program *Logic Mod*el impact and the monetized *SROI* calculation (i.e., connecting increased ability to reside in the community instead of an institutional setting and a decrease in hospitalizations). The stakeholder workgroup presented a slight variation of the *Logic Model* template (which also included mid and long-term measurements) and identified fall risks and nutritional risks as their outcome evaluation. While it can be logically implied that reduced falls and improved nutrition can lead to their *SROI* calculation identifying reduced hospitalizations, one can speculate whether greater deliberation and strict adherence to the blueprint template would have led to the elimination of short and mid-term measurements in exchange for long-term goals and program impact. This can be surmised due the observation that the stakeholder workgroup can add creativity and unexpected dimensions with their participation, but their lack of micro-level detail can hinder the requisite logical analysis to properly identify program metrics, outcomes, and impact. Further conjecture could allow one to ponder whether a blend of internal and external stakeholders, like the expert led workgroup, would provide a more cohesive balance of diversified opinions from program subject matter experts and key external stakeholders that all have vested interests in the success of the program.

Older Adult Protective Services Blueprint Application

Figure 13 depicts the composition of Older Adult Protective Services stakeholder workgroups designated at the three AAA offices:

	AAA Staff-led	Stakeholder-led (AAA Facilitated)	Expert-led (Interviews with Stakeholders and Staff)
Older Adult Protective Services	Northeast PA AAA	Western PA AAA	Northeast PA AAA

Figure 13. Older Adult Protective Services Blueprint Workgroup Composition

Description

The Northeast County AAA utilized a staff led workgroup for the Older Adult Protective Services Program blueprint implementation, the Western County AAA utilized a stakeholder led workgroup, and Southeast County AAA utilized an expert led workgroup. The results from the Older Adult Protective Services Program blueprint application for the three workgroups and study reflections and summaries will follow.

Results

While all three workgroups generally identified outcomes related to increased awareness and education related to the prevention of elder abuse, the identified program impact varied among the three workgroups due to their specific identified long-term goals related to the reduction of risk and efforts to prevent elder abuse. Separately, all three counties are currently participating in statewide workgroups that have recently discussed or are currently focusing on strengthening outcomes for the Older Adult Protective Services Programs for the AAA network in Pennsylvania.

The staff led and expert led workgroups identified a positive *SROI* cost benefit to their counties per dollar spent on the program. Due to reasons related to the pandemic, the stakeholder led workgroup was unable to complete the *SROI* calculations at the time of this write-up.

Reflection on the Process

All three workgroups utilized the blueprint template consistently for application for this program. Some participants in the Older Adult Protective Services blueprint stakeholder workgroup also participated in the Home Delivered Meals Program application, thus shared a continued desire to obtain appropriate metrics and templates to aid consistent application. Additional process reflections are noted below in stakeholder reflections.

Reflection on Stakeholders

The staff led workgroup identified general program challenges such as: resistance, fear, and mistrust from older adults related to accepting assistance from AAAs with this service; lack of community understanding of the program; and an inadequate availability of emergency services and funding to assist with mitigating risk. Lack of longitudinal and long-term data (due to the mandates regarding timely closure and deletion of these cases) was discussed as a barrier to comparing program participant outcomes and performance of this program over longer periods of times versus short-term impact comparison that is created due to lack of historical data. One workgroup also mentioned there was a lack of comprehensive data tracking and analyzing of all ancillary services provided outside of the AAA network that have a direct correlation to the reduction of risk for elder abuse (i.e., overnight shelter, court interventions, legal services, Home Delivered Meals, and homecare). Finally, lack of current ability to track program recidivism rates for individuals that frequently return to the program was also mentioned as a challenge to measuring impact and evaluating program success.

The stakeholder led workgroup facilitator mentioned that while they did not always have complete agreement with the workgroup decisions, they deferred to the workgroup and thorough discussion generally led to consensus. The facilitator also mentioned that the selected stakeholders had a significant understanding of the Older Adult Protective Services Program due to their level of collaboration, they worked well together, and they had a good selection of stakeholders that participated.

The expert led workgroup mentioned the group easily gained consensus regarding financial exploitation as a specific focus for Older Adult Protective Services because that has recently been a greater focus area for several of the workgroup members. A challenge noted regarding the workgroup was related to certain “rabbit holes” that specific stakeholders went down regarding their individual perspective or passion regarding the program. Those conversations had to be redirected at times to focus on the research and long-term program goals. While the diversity of perspective for this group was praised, coming to consensus was mentioned to be more time consuming. General challenges identified by stakeholders from this workgroup included witnessing ageism or marginalization of older adults and whether a sufficient number of Older Adult Protective Service Program cases go through the criminal justice system and are ultimately prosecuted. Additional program challenges raised included difficulty recovering lost assets in financial exploitation cases, perceived and expressed embarrassment of the victims of elder abuse, difficulty of training staff and collaborative partners remotely during the pandemic, and lack of adequate availability of ancillary resources to assist with complex financial exploitation cases.

Staff Led Workgroup Logic Model, Word Cloud and SROI Calculation

Table 11 presents the staff led workgroup Older Adult Protective Services *Logic Model*.

Table 11

Staff Led Workgroup Older Adult Protective Services Logic Model

INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES	IMPACTS
Resources necessary to support Protective Services Trained staff Contracted providers Housing options Medical professionals Social Service providers Law Enforcement Senior Centers Informal supports Nursing Home diversion programs (LIFE or Waiver) Court system Transportation Technology supplies and support	Specific activities, interventions and supports Investigations Planning and Coordination of Services Personal Care (meal prep, bathing, light housekeeping, transfer assistance, shopping assistance) Meal preparation and delivery Bill pay/financial management Court interventions Medical professional services Identifying housing/shelters Referrals to other entities Transportation Education and advocacy for program participants and/or their families	Immediate Effects of the Program Activities Risk reduction-stay home longer Improved nutrition Improved hygiene Medication compliance Reduced Social Isolation Housing Financial Security Safety	Short and long-term effects of the program strategies on individual program participant behaviors, knowledge and/or perceptions? Recognition of risk Accepting assistance Compliance with care Improved self-care Trusting agency mission	Overall, most critical long-term, cross-program participant effect of a successful program Reduced need for court intervention Reduced need for nursing facility placement Reduced recidivism rate of older adults returning to Protective Services

MEASUREMENTS	MEASUREMENTS	MEASUREMENTS	MEASUREMENTS	MEASUREMENTS
Data from SAMS (i.e., measures contracted service units and cost) Staff salaries Training costs	Investigation and service planning costs are measured by staff salaries Personal Care services are measured in cost/hr via SAMS. Meal preparation and delivery is measured in cost/meal via SAMS Guardianship services are measured as a monthly rate via SAMS Court orders/interventions are measured by cost per order in SAMS Hotel stays/overnight shelter is measured at cost/night in SAMS Personal Emergency Response Service is measured in cost/month in SAMS Emergency food orders are tracked by cost in SAMS Transportation is measured by cost/trip in SAMS	Remain in their home/community Observed improvement in meal consumption, stable or improved weight Observed improvement in hygiene as noted by non-odorous and clean presentation, clean clothing, clean hair, well-groomed Medication compliance as monitored by family or professionals Decreased social isolation is measured by presence of others in the home or by program participant's participation/attendance to outside activities Measured by presence of stable housing (no foreclosure, eviction notice, tax sale, safe environment) Financial security is measured by bills being paid, adequate access to food and necessities, prohibited access to those seeking to exploit the program participant Safety is measured by reporter observations, calls of concern, presence/access of those posing a threat to the program participant	Verbalized understanding of risk Observed acceptance of services; reduced occurrence of refusing services Observed improvement in nutrition, hygiene, environment	Track court interventions annually Track occurrence of placement in nursing facility during the course of investigation, at the end of an investigation, and at regular intervals for 1 year post investigation Track reoccurrence of protective services referrals for individual program participants and track trends in overall number of reoccurrences over the course of 3 mos, 6 mos, 1 year

Figure 14 presents the staff led workgroup Older Adult Protective Services word cloud.

Figure 14. Staff Led Workgroup Older Adult Protective Services Word Cloud

Terms identified in the above Word Cloud worth noting include: financial – the monetary impact and lack of financial safety and security of victims of elder abuse, specifically referring to victims of financial exploitation, has grown over the years and was mentioned several times; nursing – this term was mentioned in relation to proposed reduction of nursing facility placement as one of the key program impacts.

Table 12 depicts the staff led Older Adult Protective Services Program *SROI* calculation.

Table 12

Staff Led Older Adult Protective Services Program SROI Calculation

VALUE = Total expenses compared to monetized benefits	
Measure the decreases AND increase in outcomes	
Decreased nursing home placement and increasing older adults safety and ability to remain in their homes and community with Protective Services.	
SROI =	Net Present Value of Benefits Net Present Value of Investment
Annual cost of Nursing Facility placement for one program participant = $108,000.00	
Cost of Protective Services for 1 program participant= $1,388.64	
Net present value of benefits=	
# of program participants x current nursing home annual admission cost for 1 program participant = 36 X $108,000 = $3,888,000	
Net present value of investment=	
# of program participants x cost spent annually on Protective Services per 1 program participant = 36 x $1,388.64 = $49,991.04	
$3,888,000.00 = $77.77 SROI	
$49,991.04	
The staff led workgroup identified a SROI savings of $77.77 for every dollar spent spend on the Older Adult Protective Services Program.	

Stakeholder Led Workgroup Logic Model, Word Cloud and SROI Calculation

Table 13 presents the stakeholder led workgroup Older Adult Protective Services *Logic Model*.

Table 13

Stakeholder Led Workgroup Older Adult Protective Services Logic Model

INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES	IMPACT
Increased Federal and Commonwealth funding	Investigation activities completed by adequate staff compliment	Completion of timely investigations by adequate staff compliment	Informed awareness of medical and behavioral health issues	Active community engagement for increased prevention and identification of Elder Abuse
Adequate staffing and program representation	Identification and utilization of supports and resources available for Older Adults, both formal and informal	Measurable and effective risk reduction by assessment and intervention	Hesitation to accept services decreased or eliminated with an Increased network of resources available to older adults	Ample behavioral health services to meet populations needs
Pennsylvania statutes	Collaboration with law enforcement and legal entities	Increased knowledge on prevention and reporting of Elder Abuse	Increased cooperation by older adults in active investigations	Timely reporting of Elder Abuse incidents by mandatory and voluntary reporting entities
PDA Program	Refined Guardianship process	More effective and timely investigations with appropriate tools	Education reduces risk to older adults	Increased education for prevention of Elder Abuse
Directives and Defined standards of investigation	Monitoring of active cases until determination/case closure	Access to robust community resources and behavioral health services	Increased network of resources available to older adults	Increased reports of need to OAPS
State-wide investigative tools	Utilization of alternative/grant funding sources for OAPS	Timely Guardianship process reduces imminent risk for older adults	Prevention of revictimization	Successful and timely resolutions to Reports of Need
Expansion of grant opportunities to OAPS	Expansion of/increased behavioral health access and services	Utilization of tools, standards and guidelines reduces investigation and intervention timeframes		Increased accountability for perpetrators of Elder Abuse
County Legal and Court system engagement	Clarified and/or simplified OAPS standards/guidelines			Streamlined Guardianship process decreases risk for most vulnerable older adults.
Refined/simplified Guardianship procedure	More expansive and simplified investigative tools			Robust network of resources and services available to older adults
Law enforcement engagement	Centralized and ample behavioral health services			

Social Service programs and formal community resources	Elder Abuse Education and active dialogue at all levels of institutions and in the community.			
Network of formal community resources, including Behavioral health services				
Community Engagement				
MEASUREMENTS	**MEASUREMENTS**	**MEASUREMENTS**	**MEASUREMENTS**	**MEASUREMENTS**
Prior funding allocations	Mandatory primary and collateral contacts per Aging Program Directive	Compared to prior year figures and statewide average	Supervisory, management and state office oversight to identify risk	Reduced healthcare spending (i.e., hospitalizations and nursing facility admissions) related to elder abuse
Mandatory staff per caseload numbers	Annual employee performance reviews	Investigations completed	Community education compared against prior years	Reduced applications for guardianship as a result of elder abuse
Staff minimum education and training requirements	RONs taken	Older Adults served		Can be compared against statewide percentages

Figure 15 presents the stakeholder led workgroup Older Adult Protective Services word cloud.

Figure 15. Stakeholder Led Workgroup Older Adult Protective Services Word Cloud

Terms identified in the above Word Cloud worth noting include: guardianship – improvement of the guardianship process for program participants and families was noted; behavioral health – meeting the needs of the program participant would reportedly improve the behavioral health status of program participant, and was thus noted as a program impact; prevention and investigation – these terms were utilized in relation to Older Adult Protective Services units maintaining an advocacy and protection role for older adults in their investigations of elder abuse.

Stakeholder Led Older Adult Protective Services Program SROI Calculation

The stakeholder led workgroup SROI calculation was unable to be completed at the time of this write-up.

Expert Led Workgroup Logic Model, Word Cloud and SROI Calculation

Table 14 presents the expert led workgroup Older Adult Protective Services *Logic Model*.

Table 14

Expert Led Workgroup Older Adult Protective Services Logic Model

Logic Model Worksheet				
Program Theory of Change: **PROTECTIVE SERVICES – FINANCIAL EXPLOITATION**				
Inputs Resources needed for this program	**Activities** Specific activities, interventions provided	**Outputs** Immediate effects, numbers	**Outcomes** Long & short-term effects of the program	**Impact** Long term effect of a successful program
Staffing Interpretation of financial documents Cost for financial consultants Collaborate with the Elder Abuse task force Review with consultant on cases Trainings Supervision Transportation costs	Coordinate on task force meetings Home visits – assess situation Involve PDA consultant Intervene with banks Find available resources Do paperwork/reports Reassess – more home visits Speak to families Talk to LE, DA Attend court hearings Refer to NOVA for VCAP Develop educational materials Provide trainings to other professionals	Transportation costs # of substantiated cases # of trainings attended # of visits made # of Educational materials developed or distributed # of task force meetings held	Increased knowledge after trainings Financial expertise provided to cases Education occurs in community with favorable attendee eval responses Favorable outcomes on criminal cases Amount of money returned to elder victim	Seniors recognize a scam before it happens Decreased amounts of money being sent to scammers Decreased # of people being scammed Seniors get monies recouped *Study done that shows that seniors involved in financial exploitation and emotional abuse have shorter live spans than those who have other forms of abuse.
Measurements Cost of program # of staff Cost for consultants Time spent on task force meetings Cost for trainings # of trainings	***Measurements*** # task force meetings attended # of cases reported to LE # of cases go to court # of cases that banks return money # of applications that go to VCAP # of home visits per client	***Measurements*** #'s for all the above	***Measurements*** Increased rates of learning Rates of criminal prosecutions % of monies returned	***Measurements*** Not sure? Study idea came up. How do you show prevention? Would need to better track monies recouped.

Figure 16 presents the expert led workgroup Older Adult Protective Services word cloud.

Figure 16. Expert Led Workgroup Older Adult Protective Services Word Cloud

Terms identified in the above Word Cloud worth noting include: financial, exploitation, criminal, monies and recouped – these terms were commonly used by this workgroup due to the composition of the workgroup members and their focus and expertise related to financial exploitation cases, collaboration with the criminal justice system for prosecution, and attempts to recoup lost income and assets for victims of elder abuse.

Table 15 represents the expert led Older Adult Protective Services Program *SROI* calculation.

Table 15

Expert Led Older Adult Protective Services Program SROI Calculation

1060 investigations and the AAA cost is $3,350,120
LT Goal is for to keep seniors from being victims of ongoing financial exploitation because of prevention efforts during PS investigations.
Average costs for seniors (60 and above) per FE is $35,733 per incident
$35,733 x 1060 - $10,000 x 1060 = $27,276,980
Total PS costs = 3,350,120
SROI is $8.14
The expert led workgroup identified a SROI of $8.14 saved for every dollar spent on the Older Adult Protective Services Program.

Older Adult Protective Services Blueprint Application Summary

All three workgroups referred to increased awareness and education regarding assisting with the prevention of elder abuse, but their respective long-term goals and program impact slightly varied. Increased work duties related to the pandemic were mentioned as challenges regarding participation and commitment to the study, and one workgroup was unable to complete the *SROI* calculations at the time of this write-up also related to the pandemic. One workgroup indicated that lack of available data (i.e., case closures and file deletions completed in an extremely expedient timeline to maintain compliance with state program mandates, limited data tracking the connection of program participants to ancillary services that directly correlate to reduced risk, and program participant and identified perpetrator recidivism rates) hindered their ability to connect program metrics with long-term goals and properly evaluate impact. The diversity of the stakeholder and expert led workgroups was noted as beneficial aspects of the respective group compositions but identified workgroup challenges included the additional time needed to gain consensus regarding identifying program metrics and long-term goals.

Conversely, the staff led workgroup had no mention of a time-consuming process regarding stakeholders identifying the program metrics and long-term goals, but the focus of their identified challenges were related to inadequate funding, obstacles related to program mandates, lack of community understanding of the program, and external factors out of the agency's control.

Strengths and Weaknesses of Stakeholder Involvement

The staff led workgroup mentioned insights gained during the application of the blueprint included instances when individuals who are typically less outspoken regarding providing feedback (in meetings separate from the application of the blueprint) and may not have as much institutional knowledge of the program, but surprisingly provided "a wealth of information and insight." Conversely, there was mention of staff members that have "knowledgeable, first-hand practice" and experience with the program, but did not participate as much due to conflicting priorities or little "investment in the project or process."

The stakeholder workgroup facilitator indicated that the selection of the participating workgroup members was the least challenging aspect of the research project, and all stakeholders "provided valuable feedback." The facilitator also mentioned that utilizing this blueprint assisted with current brainstorming and change to their Older Adult Protective Services Program that is being implemented in their county. It was noted that it took approximately 15 hours to apply this blueprint to this program, and participation was hindered due to increased responsibilities related to the pandemic.

The expert led workgroup facilitator, who was also involved in additional blueprint applications in this study, mentioned this workgroup was the "most advantageous” and provided the “most value” to the blueprint application. It was mentioned this was due to the combination of staff and community stakeholders contributing to the discussion to provide different perspectives and looking at the program with their respective community and subject matter expert “lenses.” If the research project was duplicated, the facilitator mentioned having a preference to have this composition of stakeholders for all three programs. The facilitator also mentioned it would have been valuable to share preliminary details and provide a greater explanation of the blueprint details with the stakeholders earlier to allow them more time to consider the process. Finally, due to an increase in conflicting priorities that participants had during the study, additional sessions to discuss the application would have been helpful. However, conflicting priorities led to scheduling challenges, and the time commitment to complete the research project led to questions regarding the return on investment for what is considered a long-term goal of monetizing program impact.

All three workgroups appeared to focus on program goals that strengthened community understanding of the program, improved program processes and timelines, decreased program participant risk and promoted independence. However, the stakeholder workgroup also added goals that focused on adequate services that assist with the behavioral health status of the program participant and promotes accountability for perpetrators.

Both the staff led, and expert led workgroups made note of the impact of financial exploitation on program participants. This could be attributed to both workgroups having a micro-level understand of the increased incidents of telephone scams and financial exploitation cases over the past few years and the impact that it has had on older adults.

Additionally, both workgroups contain subject matter experts that understand and must comply with program policies and recognize strategies that could streamline and eliminate many of these program challenges. Conversely, the stakeholder led workgroup also brought to light the behavioral health status of the older adults that are impacted and expressed a desire for them to receive adequate support to emotional impact of elder abuse. One can infer this is demonstrative of this external workgroup's sensitivity to the emotional needs of victims and their focus on adequate services to assist them in their time of need.

Information and Referral Blueprint Application

Figure 17 depicts the composition of Information and Referral stakeholder workgroups designated at the three AAA offices consists of the following:

	AAA Staff-led	Stakeholder-led (AAA Facilitated)	Expert-led (Interviews with Stakeholders and Staff)
Information and Referral	Western PA AAA	Southeast PA AAA	Northeast PA AAA

Figure 17. Information and Referral Blueprint Workgroup Composition

Description

The Western County AAA utilized a staff led workgroup for the Information and Referral application of the blueprint and the Southeast County AAA utilized a stakeholder workgroup. The Northeast County identified their Aging in Place Program for the application of their blueprint with the expert led workgroup. The results from the Information and Referral and Aging in Place blueprint applications for the three workgroups and study reflections and summaries will follow.

Results

The staff led and stakeholder led workgroups both identified the desire for older adults and the community to gain access to information as their proposed program outcomes. While increased older adult independence was referenced by both workgroups, there was slight variation between selecting increased independence as an outcome versus program impact. One could argue that respectively identifying "connection to the community" and "independence" are comparable program impacts.

The expert led workgroup identified increased safety and connection to the community, as well as decreased need for institutional care as long-term program goals for their Aging in Place Program. Their targeted direct service programs included Adult Day Care and Home Modifications as means to assist with their long-term goals.

The staff led and stakeholder led workgroups identified a positive *SROI* cost benefit to their counties per dollar spent on their Information and Referral departments. The expert led workgroup identified a break-even *SROI* cost benefit to their county per dollar spend on their Aging in Place Program.

Reflection on the Process

The staff led and stakeholder led workgroups applied the blueprint to their Information and Referral departments. Despite slight variations in the respective titles of the Information and Referral departments across the Commonwealth of Pennsylvania (i.e., Senior Line, Information and Assistance, Helpline, etc.), the programs are generally administered similarly.

The expert led stakeholder group identified value and focused on their Aging in Place Program instead of their Information and Referral department. All subsequent blueprint applications were followed according to the proposed template. Additional process reflections are noted below in stakeholder reflections.

Reflection on Stakeholders

Staff led stakeholder workgroup members reported that identifying the specific metrics that correlate with how Information and Referral departments support the community appeared “a little fuzzy” or nebulous to distinguish given the “abstract” nature of identifying *Impact Measurements* and monetizing the *SROI* impact for this program. Since this program is often viewed as an administrative function of the agency, some believe it is a part of the agency that should always be provided rather than trying to identify a specific monetary value. Alternately, one workgroup member mentioned that it is also difficulty to monetize the “value for easing community concerns and stressors when individuals need assistance navigating the many paths that lead to obtaining necessary services and supports.” This includes older adults that have required assistance throughout the pandemic.

The stakeholder led workgroup facilitator mentioned this group was able to discuss their personal experiences and challenges with working with older adults, but the group required prompting and clarification to identify the *Logic Model* metrics and reportedly had significant difficulty navigating the deliverables of the blueprint.

The expert led workgroup found value in selecting their Aging in Place model versus their Information and Referral department, focusing on Adult Day Care services and Home Modifications for older adults. The facilitator mentioned a lack of adequate tracking of the program metrics in the state's mandatory program participant care plan database limits the ability to obtain robust reports and real-time outcomes to adequately evaluate effectiveness (i.e., hospitalizations and nursing facility admissions). Additional funding to increase the public awareness of the program was also identified as necessary support to overcome program challenges.

Staff Led Workgroup Logic Model, Word Cloud and SROI Calculation

Table 16 presents the staff led workgroup Information and Referral *Logic Model*.

Table 16

Staff Led Workgroup Information and Referral Logic Model

INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES	IMPACT
Funding (Aging Block Grant) Staff (dedicated, resourceful, knowledgeable of existing supports and services) Database Resource and aging service lists Equipment (e.g., phones, headsets, computers, tablets, fax machines, copy machines) Informational and technical trainings and training resources (ensure staff proficiency in SeniorLine-specific terminology, understanding of DHS/AAA, support staff compliance with data collection and documentation protocols) Technical support-Office supplies (e.g., mailing material)	Staff recruitment and vetting activities Conducting informational and technical trainings Receiving incoming calls Conducting outgoing calls (responding to SeniorLine referrals/assignments, following-up with program participants) -Providing resources (e.g., housing resources, volunteer resources), information (e.g., program eligibility criteria, senior center-related information), and referrals to community-based entities (may involve reviewing web-based and print resources, reaching out to team members with subject matter expertise, etc.) Completing intakes for enrollment in AC AAA programs (e.g., OPTIONS, Caregiver Support Program) Conducting Person-centered Counseling (PCC) sessions Completing Older Adult Protective Services (OAPS) Reports of Need (RONs) Documenting call content in database Outreach activities (e.g., staffing AC AAA booths at community events) Sending informational mailings to program participants Conducting service provider meetings	Program participant calls received/ made Program participants receive information/ resources- Program participants are referred to community-based entities Program participants receive PCC Program participants begin process of enrolling in AC AAA programs (e.g., OPTIONS)	Program participants have access to information and resources and likely saved valuable time when attempting to access said information and resources (e.g., program participants avoid making misdirected calls to support and service providers; program participants avoid conducting lengthy and potentially unfruitful searches on the internet to address their unmet needs; program participants avoid having to sift through program materials to determine whether they meet program eligibility criteria) Program participants may experience improvements in health and well-being (as a result of receiving/utilizing the information, resources, and referrals provided by the SeniorLine) Program participants may be better equipped to live independent lives/remain in their communities/age in place (as a result of receiving/utilizing the information, resources, and referrals provided by the SeniorLine)	Potential for improved outcomes across a range of health domains (physical, social, emotional, intellectual, etc.) among older adults in the Western County Older adults and those working in support of older adults (e.g., informal caregivers, aging service providers, community-based organizations) may feel more connected to/engaged with their communities (and the great many supports within those communities)

Table 16

Continued

INPUT MEASURES	ACTIVITY MEASURES	OUTPUT MEASURES	OUTCOME MEASURES	IMPACT MEASURES
Staff Count (total count, turnover, retention, salaries) Count of staff training hours Count of I&A/AIRS certifications Performance Evaluations (e.g., call reviews, SeniorLine Benchmark Exams) Operational equipment counts SAMS processing speed Count of technical support tickets submitted by SeniorLine staff/completed by technical support Rollover funds, incoming funds, expenses	Number of staff recruited/vetted Training hour count Call count overall and by type/topic (incoming calls, outgoing calls, dropped calls, abandoned calls, OAPS calls) with a focus on call trends and changes over time Count of completed AC AAA program intakes Count of completed SeniorLine referrals/assignments (incoming referrals) Referral count overall/by type (outgoing referrals) Count of completed RONs PCC session and PCC case counts Documentation reviews (periodic) Performance Evaluations (e.g., call reviews, SeniorLine Benchmark Exams) Time associated with activities (e.g., OAPS RONs, intakes for service) Outreach event count Informational mailing count Count of service provider meetings conducted	Call count overall and by type (e.g., incoming calls, outgoing calls, dropped calls, abandoned calls) with a focus on call trends and changes over time Call time Count of distinct SeniorLine callers (as callers may make multiple calls to SeniorLine) Referral count (overall/by type) Count of program participants successfully enrolled in AC AAA programs as a result of SeniorLine intakes PCC session and PCC case counts Program participant satisfaction surveys *(on hold)* "Director's Action Line" feedback	Program participant satisfaction surveys *(on hold)* "Director's Action Line" feedback PCC program participant feedback (PCC program participants are specifically asked if services referred to/received were of support) Count of program participants successfully enrolled in AC AAA programs and actively receiving AC AAA program services as a result of SeniorLine intakes Anecdotal evidence (AC AAA program staff, aging service providers, community-based organizations, and program participants may report satisfaction/positive SeniorLine-related effects)	Senior center participant population (as senior centers provide older adults with opportunities to socially engage, participate in physical activities and intellectually stimulating classes, etc.) Count of program participants successfully enrolled in AC AAA programs and actively receiving AC AAA program services as a result of SeniorLine intakes Facility admissions and re-admissions (i.e., admissions/readmissions to hospitals, assisted living facilities, personal care homes, and skilled nursing facilities)/Increase in proportion of older adults living in their homes/the community Anecdotal evidence (AC AAA program staff, aging service providers, community-based organizations, and program participants may report satisfaction/positive SeniorLine-related effects)

Figure 18 presents the staff led workgroup Information and Referral word cloud.

Figure 18. Staff Led Workgroup Information and Referral Word Cloud

Terms identified in the above Word Cloud worth noting include information, program, resources, and services – as mentioned above, the AAA Information and Referral departments are often the first instances when program participants, caregivers and other stakeholders connect to the Aging Network. If the identified service that could support the program participant will not be provided by the respective AAA, the department role is to connect the individual to the most appropriate external organization to meet unmet program participant needs. Health was also mentioned by this workgroup due to the desire to improve the overall health status of the program participants by connecting them to critical resources to support them.

Table 17 depicts the staff led Information and Referral SROI calculation.

Table 17 *Staff Led Information and Referral SROI Calculation*
Present Value of Benefits
Number of program participants affected (for the measurement period - e.g., 3 or 5 years; how many program participants would benefit in total and annually)
· Count of Distinct SeniorLine Callers from 7/1/19 - 6/30/20: 24,436
o The distinct count of SeniorLine callers excludes those callers that preferred to remain anonymous.
§ Anonymous SeniorLine Callers from 7/1/19 - 6/30/20: 6,225
Benefits for each of the outcome and income benefits expected, assign a per-program participant or per-event dollar amount to each outcome or impact.
Outcomes
· Program participants have access to information and resources and likely saved valuable time when attempting to access said information and resources (e.g., program participants avoid making misdirected calls to support and service providers; program participants avoid conducting lengthy and potentially unfruitful searches on the internet to address their unmet needs; program participants avoid having to sift through program materials to determine whether they meet program eligibility criteria)
o Program participant satisfaction survey feedback *(on hold)*
o Director's Action Line feedback
· Program participants may experience improvements in health and well-being (as a result of receiving/utilizing the information, resources, and referrals provided by the SeniorLine)
o Count of program participants successfully enrolled in AC AAA programs and actively receiving AC AAA program services as a result of SeniorLine intakes
o Facility admissions and re-admissions (i.e., admissions/readmissions to hospitals, assisted living facilities, personal care homes, and skilled nursing facilities)
· Program participants may be better equipped to live independent lives/remain in their communities/age in place (as a result of receiving/utilizing the information, resources, and referrals provided by the SeniorLine)
o Count of program participants successfully enrolled in AC AAA programs and actively receiving AC AAA program services as a result of SeniorLine intakes
o Facility admissions and re-admissions (i.e., admissions/readmissions to hospitals, assisted living facilities, personal care homes, and skilled nursing facilities)
Impacts
· Potential for improved outcomes across a range of health domains (physical, social, emotional, intellectual, etc.) among older adults in the Western County
o Count of program participants successfully enrolled in AC AAA programs and actively receiving AC AAA program services as a result of SeniorLine intakes
o Facility admissions and re-admissions (i.e., admissions/readmissions to hospitals, assisted living facilities, personal care homes, and skilled nursing facilities)/Increase in proportion of older adults living in their homes/the community
o Senior center participant population (as senior centers provide older adults with opportunities to socially engage, participate in physical activities and intellectually stimulating classes, etc.)

Table 17

Continued

· Older adults and those working in support of older adults (e.g., informal caregivers, aging service providers, community-based organizations) may feel more connected to/engaged with their communities
o Senior center participant population (as senior centers provide older adults with opportunities to socially engage, participate in physical activities and intellectually stimulating classes, etc.)
Apply present value calculations (to bring future benefits back to current day)
Sum the present value of all the benefits. This provides an estimate of total benefit ("return") related to the program.
Present Value of Expenses/Investment
What are the total expenses for the program (i.e., administrative, staffing, subcontracts & vendors, etc.) per year?
· Total Expenses: $1,775,765
o Administrative: $29,173
o Staffing Total: $897,770
§ Salaries: $625,540
§ Fringes: $272,230
o Subcontracts & vendors: $846,262
o Memberships: $2,560
Sum the present value of all the expenses. This provides an estimate of total cost ("investment") related to the program.
SROI
Divide present value of benefits/present value of expenses à social return on investment made. That this, the estimated return, in $s, per $ spent.
For every dollar spent in support of SeniorLine functions (see logic model "activities" above), the staff led workgroup estimates $54.51 of return in social value in the form of preventable hospitalizations, reduced use of nursing facilities, and improved physical health outcomes.

Literature Review Notes

- For preventable hospitalization *SROI* calculations:
    - The average cost of a hospital stay for individuals age 65+ is $13,811 (calculated with data from Freeman et al., 2018).
    - The hospitalization rate for Western County AAA residents age 65+ is 268.4 per 1,000 population (calculated with data from Home Instead, 2015 and United States Census Bureau, 2019).

Table 18 presents the staff led workgroup Older Adult Protective Services sample calculations.

Table 18

Staff Led Workgroup Older Adult Protective Services Sample Calculations

Table 1. Number, percentage, and rate of hospital stays, length of stay, and costs by patient characteristics, 2016

Characteristic	Hospital stays			Mean length of stay, days	Costs	
	Number, thousands	Percent	Rate per 1,000 population		Mean cost per stay, $	Aggregate cost, millions $
All hospital stays	**35,700**	**100.0**	**104.2**	**4.6**	**11,700**	**417,426**
Patient age, years						
<1	4,200	11.8	210.8	3.9	5,900	24,535
1-17	1,300	3.6	17.1	4.2	12,500	15,759
18-44	8,700	24.4	75.4	3.8	8,600	74,527
45-64	8,800	24.6	104.3	5.1	14,500	127,082
65-84	9,900	27.7	232.5	5.2	14,500	143,373
85+	2,800	7.8	455.7	5.1	11,300	32,026

		A	B	C
	Age group	**Rate per 1,000 population**	**Allegheny County population (from census data)**	**Allegheny County hospitalizations**
A	65-84	232.5	189,756	44,118.3 *calculated via (column B/1000)*column A*
B	85+	455.7	36,368	16,572.9 *calculated via (column B/1000)*column A*
C	**65+**	**268.4** *Calculated via (1000*column C)/ column B*	**226,124** *calculated via row A + row B*	**60,691.2** *calculated via row A + row B*

		A	B	C
	Age group	**Number, thousands**	**Mean cost per stay, $**	**Aggregate cost**
A	65-84	9,900,000	14,500	143,373,000,000
B	85+	2,800,000	11,300	32,026,000,000
	65+	**12,700,000** *calculated via row A + row B*	**13,811** *calculated via column C / column B*	**175,399,000,000** *calculated via row A + row B*

    - Based on a survey of North American nurses who specialize in senior care, those nurses estimate that 48.5% of senior hospitalizations could be prevented by early detection and intervention (Home Instead, 2015).
- For Adult Day Care *SROI* calculations:
    - The average cost of nursing home care in the Pittsburgh area of Pennsylvania is $286 per day ("Financial Assistance, Costs & Payment Options for Eldercare in Pennsylvania," 2021).
- For Home Delivered Meals *SROI* calculations, please see the "IHMS (HDM) *Logic Model* and *SROI* Components" document.

Stakeholder Led Workgroup Logic Model, Word Cloud and SROI Calculation

Table 19 presents the stakeholder led workgroup Information and Referral *Logic Model*.

Table 19

Stakeholder Led Workgroup Information and Referral Logic Model

Logic Model Worksheet				
Program Theory of Change: **I&R Focus Group**				
Inputs Resources needed for this program	**Activities** Specific activities, interventions provided	**Outputs** Immediate effects, numbers	**Outcomes** Long & short-term effects of the program	**Impact** Long term effect of a successful program
Staff Phone system Resource info	Answer the phone Provide resources Provide list of written resources* Follow-up phone calls *focused on how great it would be if there were prewritten lists of resources to give to callers, and would like a list of all AAA services that they could just hand to someone with eligibility info	# of calls	Get people the info they are asking for Follow up to make sure they got their needs met Long-term – their needs would be met	People would be linked to the services they need If they get the services they need, they'll stay more independent and healthier
Measurements	***Measurements*** Lists of resources and phone numbers	***Measurements*** Phone logs	***Measurements*** Could call people back to see if needs were met, or if they needed more help	***Measurements*** Again, call back people to see if resources were helpful

Figure 19 presents the stakeholder led workgroup Information and Referral word cloud.

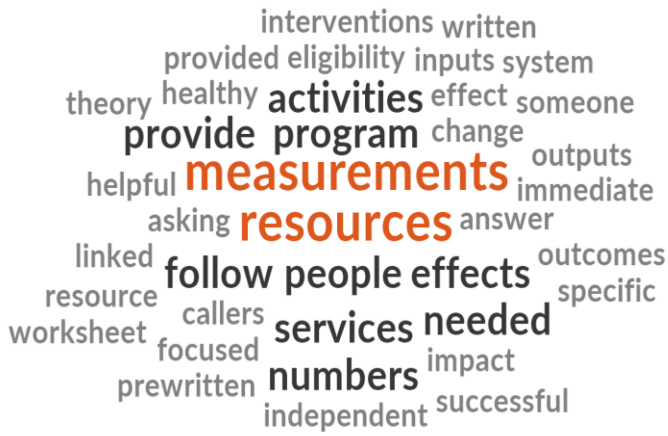

Figure 19. Stakeholder Led Workgroup Information and Referral Word Cloud

Terms identified in the above Word Cloud worth noting include: the terms resources, services, program and independent were mentioned several times due to recognizing that Information and Referral departments connect program participants to supports that promote independent living within the community. When program participants are unable to make these connections to necessary services during their times of need then it can often lead to a decline in physical health status, a loss of independence and frequently a need for institutional care.

Table 20 represents the stakeholder led Information and Referral *SROI* calculation.

Table 20

Stakeholder Led Information and Referral SROI Calculation

10,300 people assisted and the AAA cost is $606,300	
LT Goal is to keep seniors out of hospital because their health and safety needs are met.	
Average #of days for seniors for hospital stay is 5.2 days, and the average cost for a day in the hospital is $2,260/day.	
5.2 days x $2,260 x 10,300 – 2 days x $2,260 x 10,300 = 74,489,600	
Total I&R costs	= 606,300
SROI is 122.86	
The stakeholder workgroup identified $122.86 saved for every dollar invested in the Information and Referral.	

Expert Led Workgroup Logic Model, Word Cloud and SROI Calculation

Table 21 presents the expert led workgroup Aging in Place *Logic Model*.

Table 21.

Expert Led Workgroup Aging in Place Logic Model—Logic Model Deliverables-Aging in Place (ADC/Home Modifications)

Inputs	Activities	Outputs	Outcomes	Impact
All of the resources necessary for supporting Aging in Place. People materials, funding, tech Ex. state lottery funding PDA Program Directives Social Service Staff Grant Money Case workers Caregivers OT ADC staff Contractors handicap accessible supplies building materials computers mobile phones	**Aging in Place activities, interventions, services/programs that serve our caregivers/older adults.** Ex. Adult Day Program (feeding, bathing, socialization) Safety modifications completed in homes Connection to In-home services and supports Support Groups Assessments Tools Completed Care plans Developed Care Management	**A short -term measure of Aging in Place program strategy implementation**. Ex. 15 program participants receive home mods 15 program participants are evaluated by an OT to ensure modifications are safe and will meet their needs 24 program participants provided Adult Day Services 24 program participants provided meals, supervision, bathing, and transportation to ADC programming if needed 39 Caregivers provided support & respite services	**Short- & long-term effects of Aging in Place Strategies on client behaviors, attitudes, knowledge, and/or perceptions.** Ex. Increased safety in the homes Decreased fall risk Increased plans of In-Home support Socialization Respite Improved emotional state Improved self-care Improved well being Decreases risk for isolation Increased collaboration with community partners Increased opportunities to maximize funding/savings	**The long term and aggregate effect of a sustained Aging in Place Program, service, or intervention on older adults/caregivers.** Ex. Decreased need for institutional placements Increased engagement with medical providers Increased connections to clients and the community Less isolated older adults Older adults safely remining in their homes Better plans of support being developed Increased education and support for Caregivers Financial Savings
Measurements	**Measurements**	**Measurements**	**Measurements**	**Measurements**
Ex. Prior funding allocations Current staffing compliment Grants supporting existing programs PDA Program Information Cost of ADC/Home Modification Services	Ex. Collecting existing data Increase amount of support groups/resources Completed Phone calls/home visits Review of Care plans, Assessment Tools, and Service Allocations Program participant/Caregiver Satisfaction Surveys	Ex. Data from SAMS including number of program participants served and cost of service Track NH placements for existing program participants Survey Program participant/Caregivers Include input from Medical Providers Enroll Program participants in HIE to track ER visits	Ex. Community education compared against other years Collect data on outreach Collect data on Caregiver activities Collects data on Support Groups Partnerships developed with local hospitals Partnerships with community agencies	Ex. Reduced healthcare spending Reduced need for long term nursing home placement Older adults engaged in services and with their communities (data from SAMS) More homes occupied in safe conditions Self-driven care plans supporting independence

Figure 20 presents the expert led workgroup Aging in Place word cloud.

Figure 20. Expert Led Workgroup Aging in Place Word Cloud

This workgroup identified their Aging in Place program as their preferred service for the blueprint application, focusing on Adult Day Care and Home Modifications. Terms identified in the above Word Cloud relating to the Adult Day Care Program that is worth noting include: support, socialization, behaviors, and activities due to the program's focus on allowing caregivers to drop the program participant at one of these sites during the day to provide a safe and structured environment while the caregiver takes care of their own needs and receives respite. Additional terms such as bathing, modifications, safety, and accessible were noted related to Home Modifications due to their ability to make necessary renovations to the program participants home to improve safety and more in-line with Americans with Disabilities (ADA) standards.

Table 22 depicts the expert led Aging in Place Program *SROI* calculation.

Table 22

Expert Led Aging in Place Program SROI Calculation

Impact Measurement-How does it work?	
· Connect outcomes with value outcomes create.	
Value = total expenses compared to monetized benefits.	
· Consider measuring the decreases AND increases in outcomes.	
Decreased Nursing Home Placements AND helping older adults remain in their homes and community with Aging In Place Services.	
SROI =	<u>Net Present Value of Benefits</u> Net Present Value of Investment
Current Nursing Home admission rate annual cost for 1 program participant: $108,000.00	
Cost of AAA Aging Place Services Annually (ADC/Home Mods) for 1 program participant: $12,985.98	
Net present Value of Benefits=	
# of program participants X current nursing home annual admission cost for 1 program participant – 39 X $108,000=$4,212,000 -(minus)	
#of program participants X cost spent annually on AAA Aging in Place Services for 1 program participant- 39 X $12,985.98=$506,453.00	
Net present value of Investment=$3,705,547	
Operations & general Admin + care management+ Home Modification Providers+ Adult Day Services Providers	
SROI = $4,212,000-$506,453/$3,705,547 = $3,705,547/$3,705,547 = $1	
The expert led workgroup identified the SROI for their Aging in Place program was break-even, one dollar saved per dollar spent on the program.	

Information and Referral & Aging in Place Blueprint Application Summary

The staff led and stakeholder led workgroups both identified metrics, outcomes and program impacts that resulted in older adults and the community gaining access to information that would promote independence and connection to their communities for program participants. Additionally, the staff led workgroup indicated that the abstract nature of the identified metrics and impact correlating with Information and Referral departments made it difficult to pinpoint *Impact Measurements* and calculate the *SROI*. Since this workgroup considers this program to be an administrative function of the agency that should always be provided despite funding challenges, one could deduce that this is the reason why theoretically monetizing a value related to community impact for this program presented a philosophical challenge to members of this workgroup. Additionally, one member articulated the difficulty with monetizing a specific value for decreasing stress related to gaining access to programs and navigating the service and support system.

The expert led workgroup identified their Aging in Place Program as the focus of their blueprint application versus their Information and Referral department. One of the main challenges noted with identifying the metrics leading to this program's impact included a lack of adequate tracking of the correlating program metrics in the mandatory program participant database, which limits obtaining robust reports and real-time outcomes to adequately evaluate effectiveness.

Strength and Weaknesses of Stakeholder Involvement

The staff led stakeholder workgroup was interested in selecting workgroup participants that had a comprehensive understanding of the program and would be candid and unafraid to provide feedback. The staff selected had several recommendations regarding how to better serve the community, and their passion for program improvement led refocusing the group on the specific deliverables of the research project. This group reportedly worked well together and easily came to consensus.

The stakeholder led workgroup facilitator mentioned this group had challenges applying the blueprint, coming up with program outcomes and impact, and required frequent prompting to work through the blueprint requirements. This group was unable to identify the *Impact Measurements* or calculate the *SROI* calculation without more significant assistance. The group had a desire to understand micro-details of the program, and the facilitator believed this group would have benefitted from immersing them in additional details regarding the research deliverables prior to the workgroup sessions.

The expert led workgroup facilitator mentioned that conflicting priorities led to the difficulty of getting the stakeholders to commit adequate time to the blueprint application. It also would have been beneficial to have multiple facilitators, one to take notes and another to lead the discussion and share screens while managing the meeting using remote platforms. Discussions ensued among stakeholders regarding how to share resources to “lessen the burden for agencies but still get the information that you need to know.” Improving the implementation of the blueprint would be accomplished with access to real-time data related to the identified metrics rather than assessing program participant journal notes, older care plan data, and outputs unrelated to the identified outcomes and impact.

The staff led workgroup indicated that access to needed supports and resources not only helps to improve the health status, but also assists with program participants remaining connected to the community. This can be interpreted that staff, as subject matter experts, have a micro-level understanding of the program guidelines, policies, and procedures and can make a correlation between long-term goals and impact to program participants. Staff also understand that Information and Referral departments are often the first interactions that program participants, caregivers, and stakeholders have that link older adults with critical services and supports to assist with unmet their needs.

The stakeholder led workgroup discussed their personal experiences with working with older adults, but the group required frequent redirecting and clarification to identify the *Logic Model* metrics and had difficulty navigating the deliverables of the blueprint.

Their difficulty with identifying the *Logic Model* metrics could be deduced from their cursory level understanding of the program capabilities versus having a micro-level subject matter expertise of the program mandates and its capacity. The success of this workgroup's application can be attributed to a great deal of support from the workgroup lead.

The expert led workgroup's blueprint application of their Aging in Place program focused on Adult Day Care and Home Modification as two direct care services provided by the program. Terms noted that resonated with the workgroup included "support, socialization, behaviors, activities and accessible," which related to decreased need for institutional care and improved socialization and safety associated with these two direct care services. Due to the selection of a different program for the application of the blueprint for this workgroup, it is difficult to make comparisons to the staff led and stakeholder led blueprint application themes.

The study discussion section will next provide a summary and lessons learned from the study.

Discussion

The proposed four-step blueprint for social impact program evaluation applied in this study provided an outline for organizations to replicate when considering social impact measurement. While existing literature presents challenges and support for each stage of the blueprint, the combination of the four concepts as applied in this study provide a well-rounded research methodology and design to validate whether the identified metrics properly align with program impact. This section will provide additional reflection and contemplation regarding lessons learned related to the use of stakeholders throughout the blueprint application.

While challengers of the *Theory of Change* in the literature have expressed concerns related to the additional time and resources required to apply this theory, the benefits include avoiding false assumptions and cause-and-effect associations by identifying the program long-term goals prior to identifying the metrics linked with them. Challengers of *Logic Models* according to the literature indicate they can monitor program benchmarks but are not sufficient to justify causation without empirical analysis. However, benefits include using them as visual instruments for more effective tracking of metrics leading to program impact. Challengers of *Impact Measurements* in the literature accept them as approaches to connect outcomes with intrinsic value of the program but argue that the appropriate stakeholders must participate in the process to improve perceived objectivity. Challengers of *SROI* in the literature argue that it is difficult to remove the subjectivity from program impact measuring due to changing perceptions of society over time, but supporters of the theory believe regular and consistent involvement of stakeholders in impact-oriented program evaluation improves perceived objectivity. Examples of stakeholder reflections throughout this study are exhibited below.

Additional factors to consider for future studies include: identification of an appropriate number and the type of stakeholders to further assist with identifying the long-term goals, but remaining mindful of the time commitment and resources necessary; stakeholders must possess sufficient insights regarding the study deliverables and identified programs to properly weigh-in regarding program metrics that lead to impact, including preliminary details provided to the workgroups in advance of the interviews to allow them time to consider responses; to improve facilitation of workgroups, one person should lead the interview questions, and a second person act as the scribe – one additional person might be needed if there are challenges with virtual meetings that require technical assistance; and workgroup leads should be cognizant of instances when bias or conflicting priorities create differing value judgements regarding the identified goals and metrics.

Based upon the research findings, a proper selection of internal and external stakeholders, as utilized in the expert led workgroup, appears to diversify the reflection and introspective deliberation of social impact measurement development and application. While social impact measurement that was limited to agency staff would provide micro-level input regarding program processes and procedures, there appears to be a substantial difference when a heterogeneous composition of stakeholders is involved in social impact measurement.

Based upon the findings in this study, the proposed blueprint strengthens social impact measurement, provides a means for programs to validate and monetize program impact, and has the potential to assist with supporting current and future funding requests. Ancillary benefits of this blueprint include monetizing program impact to illustrate a more accurate cost threshold for budgeting purposes. Next steps to strengthening the study could include maintaining the robust application but incorporating factors to aid the time commitment and resources necessary to apply the blueprint, including but not limited to the primary research investigator providing additional facilitators to lead the workgroups, and automating some of the blueprint processes. Additional consideration should be provided regarding the five-to-10-year timeline to accurately track the *SROI* measurements and expenses according to REDF and identifying methods to obtain metrics and *Impact Measurements* that are not currently tracked and documented. Expansion of the stakeholder composition and earlier dissemination of blueprint templates and standard metrics would also strengthen the blueprint application.

Lessons from Applications of the Model

Reflections from the respective stakeholder workgroups will be shared to identify lessons learned, insights and challenges related to applying the blueprint. The workgroup experiences will be shared, then a summary analysis will be provided to align workgroup experiences with benefits and challenges expressed in the literature. A cross-cutting analysis will also be provided to compare and contrast reflections from the respective workgroups.

Reflection on Staff Led Workgroup

Due to the exposure to trainings and program policies and procedures, an indicated benefit to the staff led workgroup in the application of the blueprint included staffs' ability to be utilized as subject matter experts to identify, address and resolve program challenges. Another reported befit to utilizing staff workgroups included staffs' experience and prior rapport working together. However, staff only workgroups lacked diversity of opinion from key external stakeholders that have vested interests in the success of the program and impact from a community perspective. Additionally, there could be instances when staff don't feel empowered or have a desire to provide feedback related to evaluating and strengthening programs.

One staff led workgroup reported that staff had a good sense for what is involved to provide the service, and therefore had a good perception for desired goals, impact, and methods to overcome challenges. However, individuals external to this selected staff workgroup could dispute the staff selected direction and provide diverse opinions regarding social impact measurement. Diversity of opinion as witnessed in several of the study workgroups provided rich input from key stakeholders that staff may not consider and increases the perception of objectivity of the impact-oriented program evaluation (Omoniyi, O.S., & Williams, I., 2020). Additionally, correct selection of the appropriate stakeholders is critical for buy-in for use of the blueprint.

A staff led workgroup also mentioned insights gained during application of the blueprint included instances when individuals that have "knowledge and first-hand practice" and experience with the program but did not participate as much due to conflicting priorities or little "investment in the project or process;" however, individuals external to the agency that may not normally provide much feedback could provide valuable input. Staff that are unafraid to be candid and to provide feedback are also key to successful application.

Reflection on Stakeholder Led Workgroup

Selection of stakeholders can be a key component to successful application of the blueprint and contribute to how well the stakeholders will collaborate with one another. External stakeholders to the agency provide a community perspective that often clarify and expound upon the desired goals from the target population and individuals that most benefit from the programs. Additionally, the inclusion of stakeholders minimizes assumptions that perceived subjective or arbitrarily selected metrics are being measured to demonstrate program impact (Porter, 2006). However, lack of micro-level experience with program processes and procedures can hinder understanding regarding program metrics and long-term goals. While some stakeholder workgroups had enough exposure to the respective programs to adequately assist with identifying long-term program goals, program metrics and impact, others struggled with conceptually understanding enough detail to provide sufficient feedback without the workgroup lead providing significant guidance. This is exhibited with several of the stakeholder workgroup *Logic Models* providing more limited details compared to other workgroups and during the interviews with the stakeholder workgroups. Additionally, while program participant caregivers were selected to speak on behalf of the program participant for more than one stakeholder workgroup, the addition of an older adult program participant would have been extremely valuable to gain their perspective. During the time of this study, a program participant that could have participated was unable to be identified.

Reflection on Expert Led Workgroup

A challenge raised with this workgroup included needing to redirect the participants at times due to the combination of subject matter experts and external stakeholders involved. While the combined group seemed to add value, knowledge, and diversity to the subject matter, coming to consensus was a little more time consuming. Some stakeholders were noted to go “down rabbit holes” regarding their individual perspective or passion regarding the program, and those conversations had to be redirected at times. However, similar to the study completed by Staniszewska et al (2011), providing a proper balance between internal and external stakeholders improves the likelihood of including the opinions and needs of the individuals the program "is intended to benefit."

One workgroup facilitator reported not always having complete agreement with the workgroup decisions, but they deferred to the workgroup and their discussions generally led to decision consensus. Selection of stakeholders is a key component to successful application of the blueprint and contributes to how well the stakeholders will collaborate with one another. While the diversity of perspective for this group was praised, coming to consensus was mentioned a little more time consuming.

Reflection and Cross-Cutting Analysis

The time that the respective workgroups dedicated to application of the blueprint varied from one and a half to fifteen hours. The availability of adequate resources provided to each AAA, including appropriate staff dedicated to assisting with the application, played a significant role in the success of the blueprint application. One AAA was also vigilant about following the blueprint steps provided and included a comprehensive literature review with their documents submitted. While workgroup participants had good intentions to assist with the research, most struggled with consistent participation due to competing priorities related to increased pandemic duties.

The literate review indicated the *Theory of Change* is a useful model for impact-oriented program evaluation because it leads to becoming more informed about the research question, but challenges arise when stakeholders focus on outputs, short-term goals, or micro focus that targets "specific program clients or the results of a specific strategy" (Annie E. Casey Foundation, 2004, June 4) versus correctly identifying long-term goals. Additional challenges identified regarding the *Theory of Change* for the blueprint application as referenced in the literature includes the consideration to involve multiple stakeholders. Proper social impact measurement should not solely rely on homogeneous workgroups to provide deeper insights regarding program impressions and impact without a community perspective, or it should not simply rely on external stakeholders that lack the micro-level nuances of the program processes and procedures. However, merging internal and external stakeholders, with the correct selection of workgroup members diversifies the reflection and introspective deliberation of social impact measurement development and application and validates identification of key metrics that corresponds with program impact. This was exhibited in the study when the expert led workgroup for the Older Adult Protective Services Program commended the diversity of the combined external and internal workgroup for adding balance to the blueprint application. The study could be strengthened by further diversifying the workgroups with additional key stakeholders from the Aging Network (i.e., federal and state funders, program participants, elected officials, or advocacy groups) to contribute to the selection of key metrics and impact to be evaluated.

Finally, challenges were raised in the literature related to the additional time and resources needed to implement the *Theory of Change*. This was exhibited during the research when stakeholders mentioned feeling “disheartened that research efforts take time and energy away from their service yet often do not directly benefit the program.” This interpretation indicates a lack of recognized benefit for additional resources being added to long-term impact-oriented program evaluation, and potentially a disconnect between academic theory-based social impact measurement and the value that practitioners perceive. Rather than a five-month timeline, additional time and resources could significantly strengthen this study by providing appropriate development and application of the blueprint. However, this proposition conflicts with current trends of underfunding or flat-funding many programs, and the desire to develop in-house impact-oriented program evaluation tools due to lack of staff buy-in related to the time commitment and level of expertise required to implement more time-consuming tools.

Insights in the research included the thoughtful contemplation that was required to identify long-term goals and meaningful impact. This backward focusing approach of the *Theory of Change* helped with better identification of the activities and outcomes associated with the long-term goals rather than inaccurately identifying outputs, short-term goals, or outcomes that don't accurately reflect the more appropriate needs of the community. Identifying an appropriate number and type of stakeholders (i.e., federal, state, local government; AAA network staff; program participants; advisory councils and boards; advocacy groups) should assist with identifying the long-term goals.

While greater input could be extremely helpful, it could also hinder progress due to the time commitment needed to survey the groups, and stakeholder bias or conflicting priorities regarding identifying the most important goals could also stall progress. Additional challenges include the fact that funders often desire to reduce expenses, so it is often challenging to convince them not to behave like shareholders with short-term goals in mind, but instead to allocate supplementary resources to evaluate long-term goals and impact.

The literature review indicated the *Logic Model* emphasis on outputs versus outcomes can lead to flawed assumptions and false conclusions regarding anticipated outcomes and program impact. While it can appear uncomplicated and straight-forward to map the program metrics that lead to long-term goals, it can be challenging when pondering whether identified metrics increase the perception of objectivity versus determining if they are subjective choices. This study supported *Logic Models* as an appropriate approach to assessing whether the metrics used to evaluate the program are misleading or accurate. However, it can also be more challenging than anticipated to identify which metrics are most appropriate to measure, and accurately visualizing the inputs, activities, outputs, and outcomes that led to proposed program goals and impact. Additionally, mapping the distinct metrics along the continuum of the *Logic Model* transitions from identifying concrete and easy measurements in the inputs, activities, and outputs to identifying more challenging aspirational measurements to depict for the outcomes and impact. In other words, it was more difficult than anticipated to move from conceptual to causal links that support identified long-term goals and to identify practical and longitudinal metrics sufficient for measurement. Similar to study one, the use of stakeholders can create logical and practical challenges (i.e., inherent bias or lack of micro-level knowledge to link metrics to outcomes), and there must be adequate consideration related to stakeholder participation in conceptual as well as the practical implementation and measurement of *Logic Model* metrics. The application of this blueprint validated the need to include appropriate stakeholders to concur on the selected inputs, activities, outputs, and outcomes that lead to impact. Proper stakeholder involvement and consensus could lead to network uniformity regarding which metrics should be tracked and analyzed.

The literature indicated many agencies decide to develop internally designed approaches for social impact measurement rather than using theory-based approaches due to the lack of a standard model to measure social impact programs. Significant progress on program *Impact Measurement* may be difficult without consistent stakeholder collaboration leading to uniformity in the approach. This was exhibited in the study when stakeholders mentioned consistent and continuous participation should be considered with workgroups ("task forces") so the blueprint didn't feel like extra responsibilities. If workgroups had greater familiarity with applying the blueprint and its implications (i.e., dollars saved and justifying funding and the request for increases), then they may be more inclined to participate and see the value of the process. As mentioned above regarding the *Theory of Change*, the challenge will be to proceed without conflicting priorities and opinions stalling progress. Regular collaboration from stakeholder workgroups should continue to address operational, procedural and policy changes that would require an amendment to the identified metrics correlating with the program goals. This could also merge the theory based (academic) and practitioner applications of this four-step blueprint for social impact program evaluation. Additional insights included consideration to assess the identified metrics several consistent years in a row to determine if there is reliability in the measurement versus measuring metrics limited to one fiscal year. Finally, program participant input should be included to ensure comprehensive measurement is accurately capturing the needs of the target population.

While the use of stakeholders is emphasized in *SROI* literature, stakeholder involvement throughout all stages of development and application of social impact measurement is essential. The literature related to *SROI* identified challenges including stakeholder subjectivity regarding what goals and metrics are considered most impactful to measure, and society's opinion regarding long-term goals and impact are subject to change over time. Insights, similar to what was identified in *Theory of Change* above, included gaining feedback from other AAAs in the Commonwealth, the Pennsylvania Department of Aging (PDA), and possibly feedback from the ACL program officer would be extremely helpful with diversifying the stakeholder composition. Agencies should include considering how values change over time, which has the potential to influence judgements related to identified program goals and impact. Mitigating risk for program participants could be one example related to society's changing perceptions. While some believe it is the responsibility of agencies to mitigate certain risks at all costs, others believe it is up to the older adult to make independent decisions regarding their personal risk while they have capacity to do so.

Several workgroup members indicated difficulty monetizing certain metrics for the *Impact Measurement* and ultimately calculating *SROI* due to the abstract nature of the concepts or proposed metrics to be monetized. As noted above, critics of *SROI* believe it could receive greater support if there was better collaboration across users to develop standards to support uniform implementation, and if significant training, guidelines, and templates were provided prior to application. These templates should include comparable proposed cost benefits within the same time period (i.e., 2021 hospital readmission rates for older adults age 60 and older in specific regions). The use of proxies or previously defined metrics can be extremely beneficial when translating metrics into monetized impact, therefore establishing universal proxies or metric definitions would be paramount for the evolution of social impact measurement.

The next section will provide final summaries and considerations regarding future studies.

Summary

In this study, I introduced a proposed four-step blueprint for social impact program evaluation to demonstrate greater effectiveness of program goals and outcomes, justify current and future funding needs, and ultimately validate social impact. This social impact measurement approach consisted of four steps: applying the *Theory of Change* to assist with identifying more appropriate long-term program goals; initiating a *Logic Model* to improve the connection between the program metrics and impact with the long-term goals; designing an *Impact Measurement* analysis to connect the specific outcomes with the intrinsic value each outcome creates; and the involvement of stakeholder throughout the impact-oriented program evaluation process to utilize published and program-specific evaluation studies to calculate the *SROI*.

In my initial study, I mined the literature to identify best practices for social impact measurement develop an integrated blueprint for social impact measurement and apply this within a social service agency to identify and evaluate the strengths and weaknesses of the model. Advocates of stakeholder involvement in social impact measurement believe that their involvement strengthens an organizations' strategic planning and ability to demonstrate and measure social value, where challengers argue that stakeholders may not help because planning and evaluation "demand people with unique expertise and [involving stakeholders] is time consuming" (Crisan-Mitra, C. & Szilagyi, E., 2017: 59). To explore the role of stakeholders in the *Impact Measurement* process in study two, I initially utilized an action-research methodology that focused on three programs at four social service agencies. To gain further insights into involving stakeholders in the *Impact Measurement* process, the proposed four-step blueprint for social impact program evaluation in the second study was applied to social service agencies in the state of Pennsylvania to further explore 1) the usefulness of a new approach for identifying and quantifying the impact of social service programs and 2) the pros and cons of involving stakeholders throughout the social impact measurement process, and whether their involvement substantially changed the process and results.

Persistent questions regarding the addition of stakeholders in social impact measurement that continued to arise following my second study included whether their inclusion would: decrease false assumptions when correlating program metrics and long-term goals, increase perceived objectivity in *Impact Measurement*, increase the time and resources necessary to implement the proposed blueprint, and materially change the process and results of the blueprint? The results of study two indicate that accurate application of this blueprint is partially reliant on the inclusion of a heterogenous stakeholder workgroup, ideally following the expert led composition with a combination of internal and external stakeholders to diversity insights provided throughout the process. One workgroup lead reported the expert led workgroup was the "most advantageous" of those they oversaw in this study and provided the "most value" to the blueprint application. This was reportedly due to the combination of staff and community stakeholders contributing to the discussion and providing different perspectives looking at the program from their respective community and subject matter expert "lenses." Despite this workgroup reportedly requiring additional time to gain consensus due to varying opinions, it appeared to provide the most rich and diverse analysis and content and decreased potential bias compared to simply utilizing homogeneous workgroup members. Additionally, while the stakeholder workgroup adds creativity and unexpected dimensions with their participation, their lack of micro-level detail can hinder the requisite logical analysis to properly identify program metrics, outcomes, and impact. However, a blend of internal and external stakeholders similar to the expert led workgroup provides a more cohesive balance of diversified opinions, program subject matter experts, and key external stakeholders that have vested interests in the success of the program. The expert led workgroup provides a critical balance between necessary micro-level analysis of the program from agency subject matter experts, and the crucial analysis from key stakeholders most impacted or interested in the success of the program. In addition to the proper blend of internal and external stakeholder, a sufficient level of training and support must be provided to external stakeholders to provide proper breadth and depth of the programs to evaluated. External stakeholders provide a perspective from individuals that most benefit from the programs and minimizes subjective or arbitrarily assumptions regarding impact (Porter, 2006).

Additional insights from study two includes how advantageous and beneficial it would have been for the workgroups to have multiple facilitators, one to take notes and another to lead the discussion and share screens while managing the meeting using remote platforms. Additionally, due to several challenges reported with calculating the *Impact Measurements* and *SROI*, automation of those processes would streamline and expedite these steps for participants.

Benefits the staff led workgroups added to the application of the blueprint included the staffs' ability to perform as subject matter experts to identify, address and resolve program challenges, and their prior rapport working together can ease application. However, staff only workgroups lack diversity from key external stakeholders that have vested interest in the success of the program and impact to the community, and individuals external to this selected staff workgroup could dispute staff judgements and provide diverse opinions regarding social impact measurement. External stakeholders to the agency provide a community perspective that often clarify and expound upon the desired goals from individuals that most benefit from the programs. However, lack of micro-level experience with program processes and procedures can hinder understanding regarding program metrics and long-term goals. Similar to the study completed by Staniszewska et al (2011), providing a proper balance between internal and external stakeholders, mimicking the expert led workgroup, improves the likelihood of including the opinions of the individuals the program "is intended to benefit." Despite the combined group needing a little more time to come to consensus in this study, the combination of the expert workgroup seemed to add value, knowledge, diversity to the subject matter, and appears to diversify the reflection and introspective deliberation of social impact measurement development and application. There appears to be a substantial difference when a heterogeneous composition of stakeholders is involved in social impact measurement due to the crucial balance of diversifying opinions to appropriately assess the needs of both the program participants and the agency to validate the *SROI*.

Selection of key stakeholders can be a crucial component to successful application of the blueprint, contribute to how well the stakeholders will collaborate with one another and is critical for buy-in for use of the blueprint. While diversity of opinion can provide rich input from key stakeholders and increases the perceived objectivity of the impact-oriented program evaluation (Omoniyi, O.S., & Williams, I., 2020), internal stakeholders must be empowered and have the desire to contribute, and external stakeholders must have enough exposure to the program to adequately assist with identifying long-term program goals, program metrics and impact.

Social impact measurement limited to agency staff would provide micro-level input regarding program processes and procedures, but there appears to be a substantial difference when a heterogeneous composition of internal and external stakeholders is involved in social impact measurement. Based upon the research findings, an appropriate selection of internal and external stakeholders, as utilized in the expert led workgroup, diversifies the reflection and introspective deliberation of social impact measurement development and application.

Completing an independent partial application of the blueprint at my organization revealed inherent challenges and biases related to the lack of diversity (i.e., lack of stakeholder involvement) in the process and results in the first study. Therefore, stakeholders were included in the blueprint application to incorporate an analysis on the levels and impact that they had on the social impact program measurement processes and results. While the study results suggested that solely relying on homogeneous workgroups to provide deeper insights regarding program impressions and impact to the community, or solely relying on external stakeholders that lack the micro-level nuances of the program processes and procedures, does not lead to well-rounded social impact measurement, additional questions arose related to whether stakeholders can influence the processes and results of social impact measurement when they also have influence on the organizations that administer the social impact programs.

In Chapter Four, I will report on my third study: an exploration of the influences of funders and policy advocates on the social impact measurement process and especially the possibility of change in that process. My motivations for exploring the funder's perspective included the desire to increase incentives for process, policy, and procedure consistency for social impact measurement between funders and funding recipients, the aspiration for a universal transition from measuring outputs to outcomes, and the ambition to create a replicable tool that can be used nation-wide. Semi-structured interviews were completed to gain insights regarding the process utilized by funders when evaluating Aging programs and to assist with identifying the similarities and differences between the funder and funding recipient in the impact-oriented program evaluation process.

CHAPTER 4

THE ROLE OF THE FUNDER AS STAKEHOLDER IN MEASURING SOCIAL IMPACT

In addition to providing valuable information to improve programs and promote accountability, proper social impact measurement approaches like the four-step blueprint for social impact program evaluation applied in this study can strengthen the validation of proposed outcomes and impact. To increase the likelihood that social impact measurement is continuously and consistently applied, understanding the role of stakeholders, including funders, is essential. Funders are becoming more strategic regarding their investment of social programs, and they are also increasingly interested in confirming that the funding granted to organizations is achieving the proposed goals and impact for the target population. However, “the lack of standardized methods of measuring social impact means that the complexities of the full value of philanthropic impact are underrepresented and underappreciated” (Moody, M., Littlepage, L., & Paydar, N., 2015: 20). In this chapter, I will cover the role that funders play as stakeholders, and present the Research Design, Data Collection, Findings, Discussion and Summary for the third study.

Funders as Especially Powerful Stakeholders

The funder and recipient organizations maintain a symbiotic relationship with each relying on the other for the achievement of individual and mutual goals. However, in addition to having significant influence in the financial health of organizations, the funder holds a unique role as a stakeholder related to measuring program impact. They also play an influential part in leveraging partnerships and networks and have "the capacity to shape public debate around values and issues, to build an engaged citizenry actively working for community involvement and change," and "support and model collaborative problem solving" (Summers, A. E., & Honold, L., 2013: 53). Further, the ability to negatively shape public debate related to community values and issues can be observed when funders are well respected and maintain extraordinary influence in the community. This is when the funder's influence can exhibit control over the narrative and shape the community's perceptions of public issues that directly impact the funder. It's often not until that public issue grows significant enough to damage the funder's image and identity within the community will they be prompted to take more aggressive steps and direct action toward a resolution (Dutton, J. E., & Dukerich, J. M., 1991).

To strengthen social impact measurement when the funder is included as a stakeholder, the funder and funding recipient must be willing to collaborate and maintain transparent communication, be receptive to learning from the impact-oriented program evaluation processes and outcomes, and utilize the outcomes to "connect the evaluation to a decision-making context" (Mayhew, F., 2012: 194). The balance of power will logically lean toward the funder because they manage needed resources that could determine the financial health of the recipient organization, but the literature supports instances such as the funding recipient strengthening collaborations to acquire resources from the external environment as examples when dependence on a specific funder can be reduced, therefore tipping the balance of power less in favor of the funder (Klein, L. L. and Diniz Pereira, B. A., 2016).

While there are many advantages to fostering the collaboration between the funder and funding recipient, there are instances when the funder's involvement in social impact measurement can have undesirable effects on the impact measurement development or application. One example of these undesirable effects can include instances when funders behave more like shareholders and have a preference for focusing on short-term goals and reducing expenses rather than allocating supplementary resources to evaluate long-term goals and improve the validation of program impact. Another example of a funder's influence having negative impacts on the funding recipient or impact measurement process can include instances when the funder, such as government, is easily influenced by external forces such as the media and public opinion due to fear of adverse consequences from negative publicity (Luo, J., Huang, Z., & Zhu, R., 2021). Examples of this can include utilizing more resources to incarcerate nonviolent criminals rather than applying greater resources toward prevention programs simply due to preferences expressed by the local community and elected officials.

Resource Dependence Theory is useful with elucidating the problematic role of funders as stakeholders. Malatesta and Smith (2014) note that the *Resource Dependence Theory* is governed by three principles including the assumption that organizations "need resources to survive and to pursue [their] goals," that these resources can be acquired from its environment or "from other organizations," and the balance between power and dependence "favors the organization that possesses what other organizations need" and can influence "interorganizational relationships." Remaining cognizant of this balance of power, funding recipients may avoid actions or exchanges where they could be perceived as oppositional by the funder due to their fear of jeopardizing grants and other allocated resources. Instances when the balance of power can be tipped in favor of organizations that are reliant on government resources are observed when those organizations are engaged in political activity or create “linkages with the political environment” (Hillman et al., 2009). Additionally, the “ability to acquire resources from the external environment,” including “restructuring their dependencies using a variety of tactics to reduce uncertainty in the flow of resources, such as entering into collaborative relationships,” also plays a part in the survival of the organization (Klein, L. L. and Diniz Pereira, B. A., 2016: 155).

Although it may be in the best interest of all parties to develop and apply methods that will strengthen and maintain social impact measurement, organizations are likely to follow resource providers’ lead on the type of measurement employed. Further, although organizations can try to shape the power relationship with resource providers (Hillman et al. 2009), the more dependent they are on a resource provider, the more likely they are likely to use caution to avoid appearing oppositional or like they are instigating conflict with the resource provider (Klein, L. L. and Diniz Pereira, B. A., 2016). Thus, if funders are not interested in changing existing impact measurement strategies, there is likely to be caution, or even resistance to change, among resource recipients. On the other hand, if recipients rely on multiple resource providers, there may be the opportunity to find support for implementing new measures, or at least space to try a new idea, by turning to one resource provider over another.

My first and second studies explored 1) the usefulness of a new approach for identifying and quantifying the impact of social service programs and 2) the pros and cons of involving stakeholders throughout the social impact measurement process, and whether their involvement substantially changed the process and results. This study focuses on the influence that funders and other key leaders within the aging network have on the appetite for and practice of impact measurement among State Units on Aging. In particular, I explore whether, and if so, how, Area Agencies on Aging (AAAs), nonprofits, and other community-based organization that receive public funding are working on improving the effectiveness and usefulness of measuring program impact, given the dominance of federal funding in most states.

Research Design

Setting

The Administration on Aging (AoA), a federal office within the Administration for Community Living (ACL), is responsible for the oversite of Older Americans Act (OAA) funding, administration of the respective state offices on aging, and the promulgation of policies once statutorily enacted and codified into law. Each State Unit on Aging (SUA) designates the respective planning and service areas (PSA), and authorizes the administration and provision of services and supports that AAA offices within the designated PSA provide to older adults. Each SUA operates as a separate department within the Governor's cabinet, within a larger Department of Health and Human Services division also under the Governor, or some similar combination as ratified by state executive order or within the state's constitution. Federal OAA funding from ACL is allocated to the respective states, and the SUAs either manages the funding and administers the OAA programs internally or allocates the funding to the respective AAAs for the administration of programs base on their designated PSA.

The OAA not only authorizes the allocation of funding to federal, state, and local offices, but also sanctions the administration and provision of services and supports for critical community programs for older adults. The current impact-oriented program evaluation tool that ACL uses to monitor state and AAA performance captures information “about who the OAA participants are, what services they receive, and what funding is expended for this program” (Administration for Community Living, 1995). While the current federal impact-oriented program evaluation tool is scheduled to be updated in 2022, the current and proposed tools both appear to focus on program participant demographic information and program outputs rather than long-term program impact represented by change in the health and well-being of program participants. Validating more impactful long-term program impact could include but not be limited to tracking and analyzing metrics that support decreased hospitalizations and nursing facility admissions, eliminating physical health and other healthcare disparities within populations with greater risk, and improving economic stability and access to resources that support basic needs such as housing and education. Unlike to the blueprint articulated in Chapters Two and Three, current federal impact-oriented program evaluation tools do not rely on a *Theory of Change* or an impact measurement methodology. Additionally, ACL does use program participant surveys to assess service quality and program participant-reported outcomes to supplement their monitor tools to capture performance of the SUAs and AAAs. However, the surveys are also not developed with a *Theory of Change* as their foundation, informed by a diverse stakeholder workgroup prior to development, and triangulated with other sources of data for their development and application.

Data Collection

This study is based on twenty interviews including sixteen (16) SUA staff members and four (4) leaders in the Aging Network. The identified key staff members from the SUAs were individuals that are knowledgeable, involved, and have decision making capacity regarding the state's evaluation of AAAs or OAA programs. The four (4) additional stakeholders were identified due to their broad perspective of the AAA Network and included an executive from a key trade association, a former cabinet level staff member within a former Governor's administration, and key leaders from managed long-term service and support system payors in different states.

In keeping with the idea of purposeful sampling (Coyne, I.T., 1997: 628), the interviewees were selected to try to include in the relatively limited number of interviews the factors that could, in theory, affect SUAs' thinking about and practice of impact measurement. Specifically, the study targeted SUAs from all regions of the United Stated (with representation including all regions except one), from urban and rural states, and from states that rely more heavily on federal funding and those that have access to much more robust state funding. More specifically, study three interviews included participants from all regions of the United States except the western region of the county. The composition of SUA participation by region included one (1) from the Northwest, one (1) from the Southwest, five (5) from the Mid-West, three (3) from the Southeast, three (3) from the Mid-Atlantic, and three (3) from the Northeast. The non-SUA interviews included three (3) participants from the Mid-Atlantic region and one (1) participant from the Mid-West.

Interviews were primarily conducted by virtual meetings or by phone, and each interview took approximately one hour to one hour and twenty minutes to complete. IRB approval was sought and determined not necessary because the study focuses on understanding and improving social impact measurement approaches (see Appendix E). Nevertheless, to maintain confidentiality, the individual names of the participants and specific state offices were redacted to maintain confidence of the participants and their offices. Further, reporting and comparisons were only done in the aggregate rather than mentioning individual states.

Interview Topics

The goal of the interviews were to gain insights regarding the process utilized by SUAs and other stakeholders when measuring impact of OAA programs, identify the similarities and differences in the impact measurement process between states, determine how administrative authority over the AAAs influences the impact measurement of OAA programs, obtain insights from key staff members regarding how the impact measurement process may have changed over time, and gain insights to further refine the four-step blueprint for social impact program evaluation with a goal of it potentially becoming a replicable tool that could be utilized nation-wide to validate program impact.

The core questions focused on the process utilized by SUAs when measuring impact of OAA programs, with attention to the similarities and differences between the funder and funding recipient in the impact measurement process. Other topics explored included how the SUAs are funded and allocate funding to their AAAs or Aging services providers; how program impact is measured, and how impact measurement results are utilized; the level of interest from public officials regarding improvements in measuring impact; whether or not stakeholders are included; and the practicality of a more comprehensive approach used to measure program impact, and the pros and cons of including stakeholders when measuring program impact. See the interview questions in Appendix D below.

Data Analysis

Each interview was edited for clarity and then printed to determine if patterns emerged based upon participant responses. Also, codes included notes received from the interviewees related to their monitoring of the AAAs or process for measuring impact. The printed interviews were then grouped based upon observed patterns, color coded and then titled. Each interview was then imported into NVivo and coded and titled based upon the manually observed color coded patterns from the participant responses. I used an iterative approach in my review and analysis of the diverse data collected, paying special attention to common or distinctive responses from the various participants. Axial coding was utilized to "reveal codes, categories, and subcategories ground within participants'" particular responses to identify emerging themes (Allen, M., 2017).

My coding preliminarily began with separate codes from each respective interview and categorization by regions according to location of the SUA. Then, more specific codes were identified related to the interviewee impressions regarding measuring impact, their recommendations for measuring impact, use of stakeholders, process for measuring impact and the tools they used, whether the SUA had an Intrastate Funding Formula to drive the allocation of funds, the use of outputs versus outcomes, and any impassioned or emotional statement made by the interviewee. The first order codes started with identifying and importing specific comments made by participants into

NVivo. Following the importing and titling of the first order codes in NVivo, I printed several of the first order codes to identify additional patterns and initiate further manual coding. Throughout my manual coding review, I organized and color coded common identified visual patterns from the participant responses. These color-coded patterns were then organized, categorized, and the categories labeled and were the basis for my second order coding. Once common themes and labeling was completed with the second order codes, each second order labeled theme was reordered several times until patterns emerged to initiate third order coding. In turn, I identified third order codes to label thematic groups of second order codes. When working on the third-order codes, I referred both to the data and to theoretical categories to see if there was a correlation to concepts or principles throughout the third study. I then organized participant responses from the coding into a table to visually depict the relationships and constructs to use for further analysis (see figure 22 below). The analysis included an assessment of the role that funders of public grants or allocations played as stakeholders when measuring impact, and their impressions and influence on the impact measurement process.

Figure 22 below depicts the coding structure.

FIRST ORDER/GRANULAR	SECOND ORDER/CATEGORIES	THIRD ORDER/CONCEPTS OR PRINCIPLES
Funding rules - number of older adults, and those "with the greatest economic and social need, with particular attention to low-income minority older individuals."	Funding requirements	Resource Dependency Theory lock in
Intrastate Funding Formula		
Multi-state database platform	Approved/commonly used tools	
Participant surveys		
Excel worksheet		
Monitoring tools submitted for completion		
"Show 'what’s in it for me' with cost savings and program impact."	Caution/don’t rock the boat	
No support from leadership		
No one thinks more than 4 years down the road		
Change requires network wide consensus & common definitions		
Wait to see if new proposed federal tool might meet needs		
Data management infrastructure is a challenge	Technical obstacles	
Too hard to connect service to impact		
Limited process for consulting and use of stakeholders		
Ability to assess is a big factor in success	Rational for adopting	Rationale for (vision of) change
Need to control costs		
Staff training	Ideas for improving	
Data collection improvements		
Use of proxies		
Collaboration leads to consistency		
Involve stakeholders at every step		
Malcolm Baldridge	Pilots thus experience showing potential	Leverage (countervailing power base) for change
Total Quality Management		
Experience with managed care; same strategies usefulness for impact measurement	Factors that promote independence of thought and action	
Extra funds from non-federal sources that allow experimentation		
Prominent SUA with tradition of acting independently		

Figure 21. Coding Structure

Findings

Despite participants from study three sharing their desire, and in some instances reasonable attempts, to execute improved impact measurement strategies, the data suggest that a funding recipient's high dependency on the funder, such as the SUAs dependency on the federal resources, limits the funding recipient's ability to advocate for impact-oriented program evaluation. At the same time, the existence of both the vision for and the attempts to advance impact measurement strategies suggests an underlying desire for progress. A deeper dive into the data suggests that the underlying desire for autonomous change without direction or support from the funder is expressed when the grasp of the primary funder is weakened in some way – by the existence of other resource providers, for example, or when experience or institutional support provides a ground for acting somewhat independently. The desire for advancement, paired with an ability to diversify or obtain funding from external sources, as well as occasions to collaborate with affiliates willing to share strategies and resources, can promote or even assist with actualizing the change desired. This actualized change produced by the generation of external resources reduces the dependence on primary funders and supports the principles of the *Resource Dependence Theory*.

Resource Dependency Theory Lock-In

Consistent with *Resource Dependency Theory*, the high level of dependence of the SUAs' on federal funding seems to correspond with a strong tendency to use the program evaluated tools specified and provided, while not rocking the boat and being very skeptical of alternative impact-measurement models. This same dependency of the AAAs on their respective SUAs also hinders the AAAs consideration to be aggressive with improved impact measurement strategies without support from their funder. Interview responses below will support and correspond with *Resource Dependence Theory* principles related to the balance of power, will identify methods the SUA use to measure impact, and present examples why more aggressive impact measurement methods are often not considered.

Funding Requirements

Several general parallels emerged in the responses from the respective SUA interviewees, including how OAA programs and their respective AAAs are funded. With an exception of two SUAs that participated in my study, all the remaining interviewees reported their state's OAA programs and AAA funding was allocated with the use of an Intrastate Funding Formula. Unless a state is designated as a Single Planning and Service Area that directly and independently manages their state's OAA programs without the use of AAAs, then section 305(a)(2)(C) of the OAA requires states to develop an Intrastate Funding Formula for the distribution of funding throughout designated planning and service areas, taking into consideration the "geographic distribution of older individuals in the State" and "older individuals with the greatest economic need and older individuals with the greatest social need, with particular attention to low-income minority older individuals" (Administration for Community Living, 2021).

Some aspects of SUA impact-oriented program evaluation methods are used to ensure older adult needs are being met according to OAA requirements. Intrastate Funding Formula metrics and the distribution of funding differs from state to state, but all formulas must be published and allow a review and comment period by stakeholders prior to submission to ACL for consideration. Additionally, OAA requirements do not mandate a standardized process for measuring impact state by state, but all SUAs are required to respond to federal reporting request to demonstrate that proposed program goals and the needs of program participants are being met. SUA interview respondents reported that recent discussions have ensued regarding making adjustments to their state's Intrastate Funding Formula. Some responses included the utilization of a base allocation for a portion of the funding to their AAAs and the remainder of the allocation corresponding with population counts within the respective planning and service areas. To assist with population counts, a participant reported that "weighted factors from the American Community Survey from the Census Bureau helps to break-down their Intrastate Funding Formula."

Commonly Accepted Tools

There was some variation reported by interviewees regarding the specific tools used to confirm the delivery of service for reporting to ACL and to track specific metrics and proposed outcomes when measuring impact. Examples of some of the current methods used by the interviewees included progress reports or other monitoring tools that were either completed by the SUA or submitted to the AAA for self-completion, the convening of focus groups to identify the needs of the AAA and their local community, and data entry into the state's database platform developed by a provider that licenses this platform to multiple states. Several of the state database platform reports can be downloaded to Excel to allow for further analysis. Customer satisfaction surveys are often submitted to program participants by the AAA. However, to "avoid bias," surveys are often completed directly by the SUA instead of the local AAA to prevent the perceptions by program participants of retaliatory actions regarding the possibility that “they are going to lose their service” if they provide critical responses in the surveys. The frequency and setting of SUA quality assurance monitoring of AAA performance also varied from an assorted combination of monthly, quarterly or semi-annual remote desk reviews to annual in-person monitoring visits.

Reinforcing and also extending beyond the official impact measurement specifications are a set of tools that have been widely adopted – e.g., a state database platform that is licensed to several states and a certain style of stakeholder survey. These tools enshrine the input, activity and output components of impact-oriented program evaluation and provide no room for advanced outcome or impact measurements similar to the proposed blueprint utilized in Chapters Two and Three. For example, one participant reported using the state database platform, but it “falls short of being able to monitor performance the way AAAs like it.” Some participants reported considering a formal request for proposals in the state’s procurement process to identify the most appropriate platform to meet their needs, and others indicated they preferred to wait until the next iteration of the ACL monitoring tool is released to determine if that will meet their needs prior to expending significant resources on a new platform.

Similarly, while stakeholder surveys could have been designed to ask about outcomes and impacts, it focuses more on customer satisfaction. Additionally, administering the survey after service is administered and can be interpreted as a reactionary rather than proactive tool that will identify and capture advanced stakeholder preferred outcomes. Some participant satisfaction surveys have been used “to determine if programs are helping clients, improving their situation, and providing benefits to keep them in their homes.”

Caution & Don't Rock the Boat

Less explicit than the funding requirements and measurement tools is a widespread reluctance to rock the boat or otherwise question the established system. My interviews with key SUA staff members included their impressions that outputs have historically been a "heavy focus" when measuring program impact, but there is an overwhelming desire to transition from measuring outputs to measuring outcomes. While a desire to improve impact measurement was acknowledged, perceived challenges include an expectation that funders will desire cost savings versus expending the necessary resources to strengthen impact measurement. Some people that measure impact are interested in outputs such as "did you serve 100 people, and why not if not," and others are interested in outcomes to identify "what happened with the people that you served." A SUA participant mentioned that in order to present strategies to funders that could increase costs, the question of "what's in it for me" must first be answered before it can be presented to leadership.

Interview responses indicated that SUAs have good intentions to transition to measuring outcomes, but there are several explanations from interviewees regarding why SUAs have not progressed as much as they would have liked with transitioning from measuring outputs to measuring outcomes. A few of these impediments to progress further include challenges with their current level of analysis and ability to "assess progress when identifying locally identified risk factors" that are separate from "ones identified by the feds," the lack of appropriate resources due to departmental vacancies, the necessity to gain "buy-in from funders" and sufficiently train the AAA network prior to implementation, and the desire to postpone aggressive modification of impact measurement to determine if anticipated tools from ACL will assist with the transition.

Additional challenges were raised regarding whether turnover during election cycles would garner adequate long-term support to strengthen impact measurement. Election turnovers create perceived delays while new administration take office, and if the new administration does not agree with the same philosophy, then impact measurement development and application can be negatively affected.

Technical Obstacles

Finally, the reluctance to rock the boat was often expressed as concerns about technical challenges associated with impact measurement, or, frankly, any change. Concerns raised regarding technical challenges include inadequate infrastructure and data management. In addition to concerns expressed regarding the management of data, concerns were also raised regarding proper tracking and analysis of the data captured. This includes making sure "you can get access to certain data points" that may not be readily available and the automation of the data analysis process for user-friendly application. Additionally, "network-wide conversations to agree what data should be collected" should be initiated because "inconsistency in how data was captured made it difficult to measure accurately" and "changing the data system won't work if you don't agree on [standard] definitions."

Some interviewees also reported using a current state information technology platform that is currently being licensed to several states to track metrics and proposed outcomes that is customizable based on state desired features and functions, while other interviewees reported using in-house platforms developed by the respective state.

Additionally, while some SUAs monitor progress by requiring the AAAs to complete data entry into the state's mandatory platform, others mentioned that AAA data entry into one statewide platform was not necessary and "a monitoring tool is submitted to the AAAs for completion" in their quest to produce, standardize and analyze data.

Participants also alluded to the difficulty of moving from measuring identified tangible outputs to measuring what is perceived as more theoretical outcomes, especially if the prerequisite metrics that correspond with those outcomes are not currently tracked. A study participant questioned whether AAAs have sufficient resources, interest, and infrastructure such as the management of data to pursue strengthen impact measurement. Similarly, another participant summarized that improved impact measurement would be difficult to achieve without "investing more in our ability to get reliable data." Participants also acknowledged that current tools that are utilized stop short of providing deeper level real-time tracking, measurement, and analysis that "tie service projections to outcomes." SUAs expressed a desire to initiate requests for proposals in the state's procurement process to identify and secure a more effective tool to assist with strengthening the tracking and analysis of data that correspond with measuring and validating impact, yet others mentioned waiting to test a tool to soon be released by ACL to determine if this provides improved measurement of impact. Examples of desired improved analysis that could be supported by an information technology platform included "automation and standardizing the measurement of outcomes, which can include artificial intelligence," assessment of "cost containment" and "heath outcomes," and having the ability to depict "what value does the investment and keeping the program participant in the community (versus institutional care) have on the community as a whole." There was an acknowledgement that improvements have been made regarding measuring outcomes, but additional strides with more "sophisticated" methods are still desired.

Vision for Change

Despite the strong incentives to use and never challenge the existing impact-oriented program evaluation method, there was an undercurrent of criticism and creative thinking about new ideas. Many respondents articulated reasons why a more impact-oriented program evaluation measurement tool would be helpful and spoke with some passion about various ideas. The following interview responses will depict rationales for and ideas provided regarding improving impact measurement.

Reasons to Change the Program Evaluation Method

Interviews with key SUA staff members included instances when and how stakeholders are utilized and reasons why interest in improved impact measurement is considered. State Plans on Aging are uniform assurances and guidelines developed by SUAs that identifies how older adults will be supported in their respective states, what specific goals and objectives will be identified, how the Intrastate Funding Formula will meet the needs of program participants served. The State Plan on Aging process must include a public hearing that allows for written or verbal comments from interested stakeholders. The State Plan on Aging is submitted to ACL for approval and is often informed by or provides guidance to the AAAs for the development of their Planning and Service Area Plans, the local strategy document that depicts how AAAs will meet the needs of their local communities.

All SUA participants alluded to placing no limitations on the type and quantity of stakeholders that have a desire to participate in State Plan on Aging process. Responses included trying to "find creative ways to involve stakeholders and constituent groups" during and outside of their State Plan on Aging process to identify and address unmet needs of underserved populations such as African American, limited English proficient, or Lesbian, Gay, Bisexual or Transgender (LGBT) older adults. Interviewees specifically mentioned not only using stakeholders throughout their State Plan on Aging process, but they also required the AAAs to use stakeholders for their Planning and Service Area Plans. A SUA participant reported consistently attempting to leverage partnerships and maintain an ongoing dialogue beyond the State Plan on Aging process. This same participant reported having a robust selection of stakeholders including program participants benefiting from the respective programs, formalized workgroups with professional agencies such as "behavioral health organizations, the Department of Health, private and public corporations and the courts." However, another SUA interviewee reporting being passionate about strengthening the support to underserved populations, such LGBT older adults, but was skeptical about the ability to transition from measuring outputs to outcomes and questioned "how can you implement measuring outcomes and who benefits and loses from this transition?" If a funder makes a firm determination regarding how impact is measured, then it is unlikely that a funding recipient will challenge this position too firmly due to fear of being labeled as oppositional, therefore potentially risking their funding.

Non-SUA participants also specifically noted that it's important to include funders as stakeholders as well as individuals that most benefit from the programs being evaluated. A non-SUA participant mentioned that “stakeholders are consulted, but [organizations measuring impact] can’t have a group that is too large because that hinders progress,” alluding to the use of too many stakeholders becoming too unwieldy.

Several introspective recommendations were provided by interviewees to suggest the improvement of measuring program impact has previously been deliberated by all of the study participants. A SUA participant expressed the importance of “talking to others,” including all payors if funding streams are diversified when “thinking about redesigning performance measures,” and taking the necessary time to review and deliberate regarding the “history and impact of all the processes you are looking to improve.” Additional recommendations from participants included the importance of minimizing how taxing the quest to improve the collection of real-time data process can be for program participants, consider sharing costs with collaborative partners to free up resources to be reinvested back into the staff, identify unorthodox methods and appropriate tools to capture and analyze data that may not currently be available, and consider methods to track and measure impact utilized by other industries. Additional strategies included the identification of measurable outcomes that demonstrate that you are “aiding people in the community,” consider “network-wide conversations to agree on the data that should be collected” and consider methods to automate the process, “always keep the lines of communication open” with stakeholders, and while the collection and analysis of data is an important part of the process, “leveraging partners is just as important.”

A SUA interviewee reported that AAAs in their state were working collectively to validate program impact for programs that had more robust budgets or opportunities for revenue diversification, but they expressed concern that publicly funded OAA programs will become less of a priority as a result.

Ideas for Improving the Program Evaluation Method

While implementation of aggressive strategies to improve measuring impact have not become commonplace, agency discussions regarding these strategies, as well as attempts from organizations that have more autonomy and independence, have increased over the past few years. Several impassioned responses were provided by participants regarding methods to improve their measurement of impact. Examples included opening a dialogue with market leaders in similar and dissimilar industries to understand their best practices and lessons learned. It's important to "ask people how they got started down this path to understand their challenges." Many lessons can be learned from engaging in discussions with leaders from other industries similar to how healthcare learned strategies such as "Situation, Background, Assessment, Recommendation (SBAR) from the Navy's nuclear submarine analysis," and additional strategies were borrowed from aviation and nuclear industry."   These conversations should also include impressions from funders to minimally "get clear guidance" and "review the history and impact of all the processes you are looking to improve."

In addition to gaining best practices and lessons learned from other industries, it is also critically important to strengthen collaboration throughout your network to improve consistency in impact measurement processes. Improved collaboration can lead to shared resources such as staff training and gaining consensus regarding outcome proxies that should be measured such as "overall health risks." A lack of early and continuous collaboration, network-wide consistency, and common definitions can stall efforts to improve impact measurement from “going far because of difficulty [of stakeholder] coming to consensus.”

A non-SUA participants shared reflective opinions based on personal experiences with attempting to measure social impact, including challenges such as “getting people to agree who the stakeholders should be and who should be in charge,” making progress with measuring impact related to the “difficulty of coming to consensus,” and the consideration to improve the collection of data and metrics cannot begin until there is an agreement regarding a common set of definitions. In order to make significant progress, funders and funding recipients must work together and identify "adequate training” as a prerequisite to improving impact measurement because “people may not know what to measure or how to measure it,” and failure to take these preliminary steps will prevent significant progress. A program example provided by this participant included identifying the necessary metrics to improve the Home Delivered Meals Program, and preventing the delivery of hot lunches at 9:00 AM because “who wants to eat Salisbury Steak at that time of day?”

Leverage for change

Even more promising than the critiques and ideas shared by participants were examples of unauthorized experiments with more impact-oriented approaches to program evaluation. The examples are interesting in and of themselves and are clearly driven by a desire to improve the quality and/or efficiency of service. Interestingly, the pilots were often associated with some sort of independence from the fact and requirements of federal funding: the SUAs that piloted new ideas often had additional funding sources, first-hand experience of the usefulness of impact measurement and/or the support of a state with a tradition of innovation in policy and practice.

Service-Driven Pilots

As mentioned above, participant interview responses included their impressions that measuring program impact has historically been heavily focused on outputs, but there is an overwhelming desire to transition from measuring outputs to measuring outcomes to "tell a deeper story (regarding) who and how the community is served." These desires have often progressed beyond aspirational concepts and idle efforts to improve these strategies. SUA attempts to implement independent strategies to improve impact measurement without feedback from federal funders included exploration of tools such as "Total Quality Management," and the "Malcolm Baldridge Performance Excellence Program." These tools were implemented to assess and improve customer satisfaction and the quality of services delivered and provide a market analysis of industry trends and leaders, and to collaborate with peers to share strategies for improvement. While these tools have assisted the SUA make business decisions, "innovative" strategies are still being explored, and discussions with regional SUAs to collaborate and consider duplicating tools was "met with lukewarm response."

Additional strategies that were shared included identifying methods to build resources and capacity, borrowing strategies from the private sector and other industries to improve quality, and initiating requests for proposals in the state's procurement process to identify and secure a more effective tool to assist with strengthening the tracking and analysis of data and the various metrics that correspond with measuring and validating impact. Several current strategies that were identified by non-SUA interviewees included the use of "bonus payments" to partner agencies that were meeting proposed metrics, structuring contracts as value-based agreements, assessment and improvement of "health risk" factors and "quality and satisfaction of life," and the desire to start "looking at 30-year projections with data and predictive analysis" that goes well beyond the State Plan on Aging timeline.

Sources of Independence

As mentioned above, many SUAs that participated in this study acknowledged a desire for a deeper level of analysis when measuring program impact as evidenced in several comments regarding their aspirations for transitioning from measuring output to measuring outcomes. Currently, many of the proxies for measuring social impact for SUAs are motivated by their State Plans on Aging requirements from ACL, but several SUAs referenced starting to identify metrics and outcomes to be measured that are independent from ones recommended by the federal government related to their desire to identify earlier program participant risk factors and interventions such as older adult risk for suicide and Alzheimer's Disease. Each SUA is required to submit a multi-year State Plan on Aging to ACL that depicts how their OAA allocations will support older adults in their planning and service areas. Key topic areas are provided by ACL, and each SUA is required to include respective goals, objectives, strategies, and outcomes that correspond with the key topic areas. ACL guidance documents defines goals as "visionary statements that describe the strategy in which the state is moving," objectives as "attainable, specific, and measurable steps the state will take to achieve its goals," strategies as methods related to "how the state will achieve the goals and objectives," and outcomes as "the measurable benefit older individuals should derive from the State Plan goal, objectives and strategies" (Administration for Community Living, 2021). While this guidance from the federal government has been regarded as "valuable" by SUAs to measure social impact, some key staff members are starting to ponder how they can obtain a deeper level of analysis regarding the "program participant baseline, what happened, and did their supports assist them," how to improve outreach and service to "underserved populations" and eliminate "healthcare disparities," whether OAA funds are "distributed equitably" or not, and how to identify the most "appropriate tools and training" to be more successful in the delivery of service to program participants. The quest for deeper level analysis when measuring program impact and more successful delivery of service often started when SUA leadership identified successful strategies utilized by other industries or government agencies, or when they sought individuals with specific skillsets to strengthen their internal processes.

SUAs moved even further along with considering innovative methods to improve impact measurement when there were factors to support their persistence. Examples of instances when SUAs were able to proceed further with these concepts include when payors such as legislators were "very interested in going in this direction" related to their confidence that these strategies will lead to efficiencies and cost savings. Additional examples include when progressive or new SUA leadership, that previously worked in other industries that promoted these strategies, assumed oversight responsibilities and applied these strategies at the SUA to evaluate "quality differently." Another example of independent movers of improved impact measurement can include instances when funding is diversified to reduce the dependence on primary funders, thus allowing the organization to be more innovative and less concerned about strategies that are not fully aligned with the funder priorities such as cost savings.

While many of these strategies have been initiated as mentioned throughout this chapter, these strategies were possible due to the support of leadership and the addition of requisite state resources. Several interviewees indicated that states would try to avoid duplicating or frivolously utilizing resources if federal funders were initiating a similar strategy such as contracting for the creation of a new information technology platform to track and monitor impact measurement progress. Another point worthy of mentioning is none of the attempted strategies challenged funder positions significantly enough to jeopardize the SUA funding.

There are several justifications to overcoming challenges and considering more aggressive steps to improve impact measurement as mentioned through my dissertation. The responses above provided by interviewees supported three concepts and principles, including instances when the *Resource Dependence Theory* principles are supported in strategies to improve measurement, the rationale for and visions that support improvement, and factors and initiatives that leverage change. Similar to the strategies gained with *Resource Dependence Theory* principles, one consideration could be the addition of external resources to support operations. These additional external resources can be obtained by strengthening collaborations, thereby resulting in sharing resources with external partners and reducing agency expenses. Additionally, these collaborations could also lead to standardized impact measurement processes and definitions, and eventually more consistent network-wide application. The principles of the *Resource Dependence Theory* will be explored further below to help determine what impact the balance of power between funder and funding recipient has on impact measurement strategies.

Discussion

My first and second studies explored 1) the usefulness of a new approach for identifying and quantifying the impact of social service programs and 2) the pros and cons of involving stakeholders throughout the social impact measurement process, and whether their involvement substantially changed the process and results. Study three helped to further understand the role of funders and policy advocates as stakeholders when exploring social impact measurement, and the *Resource Dependence Theory* was explored to help identify specific influences and how power is balanced between funders and funding recipients. A total of twenty (20) interviews were completed in this stage of the study, sixteen (16) from key staff members from SUAs, and four (4) additional interviews that included senior leadership or executives from statewide associations, multi-state health care payors, and a former gubernatorial cabinet-level staff member.

Through these interviews with leaders of SUAs and the broader Aging network, I explored the influence of funders on impact-oriented program evaluation, including the openness, if any, to newer, outcome- and impact-oriented measures. The data led to three main findings. The first finding is that impact-oriented program evaluation is “locked into” a relatively fixed set of practices by the dependence of the SUAs and AAAs on federal funding. This “lock in” is manifested as specific impact-oriented program evaluation rules, distinct bases and surveys as commonly accepted data collection tools by the SUA, and caution to challenge the funders’ expectations and skepticism about any new ideas – often couched in questions about practicality or cost or resource demand.

This finding is consistent with *Path Dependence* theory that suggests that an organization's historical processes and decisions can help to explain the organizational and strategic choices they make. *Path Dependence* can provide further clarity regarding instances when organizations lock-in to decisions to accept caution and opposition to new strategic paths, such as those selected by some SUA, over consideration to rock the boat and implement methods to improve impact measurement without full buy-in from funders. Sydow, Schreyogg & Koch (2009: 704) define organizational path dependence "as a process that (1) is triggered by a critical event leading to a critical juncture; (2) is governed by a regime of positive, self-reinforcing feedback constituting a specific pattern of social practices, which gains more and more predominance against alternatives; and (3) leads, at least potentially, into an organizational lock-in, understood as a corridor of limited scope of action that is strategically inefficient." The critical event eventually leads to processes that become self-reinforcing, more difficult to reverse, and finally the dominant decision pattern when locked-in – as seems to have happened with program evaluation measurement in the AAA world. While Sydow, Schreyogg & Koch suggest this combination of distinct developmental principles as an approach to achieving *Path Dependence*, debate continues regarding whether the decision lock-in leads to organizational efficiencies or inefficiencies; as my findings suggests, there are ways in which the path dependencies "work" – for example, by not threatening continued funding – and ways in which the lock in prevents innovation.

The second finding is that, despite the lock-in, there is no shortage of critiques and new ideas; interestingly, these seem to be driven by dedication to serving older adults more effectively and efficiently. And the third finding is that there are, here and there, experiments using more outcome- and impact-oriented measurement tools – and that these experiments seem to be supported by some for an independent power base – whether an additional resource stream, experience from a different context, or support from the wider state government.

These findings have several implications for *Resource Development Theory*. First, they provide insight into variety of *mechanisms* through which dependent organizations are indirectly controlled by resource-providing organizations. In instances when organizations oversee the allocation of grants or other funding to recipients, have significant administrative oversight, and unilaterally determines how impact is measured without significant involvement from stakeholders, explicit rules, "recommended" tools, cynicism and skepticism all play a role in translating resource dependence into "lock in" to a set of practices.

Second, the role of the SUAs as intermediaries between the federal funders and the AAAs suggests the need for more work to understand how that role might soften or otherwise change the effects of resource dependence. This can be exhibited in a statement from a SUA interviewee that perceived their role as having blended responsibilities, one role as a funder with monitoring responsibilities and another role with the responsibility to provide technical assistance and a "safe space for AAAs to address concerns, make mistakes and identify ways to make improvements." These types of collaborative relationships encourage participation and feedback in order to identify challenges and foster improvements.

Third, there are implications for the negotiation between resource providing organizations and resource receiving organizations. For example, the data suggest an interesting twist in which dependent organizations turn skepticism into negotiation for more resources – better data, more people, etc., supported in the interview responses when SUAs argued that they could only change impact measurement practices if payors provided more resources to support the change. That noted, those SUAs that have secured additional resources from other resource providers in the external environment found more leverage to try new impact-oriented program evaluation methods. If funders are not interested in strengthening impact measurement for various reasons, then the acquisition of additional resources by the funding recipient could assist with implementing improved impact measurement strategies. Interview responses demonstrated that the generation of additional resources decreases the reliance on primary funder and supports improved impact measurement strategies, with one participant stating “if states don’t carve out funding for themselves, then it’s not done.”

Finally, dependent organizations can sometimes lean on a competing imperative – in this case service – to see and negotiate for alternative action and processes – in this case outcome- and impact-oriented measurement. This observation is consistent with the idea of competing institutional logics within industries and organizations that compete and interact to drive change (Lounsbury, M., 2007; Thornton, P. H., 2004).

Practically, my findings underline the importance of independent foundations of power as a lever to create space within a regime to try new things. It is not just that ideas come from the outside of the SUAs, for example through the experience from other industries brought in by leaders, it is that the support of additional funders and/or the embeddedness in a wider institutional structure (e.g., a progressive state government) provides the space for experimentation and the foundation for negotiating change.

My findings also have several practical implications for policy advocates in the ageing services arena. First, tap service logic to find and create excitement around new ideas. Second, search for pilots and innovators among those with wider experience, extra funding, or wider institutional support. Third, try to frame new ideas – new measurement model – in ways that do not directly challenge the resource dependence – e.g., as ideas that reduce costs or increase efficiency – or at least do not increase costs or decrease efficiency.

Developing and leveraging ongoing stakeholder partnerships for impact-oriented program evaluation could also help the AAAs and other partner agencies acquire resources from the external environment, separate from the OAA funding provided by the SUAs. Several participants expressed the importance of working collaboratively towards their improvements in measuring impact to create strategies, share resources, and develop uniform process and set of common definitions that could facilitate easier replication. These collaborations should not only include all payors as stakeholders, but also stakeholders that most benefit from the improved program impact, as well as regional or national partners such as other SUAs, trade associations and advocacy groups. Strengthening these collaborations could lead to increased sharing of and diversification of resources, improved policies that correspond with and promote uniform practices, and a united approach towards the improvement to social impact measurement.

As with all studies, there are limitations and opportunities for further research. Experiments aside, this study is limited in that the ideas for improving impact-oriented program evaluation by focusing on outcomes and impacts are mostly still theoretical. It would be interesting to develop a pilot project to try out – and evaluate the impact of – a new, impact-oriented evaluation program. Included in such an action research approach might be efforts to identify and experiment with ways for SUAs to work together to diversify revenue to generate appropriate resources where necessary.

Additional research should include further analysis of the balance of power between resource providing and receiving organization, methods of reducing dependence, and the effectiveness of the SUAs in mediating between funders and recipient organizations, and perhaps reducing some of the power dynamics inherent in resource dependence.

Finally, it would be helpful to initiate national conversations about the policy changes required to promote greater stakeholder involvement in the development and application of an improved social impact measurement process, including additional refinement of the proposed blueprint to eventually become a uniform national tool available for use.

Chapter Five will present the conclusions and expected contributions from the study.

CHAPTER 5

CONCLUSION & EXPECTED CONTRIBUTIONS

In this chapter I will conclude with a presentation of the conclusions and contributions of the entire dissertation. In my initial study, I mined the literature to identify best practices for social impact measurement, developed an integrated four-step blueprint for social impact program evaluation, and applied this within a social service agency to identify and evaluate the strengths and weaknesses of the model. First, I present a partially tested blueprint application process within my agency without the use of stakeholders to identify initial challenges and insights. The backward focusing approach of the *Theory of Change* helped with better identification of the activities and outcomes associated with the long-term goals; the *Logic Model* was helpful with mapping the metrics that led to proposed program impact, but it was challenging when pondering whether my identified metrics increased the perception of objectivity versus determining if they were subjective choices that I preferred, and it was more difficult than anticipated to move from conceptual to causal links that support identified long-term goals and to identify practical and longitudinal metrics sufficient for measurement; my *Impact Measurement* application included whether sufficiently identified metrics were tracked to determine if there is reliability in the measurement versus measuring metrics for a short period of time; and the use of stakeholders is emphasized in *SROI* literature, however, stakeholder involvement throughout all stages of development and application of social impact measurement is essential, and the use of proxies or previously defined metrics can be extremely beneficial when translating metrics into monetized impact. However, while well versed in the program policies, procedures, and overall objectives, I found it challenging to identify objective long-term goals without the inclusion of key stakeholders. My study contributions include combining existing theoretical concepts into a proposed four-step blueprint for social impact program evaluation that focuses on impact and outcomes for study one. Persistent questions that required further exploration included whether the addition of stakeholders would help to decrease false assumptions when pairing the program metrics with long-term goals, would they increase or decrease the perceived objectivity in *Impact Measurement*, would their inclusion increase the time and resources necessary for implementation of the proposed blueprint, and would they materially change the process and results of the blueprint?

The challenges that emerged from my lack of stakeholder involvement in the partial application of the blueprint at my organization led to the inclusion of stakeholders in the application as the next logical step of the study. The second study compared levels of stakeholder involvement across programs and different organizations to further explore the impact of stakeholder involvement. An action research methodology was utilized with the assistance of the three identified AAA offices. This qualitative research included semi-structured interviews to support the collection of data, and rigor was established with the use of different paths for each workgroup identified with each respective program assessed. Prior to the data collected and analyzed in the application of the proposed blueprint, I anticipated there to be a substantial difference in the process and results when comparing the use versus the omission of stakeholders. The study explored 1) the usefulness of a new approach for identifying and quantifying the impact of social service programs and 2) the pros and cons of involving stakeholders throughout the social impact measurement process, and whether their involvement substantially changed the process and results.

Due to the exposure to trainings and program policies and procedures, an indicated benefit to the staff led workgroup in the application of the blueprint included utilizing staff as subject matter experts to identify, address and resolve program challenges. However, staff-only workgroups lacked diversity of opinion from external key stakeholders that have vested interests in the success of the program and impact to the community, and don't always feel empowered or have a desire to provide feedback. Selection of stakeholders can be a key component to successful application of the blueprint and contribute to how well the stakeholders will collaborate with one another. However, lack of micro-level experience with program processes and procedures, as observed in the stakeholder led workgroup, can hinder understanding regarding program metrics and long-term goals. While social impact measurement that is limited to agency staff would provide micro-level input regarding program processes and procedures, there appears to be a substantial difference when a heterogeneous composition of stakeholders is involved in social impact measurement. Based upon the research findings, a proper selection of internal and external stakeholders, as utilized in the expert led workgroup, appears to diversify the reflection and introspective deliberation of social impact measurement development and application.

This blueprint contributes to the research by utilizing social service agencies to challenge current assumptions and practices regarding social impact measurement. The *Theory of Change* can better inform research questions; the *Logic Model* can identify the proper sequence of events correlated to your goal; the *Impact Measurement* assists with quantifying beneficial outcomes; and *SROI* aids with the inclusion of stakeholders throughout the development and application of the social impact measurement process to minimize bias regarding perceived value. Theory-based social impact measurement utilizing the blueprint described in this dissertation could easily be replicated and aid agencies with developing approaches for more effectively prove meaningful program impact.

Utilizing action research, my second study adds to the literature by completing a comparison of three workgroup compositions, utilizing three programs at three different agencies. The methodology and conceptual model utilized are believed to provide a good framework that could be duplicated by any agency interested in social impact measurement. To assist with consistent participation with any combination of stakeholder workgroup, consideration for ongoing meetings with workgroups participants could eliminate the challenge of the blueprint being perceived as extra responsibilities, but rather it would allow for continuous efforts toward social impact measurement. If workgroups had greater familiarity with applying the blueprint and its implications, then they may be more inclined to see the value in participation. This could also merge the academic and practitioner applications of the blueprint as and effective approach for impact-oriented program evaluation. Further insights include considering multiple facilitators to split responsibilities such as leading the meeting and recording the interview. Additional research questions include whether automating the *Impact Measurements* and *SROI* computations would also eliminate challenges regarding difficulty with these calculations.

My third study further explored the social impact measurement process with additional consideration emphasizing funders and policy advocates as stakeholders and investigates their impressions and influence on the measurement process. Funders play an influential part in leveraging partnerships and networks and have “the capacity to shape public debate around values and issues, to build an engaged citizenry actively working for community involvement and change,” and “support and model collaborative problem solving” (Summers, A. E., & Honold, L., 2013: 53). They also have the ability to hinder change, at least until an issue grows significant enough to damage the funder’s image and identity within the community (Dutton, J. E., & Dukerich, J. M., 1991).

For my third study, semi-structured interviews were completed to gain insights regarding the process utilized by SUAs when evaluating OAA programs, identify the similarities and differences in the impact-oriented program evaluation process, determine how administrative authority over the AAAs influences the impact measurement of OAA programs, obtain insights from key staff members regarding how the impact measurement process may have changed over time, and further refine the four-step blueprint for social impact program evaluation with a goal of it potentially becoming a replicable tool that could be initiated nation-wide to validate program impact. Motivation to pursue further insights related to the funder’s perspective included the desire to increase incentives for process, policy, and procedure consistency for social impact measurement between funders and funding recipients; the aspiration for a universal transition from measuring outputs – the products or services that institutions generate, to outcomes – the effects of the institution’s activities in the broader economy and society; and the ambition to create a replicable tool that can be used nation-wide.

I drew on the literature to further develop this integrated, four-step social impact measurement model and to explore whether the addition of stakeholders substantially changes the application and results of the proposed blueprint. Study three continued to explore the role that stakeholders, including influential ones like funders, play in developing and applying social impact measurement tools. The *Resource Dependence Theory* was explored to assist with broadening the understanding of specific influences and how power is balanced between the funder and funding recipient.

Following a submission of requests for interview that were submitted to all 50 states, a total of 20 combined interviews were completed with SUAs and non-SUA leaders in the Aging Network with the objective of gaining insights that AAAs, nonprofits, and other community-based organization that receive public funding can use to improve the effectiveness and usefulness of measuring program. The identified key staff members from the SUAs and non-SUA participants selected related to their knowledge, involvement, decision making capacity regarding the state's impact-oriented program evaluation of OAA programs, or their broad perspective of the AAA Network. Insights sought regarding current impact measurement approaches and opinions related to the potential for improvement included questions to determine: how the SUAs are funded and allocate funding to their AAAs or Aging services providers; how program impact is measured, and how *Impact Measurement* results are utilized; the level of interest from public officials regarding improvements in measuring impact; whether or not stakeholders are included; and the practicality of a more comprehensive approach used to measure program impact, and the pros and cons of including stakeholders when measuring program impact.

Similar to study two, NVivo software was utilized for content analysis. First order, with second and third order child coding of the interview responses were completed to determine if a pattern existed in the responses from the participants. The interview results indicated that a significant majority of the participants reported not only a desire to strengthen their ability to measure impact, but also attested to strategies they've implemented to initiate this work or discussed challenges why initiatives have not progressed further. Several participants expressed the importance of working collaboratively, including a broad use of stakeholders including funders, towards their improvements in measuring impact to create strategies, share resources, and develop uniform process and set of common definitions that could facilitate easier replication. Challenges shared by participants included an expectation that funders will prioritize cost savings over improved impact measurement, a desire to await direction from the funder, and whether funding recipients have sufficient resources, interest, and infrastructure to proceed with significant improvements to measuring impact. Success with improved impact measurement included instances when leadership identified successful strategies utilized by other industries or government agencies, or when they sought individuals with specific skillsets to strengthen their internal processes. Many of these strategies were possible due to the support of leadership and the addition of requisite state resources, but the addition of resources would often avoid duplicating strategies that federal funders were initiating, and strategies would be considered if they did not significantly challenge funders or jeopardize funding. Additionally, study three further contributes the idea that the development and leveraging of ongoing stakeholder partnerships to acquire resources from the external environment and minimize the dependence on funders can tip the balance of power between influential funders and agencies enough to support innovation.

Further study should consider exploring whether improved impact is attributed to the specific program that the four-step blueprint for social impact program evaluation is applied to or should the improved impact be credited to unidentified metrics, outcomes, or the provision of ancillary services not identified in the blueprint. While critics could suggest evidence that alternative metrics and outcomes attributed to improved impact, repetition of the four-step blueprint for social impact program evaluation will increase confidence and strengthen the validation of the applied program's attributable impact. Additional study could also continue the contribution to the *Resource Dependence Theory* by further assessing the balance of power between funders and recipient organizations. Strengthening the social impact measurement alignment between funders and funding recipients has the potential to improve the consistency in the *Impact Measurement* processes; align policies and procedures between funders and funding recipients; encourage the transition from measuring outputs to outcomes; lead to collaboration that increases organizational resources from external sources, which minimizes dependence and aids the balance of power between funding and funding recipient; and provides a potential for a replicable tool that can be used nation-wide and across different types of social service agencies.

Parallels Between Studies Two and Three

My first and second studies explore 1) the usefulness of a new approach for identifying and quantifying the impact of social service programs and 2) the pros and cons of involving stakeholders throughout the social impact measurement process, and whether their involvement substantially changed the process and results. This social impact measurement approach consists of four steps: applying the *Theory of Change* to assist with appropriately identifying the program's long-term goals; initiating a *Logic Model* to improve the connection between inputs, activities, outputs, outcomes and impact with the long-term goals; designing an *Impact Measurement* analysis to connect the specific outcomes with the intrinsic value each outcome creates for the well-being of the program participants; and the involvement of stakeholders throughout the impact-oriented program evaluation process to utilize published and program-specific evaluation studies to calculate the *Social Return on Investment*. My third study further explores the social impact measurement process with additional consideration emphasizing funders and policy advocates as stakeholders and investigates their impressions and influence on the measurement process.

Although studies two and three included different stakeholder groups, AAAs and their identified stakeholders versus SUAs and other key Aging Network leaders respectively, I noticed there were several interview response parallels following my analysis of data and reflection on the findings. One apparent parallel between the second and third study interviews included the perception that funders desire "cost containment" over implementing strategies to improve impact measurement. Designing and applying more effective tools, such as the social impact measurement tool applied in this study, are supported by interviewee comments and the corresponding blueprint theory literature to be more time consuming and costly to develop and implement (Ashton, C.V., 2007). As noted in study two, impact measurement strategies have a greater chance of significantly improving if funders can be convinced not to behave like shareholders with a focus on short-term goals and the desire to reduce expenses rather than allocating supplementary resources to evaluate long-term goals and improved impact measurement. Similarly, a lack of adequate resources was noted in AAA and SUA interview responses related to insufficient resources, tools and infrastructure to properly track and analyze robust real-time data corresponding to improve impact measurement. Interview respondents indicated that these proposed tools should also include means to "automate and standardize the measurement of outcomes." Additionally, the availability of staff and other resources committed from the AAAs played a significant role in the success of their blueprint application.

Another parallel that was noted by participants in the second and third studies included the difficulty of moving from measuring identified tangible outputs to measuring what is perceived as more theoretical outcomes, especially if the prerequisite metrics that correspond with those outcomes are not currently tracked or defined. As noted in study three, one of the non-SUA participants shared reflective opinions regarding their own attempt to measure social impact, indicating that the consideration to improve the collection of data and metrics cannot begin until there is an agreement regarding a common set of definitions. Another non-SUA participant also noted that "people may not know what to measure or how to measure it." This is where the inclusion of a heterogenous group of stakeholders could assist with moving from what is perceived as a conceptual development and implementation process to a collaborative approach strengthening impact measurement. Despite challenges with this collaborative approach including difficulty "getting people to agree who the stakeholders should be and who should be in charge," and the increased time required to "come to consensus," study two indicated there is a substantial difference in improved development and implementation of measuring impact when a heterogeneous composition of stakeholders is involved. This collaborative approach must include “adequate training” and ongoing communication with the participants to realize the maintain progress.

A third observed parallel between studies two and three include the significant improvements that the inclusion of a heterogenous group of stakeholders can have on strengthening impact measurement and the solvency of the organization. Not only will this collaborative approach assist with moving from what is perceived as a conceptual development and implementation of measuring impact to a more cooperative approach with common processes and definitions, but this collaborative approach will also assist with sharing resources and strategies that may otherwise not be made available. The sharing of resources could allow for greater availability of independent resources that would have otherwise been used to now be reinvested back into the organization. Additionally, the guiding principles of the Resource *Dependence Theory* assists with broadening the understanding regarding how power is balanced between the funder and funding recipient. Strengthening the development and leveraging of ongoing stakeholder partnerships could support the principles of the *Resource Dependence Theory* by promoting the sharing and acquisition of resources from the external environment separate from funders, thereby minimizing the dependence on funders through as a result of these stronger collaborative relationships that also aids the balance of power between the funder and funding recipient.

Utilizing all of the combined strategies from this study provides a pathway to align policies and procedures between funders and funding recipients; encourage the transition from measuring outputs to outcomes; lead to collaboration that increases organizational resources from external sources, which aids the balance of power between funding and funding recipient and minimizes dependence; and provides a potential for a replicable tool that can be used nation-wide and across different types of social service agencies.

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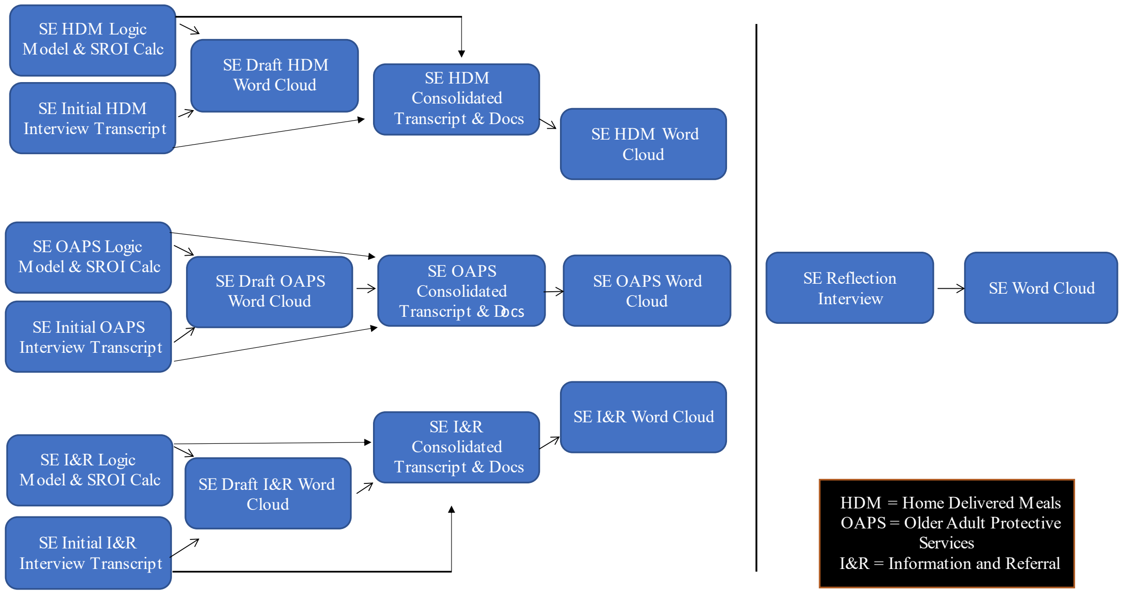
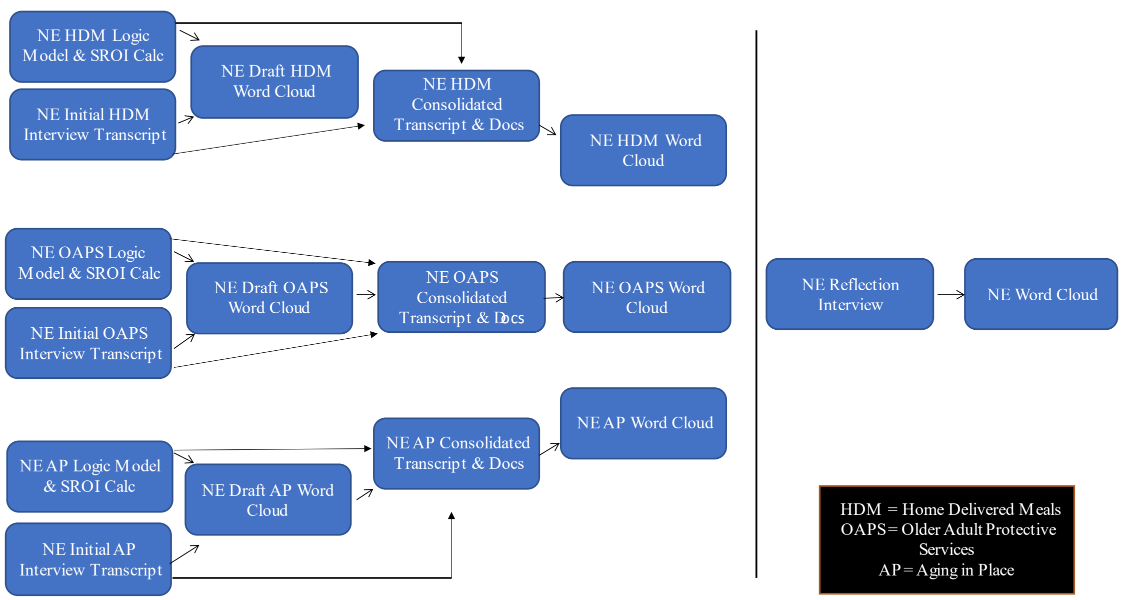
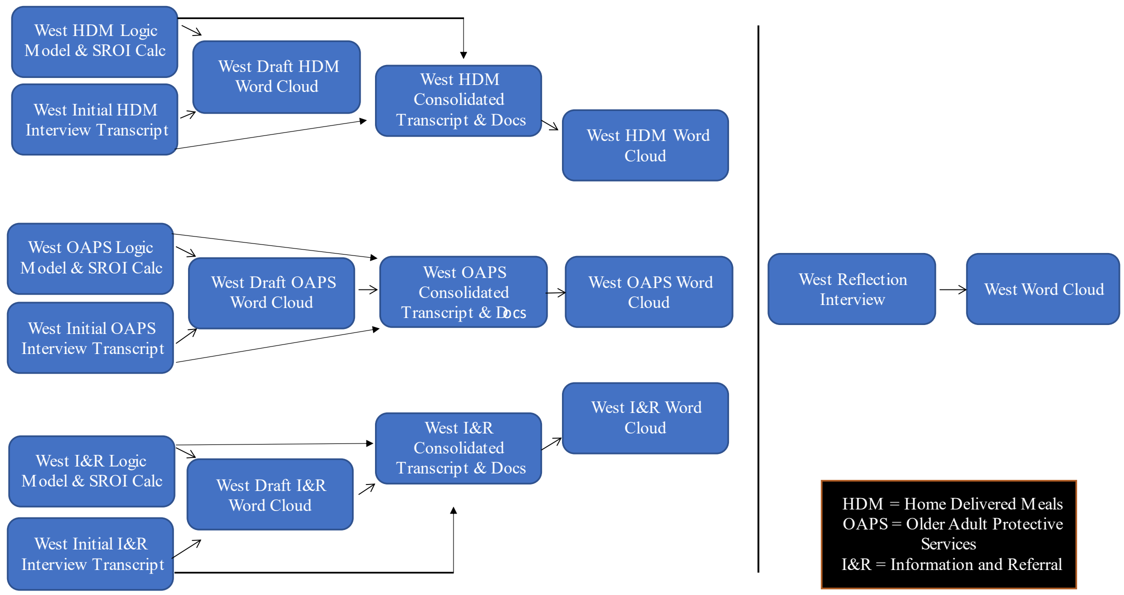
APPENDIX A

STUDY TWO NVIVO CODING PROCESS






West HDM Logic Model & SROI Calc
West Initial HDM Interview Transcript
West Draft HDM Word Cloud
West HDM Consolidated Transcript & Docs
West HDM Word Cloud
West OAPS Logic Model & SROI Calc
West Initial OAPS Interview Transcript
West Draft OAPS Word Cloud
West OAPS Consolidated Transcript & Docs
West OAPS Word Cloud
West I&R Logic Model & SROI Calc
West Initial I&R Interview Transcript
West Draft I&R Word Cloud
West I&R Consolidated Transcript & Docs
West I&R Word Cloud
West Reflection Interview
West Word Cloud
HDM = Home Delivered Meals
OAPS = Older Adult Protective Services
I&R = Information and Referral

APPENDIX B

WORD CLOUD SAMPLE

Terms identified in the Word Cloud worth noting include words that had a direct correlation to their long-term program goals or identified metrics: nutrition and wellness – access to food is a well-known impact on the health status of older adults; assessment – this AAA mentioned assessing program participant falls as a result of food insecurity and nutritional status was a regular practice at their agency; socialization – an extra benefit of the home delivered meals program is the interaction with delivery drivers that provide increased socialization for the program participant and extra support to ensure they receive a regular "check-in" and safety check on delivery days.

APPENDIX C

STUDY ONE INTERVIEW QUESTIONS

Selection of Stakeholders:

1. How did you identify your stakeholder workgroup?
2. Where individuals recommended to you?
    a. Who made the recommendation?
3. What was the composition of your stakeholder workgroup (size, professionals, program participants, collaborative partner)?
4. Have you worked with each of these stakeholders in any capacity previously?
    a. If yes, what capacity?

Blueprint Application:

Theory of Change:

1. What goal(s) were identified for your respective programs?
    a. Was the selected goal(s) previously identified by the program/organization?
    b. If yes, do you currently have methods to determine if you are successfully meeting the/those goal(s)?
2. What was identified as the ways this program assists the community?
    a. Was this assistance to the community previously identified by your organization?
3. What was identified as ways to make the program successful?
    a. Were these opportunity for success previously identified by the organization?

4. What were the identified challenges for this program?
    a. Were these challenges previously identified?

Logic Model:

1. Review the identified metrics/measurements (inputs, activities, outputs, outcomes, impact).
2. Were the identified metrics/measurements previously identified by the organization?
3. Has the organization used logic models previously?
    a. For this program?
    b. If so, how does this logic model differ?

SROI:

1. Review the net present value of benefits/investments.
2. Challenges with identifying net present value of benefits/investments?
3. Were other models/studies utilized to assist with identifying net present value of benefits/investments?
4. Has this model, or a similar model previously used to monetize proposed program impact?
    a. If yes, how did this model differ?

Reflection:

1. What were lessons/challenges learned from selecting the stakeholders?
2. What were lessons/challenges to applying the blueprint?
3. Did the stakeholders achieve consensus with applying the blueprint?
    a. How were disagreements handled?

4. How long did it take to complete the blueprint from start to finish?

APPENDIX D

STUDY TWO INTERVIEW QUESTIONS

State funding:

1. How does your state allocate Older Americans Act funding?
2. Is additional state funding added to support older adults?
    a. If yes, is there a dedicated funding stream to support Older Americans Act (OAA) programs, or are OAA programs a part of the state general fund?
3. What percentage of state and federal income is used to support AAAs and supports to older adults?
4. Do you have designated AAAs?
    a. If yes, how many?
    b. How are they organized?

Measuring program impact:

1. Who is responsible for measuring program impact?
    a. How often is impact measurement conducted?
    b. How is it funded?
2. How do you measure program impact?
    a. How has this changed, if at all, over the years?
3. Are short or long-term program goals preferred?
    a. How are short/long-term program goals identified?
    b. How are metrics identified that align with short/long-term program goals?

4. Are benchmarks or proxies used for helping to determine if program goals are achieved?
5. Is there a method or tool used to determine if the programs met goals/impact, or some other factor was the cause for that goal being achieved?
    a. (If yes to a tool) Is there a standard tool used to evaluate program goals/impact?
    b. (If no to a tool) What factors are used to determine if goals/impact are met?
    c. Is output, outcomes, or both measured with this tool during program evaluation?
    d. How does the tool measure whether program goals/impact are achieved?
    e. Are future projections or estimates acceptable as a measurement of success, or precise and current goals are identified?
6. In what ways do you use the results of impact measurement?
    a. E.g., to lobby for more funds? (probe for details)
    b. To shape the program? (probe for details)
    c. To improve management? (probe for details)
7. How interested are state program office staff and funders (executive/legislative offices) in measuring impact?
8. What recommendations do you have to improve measuring goals/outcomes/impact?

Inclusion of stakeholders:

1. Is input from stakeholders obtained to determine if program goals/impact are accomplished?
    a. If yes:
        i. How are stakeholders identified?
        ii. How many stakeholders are included?
        iii. What types of stakeholders?
        iv. How are they involved?
    b. If no, why not?

APPENDIX E

LETTERS TO AND FROM THE IRB

Initial Email Sent to IRB July 5, 2021

Dear Edy,

Based on how RP4 is starting to take shape, TL and I thought it would be best to reach out to see if IRB approval is needed for this stage of my dissertation. Attached is a brief summary of my research.

An IRB application was determined not necessary for the first stages of my research. Please let me know if an official IRB application is needed for full consideration for the final stages of my dissertation.

Thanks in advance for your time and assistance.

Najja R. Orr

Letter Accompanying the July 5, 2021, Email

Dear Edy,

Based on how RP4 is starting to take shape, TL and I thought it would be best to reach out to see if IRB approval is needed for this stage of my dissertation. Below is a brief summary of my research. Please let me know if an official IRB application is needed for full consideration.

<u>RP4/Dissertation:</u>

This stage of the research will help to identify how State Offices on Aging (that have oversight of the AAAs in their state) complete the program evaluation process. Interviews will be completed with a minimum of 25 state offices, with each interview containing three main topics to be explored: available funding, how program impact is measured, and the inclusion of stakeholders. I will utilize the assistance of the national state Aging office membership network, Advancing States, to make the introductions to the respective interview participants. The interview will take approximately one hour or less to complete, and the interview questions would focus on the program evaluation process and impact (i.e. how Aging programs are funded, how program impact is measured, whether or not stakeholders are included, and how measures are used when looking for additional funds). The goal of the interviews is to gain insights regarding the process utilized by state offices when evaluating Aging programs, identify the similarities and differences in the evaluation process, and hopefully initiate nation-wide improvement in the evaluation of program impact.

As the co-primary investigator, I will manage the project, complete the interviews with state office staff to obtain information regarding their program evaluation process, analyze the results, and report combined and redacted results to the state offices upon their request following the completion of my dissertation.
Following, please find samples of the questions I intend to ask participants:

Introductory Interview Guide:

The growth in the older adult population often outstrips the availability of public and grant funding and hinders the ability of community-based organizations to meet all of the needs of older adults. This has led agencies to seek or develop more effective methods to evaluate program impact, document their success, demonstrate a return on investment and argue for more investment.

The purpose of this interview is to further a study that explores: 1) the usefulness of a proposed method for identifying and quantifying the impact of social service programs and 2) the pros and cons of involving stakeholders throughout the impact measurement process. We hope that this research will yield insights that AAAs can use to improve the effectiveness and usefulness of impact measurement in meeting their goals.

The interview will help to identify how AAAs in your state are evaluated and understand the evaluation process. Three main topics will be explored: state funding, measuring program impact, and the inclusion of stakeholders. The interview will take approximately one hour or less to complete. The details of specific responses will be held in confidence; we will not report the names of people interviewed. Further, reporting will only be done in aggregate with any comparisons made discussed in terms of types of states (large v. small, rural v. urban, etc.) rather than mentioning individual states.

Questions:

<u>State funding</u>:

5. How does your state allocate Older Americans Act funding?

6. Is additional state funding added to support older adults?
    a. If yes, is there a dedicated funding stream to support Older Americans Act (OAA) programs, or are OAA programs a part of the state general fund?

7. What percentage of state and federal income is used to support AAAs and supports to older adults?

8. Do you have designated AAAs?
    a. If yes, how many?
    b. How are they organized?

<u>Measuring program impact</u>:

9. Who is responsible for measuring program impact?
    a. How often is impact measurement conducted?
    b. How is it funded?

10. How do you measure program impact?
    a. How has this changed, if at all, over the years?

11. Are short or long-term program goals preferred?
    a. How are short/long-term program goals identified?
    b. How are metrics identified that align with short/long-term program goals?

12. Are benchmarks or proxies used for helping to determine if program goals are achieved?

13. Is there a method or tool used to determine if the programs met goals/impact, or some other factor was the cause for that goal being achieved?

    a. (If yes to a tool) Is there a standard tool used to evaluate program goals/impact?
    b. (If no to a tool) What factors are used to determine if goals/impact are met?
    c. Is output, outcomes, or both measured with this tool during program evaluation?
    d. How does the tool measure whether program goals/impact are achieved?
    e. Are future projections or estimates acceptable as a measurement of success, or precise and current goals are identified?

14. In what ways do you use the results of impact measurement?
    a. E.g., to lobby for more funds? (probe for details)
    b. To shape the program? (probe for details)
    c. To improve management? (probe for details)
15. How interested are state program office staff and funders (executive/legislative offices) in measuring impact?

16. What recommendations do you have to improve measuring goals/outcomes/impact?

Inclusion of stakeholders:

2. Is input from stakeholders obtained to determine if program goals/impact are accomplished?
    a. If yes:
        i. How are stakeholders identified?
        ii. How many stakeholders are included?

iii. What types of stakeholders?
iv. How are they involved?
b. If no, why not?

I look forward to your guidance. Thanks in advance for your time.

Najja R. Orr

Response from IRB Received July 6, 2021

Hi Najja,

Based on the narrow scope of the interview questions (directly asking the interviewee to assess components of the programs and to clarify how they operate), and the fact that you will not be collecting personal information/opinions, this would not require a full IRB submission as it would not be classified as human subject research.

Let me know if you have any questions!
-Edy

Email Sent to IRB Regarding Second Study October 29, 2020

Dear Edy,

I wanted to thank you and Liz again for providing extremely helpful information during TL's Research Workshop class on September 12th. Based on how RP2 is starting to take shape, TL and I thought it would be best to reach out to see if IRB approval is needed for this stage of my dissertation research. Below is a brief summary of my research. Please let me know if an official IRB application is needed for full consideration.

Research Synopsis:

Inadequate public and grant funding creates budget challenges for social service agencies, preventing them from serving all of the needs of their program participants. Additionally, funders now have greater expectations that agencies demonstrate a return on investment, document program successes, and demonstrate the benefits to the community. This has led agencies to seek or develop theory-based program evaluation tools in an attempt to demonstrate greater impact.

My research investigates the impact of involving stakeholders in the evaluation process. Are the questions raised, buy in achieved, and results reported materially different if community stakeholders are involved in all or some of the process?

I plan to investigate this question using an action research methodology in which three Area Agencies on Aging (AAA) offices that provide social services to older adults in PA will participate: Western County Area Agency on Aging, Southeast County Area Agency on Aging, and Northeast County Area Agency on Aging. Each office will assess three programs using three different evaluation processes. The three programs likely to be assessed are Information and Referral, Home Delivered Meals (HDM), and Older Adult Protective Services (OAPS).

The three AAA offices would be designated as either office A, office B, or office C. Each designated office would agree to conduct three evaluations, involving 3-4 participants each, utilizing the same method: Theory of Change, Logic Model, and SROI (social return on investment). The AAA offices would employ a different evaluation approach for each program evaluated: staff-led, stakeholder-led and outside-expert-led. I would provide training in the method and then monitor the evaluation process – through archival study of notes, materials and outputs along with interviews of leadership, staff and stakeholders. The interview questions would focus on process and outcomes (i.e. what worked, what didn't work, what excites you, what concerns might you have) all focused on the evaluation process.

Below is the basic study design. I hope to identify if the different approaches to evaluation have different impact on process, goals and outputs.

	AAA Staff-led	Stakeholder-led (Task Force)	Expert-led (Outside AAA Network)
Information and Referral	Western	Southeast	Northeast
Home Meals	Southeast	Northeast	Western
OAPS	Northeast	Western	Southeast

As the co-primary investigator, I will manage the project, oversee the design, complete initial workshops with the AAAs to provide instruction, trouble-shoot challenges, collect documents, interview participants regarding the process, analyze the results, and complete an exit workshop with the AAAs to report redacted results to the group regarding whether or not involving stakeholders impacted the evaluation approach.

Following, please find samples of the questions I intend to ask participants in the evaluations.

I look forward to your guidance. Thanks in advance for your time.

Najja R. Orr

Proposed Questions:

PRELMINARY QUESTIONS (interviews after the design has been completed)

- Who was involved in the evaluation design?
- How were they selected?

- Tell me about your design process – how did it work? (Probe for process details, conflicts and resolution, etc.)

DESIGN QUESTIONS (Impact measurement details (interviews after the design has been completed)

Tell me about the Theory of Change portion of the evaluation process:

- What did you come up with for a theory of change? For types of measures?
- How did you make the decisions about what to include in this section?

Tell me about the Logic Model portion of the evaluation process:

- Could you walk me through your model and measurements?
- How did you select these?
- Were their differences of opinion in the process? If so, how did you work them out?

Tell me about the SROI portion of the process:

- Could you walk me through your model and proxies?
- How did you select these?
- Were their differences of opinion in the process? If so, how did you work them out?

PROCESS STRENGTHS AND WEAKNESSES (interviews after the evaluation have been completed):

- How did the development of the logic model change with the involvement of stakeholders?
- How did the development of the impact measurement change with the involvement of stakeholders?
- Did the addition of stakeholders add a significant amount of time to the process?
- Were there significant disagreements in the stakeholders for the selection of logic model/impact measurement metrics?
- Did there appear to be stakeholder bias in the development of the logic model/impact measurement?

RESULTS QUESTIONS (documentary evidence plus interviews with participants and CEOs and community stakeholders (and possibly funders)):

- Did the logic model metrics and SROI accurately reflect program impacts?
- Did the involvement of stakeholder alter what was identified as the long-term goals?
- What were the benefits/challenges of adding stakeholders?
- How was your impact measurement received – by staff, public, funders?
- What else did you learn about the process?

Response from IRB received October 30, 2021

Hi Najja,

The work you propose is considered "not human-subject research" and as such will not require IRB review and approval.

Let me know if you have any questions!

-Edy