



Orange County Master Aging Plan

**Proposed Preliminary
Goals, Objectives, and Strategies**

For

**The Five-Year Period
January 1, 2007 – December 31, 2011**

**Approved by the
The Orange County Board of Commissioners
For Public Comment**

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**The Master Aging Plan Task Force
Pat Sprigg, Co-chair
Florence Soltys, Co-chair**

**Staffed by
The Orange County Department on Aging
Jerry M. Passmore, Director**

Section IV. MASTER AGING PLAN GOALS

FOCUS: ALL OLDER ADULTS – OVERARCHING GOALS

Goal A: Information/Access- Improve information & assistance options to all older persons and their families who need access to services , especially those most in need.

Objectives A1 - 5 and Strategies

Goal B: Housing/Shelter - Promote an adequate supply of safe, affordable and suitable housing options for older residents to age in place.

Objectives B1 - 5 and Strategies

Goal C: Transit/Mobility- Enhance mobility options for all older persons regardless of functionality through a multi-modal vision that is acceptable, efficient, effective and affordable.

Objectives C1 - 5 and Strategies

Goal D: Transitional Care- Improve the transition and maintenance of older persons in the most appropriate care provider setting.

Objectives D1 - 3 and Strategies

FOCUS: WELL-FIT OLDER ADULTS

Goal E: Well-Fit Older Population - Improve and/or Maintain the Health and Well-being of Orange County's Well-Fit Older Adults for as long as Possible including future older persons.

Objectives E1 - 5 and Strategies

FOCUS: DISABLED/MODERATELY IMPAIRED OLDER ADULTS

Goal F: Disabled/Moderately Impaired Older Population – Maximize the safety, functional ability, and quality of life for impaired, community-dwelling older persons and their family caregivers.

Objectives F1 - 6 and Strategies

FOCUS: INSTITUTIONALIZED/SEVERELY IMPAIRED OLDER ADULTS

Goal G: Institutionalized/ Severely Impaired Older Population – Improve services, information access, and education and outreach to long

term care residents and families/caregivers that are affordable, accessible and promote quality of life through person-centered care. This also includes the retention, recognition and training of paid facility staff, thereby improving quality and continuity of care for residents.

Objectives G1 - 11 and Strategies

FOCUS: LEGISLATION/ADVOCACY

Goal H: Legislation/Advocacy - Promote a legislative/advocacy Aging Agenda that supports Orange County's Bill of Rights for Older Persons.

Objectives H1 - 2 and Strategies

FOCUS: COMMUNITY PLANNING AND ADMINISTRATION

Goal I: Planning/Administration -Enhance the planning, administration, coordination and funding of a response system to the needs of older persons in Orange County.

Objectives I1 - 3 and Strategies

FOCUS: ALL OLDER ADULTS– OVERARCHING GOALS

Goal A: Information/Access- Enhance information & assistance options for all older persons and their families who need access to services, especially those most in need.

Objective A-1: Improve marketing and evaluation of existing Information and assistance services.

Lead Organization (s): Dept. on Aging with Partners- United Way & Institute on Aging and others listed below.

Strategies:

- A. Implement a community awareness campaign (esp. May- Older Americans Month each year) of the vital role of senior centers as information and services centers.
- B. Implement new ways of advertising telephone assistance-Local -DOA Elder Helpline; Region- United Way 211 and N.C. Care-Line and evaluate use for changes.

- C. Implement new ways to publicize specialized information, such as Seniors Health Insurance Information Program (SHIIP) and Medicare Part D to older adults.
- D. Administer a community survey to measure the impact of existing marketing strategies to reach older persons and families and make necessary changes.

Objective A-2: Improve access to printed and website information to older persons, families and service providers.

Lead Organization (s): Dept. on Aging, BOCC with Partners- IT and others below.

Strategies:

Printed Materials Approach:

- A. Review and evaluate the *Senior Times* Newspaper (design, content, distribution) in informing older persons and make necessary changes.
- B. Review and evaluate the Orange County Eldercare Community Resource Guide in providing Information on resources and services for all older adults from the well-fit to the severely impaired/institutionalized and make necessary changes.
- C. Increase the number of local newspapers that print monthly feature articles on older persons, their contributions and accomplishments.
- D. Evaluate the need for a multi-lingual, culturally sensitive version of the Orange County Eldercare Community Resource Guide and make necessary changes.
- E. Partner with Emergency Response Organizations (EMS, DSS, Red Cross, Health Dept, RSVP) to improve dissemination of disaster preparation information to all older adults on multi-hazard situations such as natural disasters and man-made ones.
- F. Increase and monitor the availability of health and preventive information at all county health facilities, libraries, senior centers, and public facilities.
- G. Review all older adults services materials for developing culturally appropriate educational flyers for those most in need and make necessary changes.

Website Approach:

- G. Redesign, maintain and evaluate (e.g. number of hits/ user comments on design and content) the County Aging web site for providing information and make necessary changes.
- H. Improve access to the internet for the public at county senior centers with wireless internet connection and on site checkout computers.
- I. Provide training (SeniorNet) at senior centers on internet access and use of key aging information websites such as Orange County's (www.co.orange.nc.us/aging), Triangle

J. Area Agency on Aging (www.tjaaa.org), The Full Circle of Care for family caregivers (fullcirclecare.org) and The National Eldercare Locator Services (Eldercare.gov)

Objective A-3: Improve information outreach on preventive and community services to all older persons, those with specialized needs, aging service providers, community leaders, and public.

Lead Organization (s): Dept. on Aging with Partners listed below.

Strategies:

- A. Place information at key locations used by **older persons and families most in need** such as pharmacies, physicians' offices, health clinics, places of worship, Health Department, Cooperative Extension, libraries, Dept. of Social Services and Senior Centers.
- B. Consider establishing a ROSCO (Roundtable of Senior Citizens Organizations) of **key community elders** who meet and disseminate a variety of information on services, opportunities and retirement educational matters.
- C. Partner with **newcomer** service organizations and publications such as Chambers of Commerce, Visitors Bureau, Realtors Assn, Senior Living, Triangle Pointer with information distribution.
- D. Partner with Faith Communities for information distribution to **minorities** who are less likely to seek out and know community services.
- E. Consider re-establishing networking meetings of **service providers to the aging** who serve older persons on agency information exchange and community issues.
- F. Partner with transit organizations (OPT, Chapel Hill Transit, TTA) in placing advertisement and information on buses for **public** information.
- G. Convene an annual "State of the Older Adult" breakfast in May (Older Americans Month) to keep the **community** informed and motivated about issues impacting older persons.

Objective A-4: Increase educational and employment opportunities for older persons, service providers now and in the future (students).

Lead Organization (s): Dept. on Aging with Partners-UNC Program on Aging And others listed below.

Strategies:

- A. Partner with service providers and university faculty to offer an annual forum on key issues impacting on older persons such as caring for parents, moving or aging in place, sexuality in later life, spirituality and aging, dealing with dementia/depression.

- B. Investigate the implementation of a “senior jobs” program at the senior centers in partnership with businesses and N.C Employment Security Commission to educate and promote “semi- retirement” options.
- C. Develop increased opportunities for health professionals, university faculty and students to be exposed to aging issues through senior centers (student placements, UNC classes and special programs offered on site, etc.)

Objective A-5: Expand information and outreach through electronic media such as public/private radio, television and cable.

Lead Organization (s): Dept. on Aging with Partners listed below.

Strategies:

- A. Expand and improve the local public access weekly television program-“In Praise of Age” to reach a larger viewing audience throughout the county.
- B. Expand sponsorship funding of “In Praise of Age” show beyond the Dept. on Aging, Carol Woods and the Friends of the Senior Centers.
- C. Develop and seek funding for a new “Media and Aging” studio at the New Seymour Center that would provide on site show production with live audience participation.
- D. Partner with radio and television to increase information and education programming on aging needs, services and issues.

Goal B: Housing/Shelter: Promote an adequate supply of safe, affordable, and suitable housing options for older residents to age in place.

Objective B-1: Expand assistance in the retrofitting, repair and maintenance of existing older adults homes.

Lead Organization (s): OC Dept. of Housing and Community Dev. with Partners- Aging Advisory Board and others.

Strategies:

- A. Develop and distribute a listing of reliable/honest businesses who perform home repairs/renovations and maintenance. (Chamber of Commerce, Homebuilders Assn.)
- B. Encourage the development of volunteer groups (churches, clubs, youth, etc.) to provide low cost/no cost home maintenance (outside repair, yard work, etc.) to low income older adults.
- C. Monitor use and need to expand the County’s Urgent Repair and Comprehensive Housing Rehabilitation Program for older adult home owners.

- D. Implement programs in vocational education classes at high schools and community colleges that provide credit for community service hours to older persons in Orange County.
- E. Establish a volunteer pool of retired trades people willing to provide home maintenance services on a sliding scale.

Objective B-2: Expand tax assistance for older adults who have difficulty over time paying their property tax on their home.

Lead Organization (s): BOCC and Manager's Office. Partners: County Attorney, Revenue Collector, Tax Assessor, Finance Director, Budget Director, Dept. on Aging/Aging Advisory Board, Senior Care of Orange County, Inc. and others.

Strategies:

- A. Advocate legislatively to increase the coverage and allowance for the N.C. Homestead Exemption Act.
- B. Research property tax policies (state-wide and nationally) and recommend tax relief (city/county/state) measures for older adults with limited incomes to BOCC.

Objective B-3: Improve the provision of support services for all 55+ Communities and Senior Housing Projects in order for older adults to age in place.

Lead Organization (s): Dept. on Aging and Aging Advisory Board

Strategies:

- A. Expand contracting with the Dept. on Aging for a Service Coordinator to non-profit housing for the elderly and for profit 55+ communities.
- B. Establish a courtesy review procedure (cities, county) of senior housing developers' proposals by the County Aging Advisory Board and County Affordable Housing Advisory Board before plans are approved.

Objective B-4: Increase public education of older adults as well as developers to the desirability (need) to build, select, buy or rent senior housing that allow for easy retrofitting later for "Aging in Place" or disability modifications.

Lead Organization (s): Planning Depts and OC Aging Advisory Board

Strategies:

- A. Sponsor periodic forums on Senior Housing Options for older adults and families.
- B. Consider incentives for builders to construct Aging in Place homes.

- C. Sponsor periodic senior housing forums/workshops for developers/builders, realtors, and commercial rental property managers.

Objective B-5: Increase the number of affordable multi-unit housing which are designed to support the needs of older persons, especially the low income.

Lead Organization (s): BOCC with Partners – OC Housing and Community Dev. and OCIM.

Strategies:

- A. Support the development of HUD 202 Senior Housing project for low income, especially in central/northern Orange County where none exist.
- B. The County Affordable Housing Advisory Board consider county funding options to address the senior housing needs.
- C. Seek senior housing assistance from Orange County Housing and Land Trust, Empowerment, Inc., Habitat for Humanity, Women's Center, Weaver Community Housing Association, N.C. Land Trust and USDA Federal Housing Programs.

Goal C: Transit/Mobility: Enhance mobility options for all older adults regardless of functionality through a multi-module vision that is acceptable, efficient, effective and affordable.

Objective C-1: Increase funding sources for expansion and/or enhancements of new or existing services to improve older adults transit services.

Lead Organization (s): BOCC with Partners – NC Dept. on Transportation, RPO, O.P.T. , Human Services Trans. Board, Planning Dept.

Strategies:

- A. Encourage local merchants to financially support specific public routes or transit services.
- B. Solicit additional state and federal funds as well as private foundation grants.
- C. Consider local legislation to enact levies/taxes for transportation purposes.
- D. Review fare structures and donation programs to increase revenues.
- E. Partner with adult day care, assisted living, nursing home facilities to provide additional transit funding.
- F. Utilize Congestion Mitigation Air Quality (CMAQ) funds for bus shelters, bike

racks, and park and ride lots

Objective C-2: Improve Orange Public Transportation (OPT) transit services as requested by older adults in rural Orange County.

Lead Organization (s): Orange Public Trans.(OPT), OC Trans. Services Board, OC Planning Dept.

Strategies:

- A. Expand OPT's hours and route configurations for the new Orange County Senior Centers.
- B. Develop new OPT routes to connect with existing North-South route (Hillsborough to Chapel Hill) to include Hillsborough in-town route and East-West public route.
- C. Expand OPT's scope and hours from medical to include other life sustaining and life enriching services.
- D. Require all future senior housing projects to have transit plans as a part of the approval process that is reviewed by the Transportation Services Board as well as the County Planning Board.

Objective C-3: Improve coordination of all public transit routes and services within Orange County and the Triangle Region.

Lead Organization (s): NC Dept. on Transportation and Trans. Services Board.

Strategies:

- A. Complete the Triangle Regional Development Plan (TRDP) study that will provide recommendations for consolidation/coordination of services within Wake, Durham, and Orange Counties.
- B. Complete Community Transportation Improvement Plan (CTIP) recommendations (after completion of Regional Development Plan) for organizational placement of Orange Public Transportation (OPT) to stay within the Department on Aging or establish a new county transportation department or move OPT outside the county structure.

Objective C-4: Expand mobility efforts through the use of volunteer staff (drivers and escorts) for frail/elderly who require door through door service.

Lead Organization (s): Dept. Aging with Partners – O.P.T. RSVP and A Helping Hand

Strategies:

- A. Recruit volunteers to assist with preparing and transporting frail/elderly clients who require life sustaining transit issues through RSVP and other agencies.
- B. Provide volunteer staff training in assisting special populations (frail, elderly, mobility impaired)
- C. Educate older adults regarding the availability of volunteer staff to support transit needs.

Objective C-5: Improve awareness of existing transit services and offering input for additional services.

Lead Organization (s): Orange Public Trans. (OPT) with Partners – OC. Trans. Services Board, Orange Unified Trans. Board, and others.

Strategies:

- A. Expand and redesign customer service surveys with input from the older adults of Orange County.
- B. Hold public forums specific to older adults to educate residents of all transit options available in Orange County and surrounding areas.
- C. Enhance visibility of Orange Public Transportation with an easily identifiable transit system name, logo and website.
- D. Hold public forums to educate older adults on emergency evacuation procedures and transportation available (emergency shelter issues).

Goal D: Transitional Care- Promote the transition and maintenance of older persons in the most appropriate health care provider setting.**Objective D-1: Maintain older persons in the most appropriate setting through the development or expansion of innovative models of aging-friendly community programs.**

Lead Organization (s): Dept. on Aging with Partners- Carol Woods Center of Excellence and others – Senior Care of Orange County, Piedmont Health Services, UNC Hospitals.

Strategies:

- A. **Community Day Health-** Expand adult day health capacity and creative collaboration of services and resources between senior centers and day health centers.

- B. **Health Maintenance Organization for the Poor** - Support the development of P.A.C.E. (Program of All-Inclusive Care of the Elderly) which helps low-income elderly (medicaid/medicare eligible) to remain in their home as long as appropriate with community-based health care.
- D. **Hospital Setting** - Encourage a “senior friendly” space in hospital emergency rooms.
- E. **Home Setting**- Support expanding assessment and care planning using home setting (similar to Hubbard Program and mobile SHAC).

Objective D-2: Improve the coordination of care through increased contact and training of health care and community care providers that are key to the transitioning process.

Lead Organization (s): Dept. on Aging with Partners-Carol Woods Center of Excellence, and others.

Strategies:

- A. Establish a Transitions Community Workgroup that meets regularly to discuss, create and implement strategies to improve transitions.
- B. Offer transitional care training of providers (and patients and their family members) to improve transitions. (Examples may include trainings and resource listings for discharge planners, including where to find nursing home survey reports, and a caregiver brochure outlining suggestions for a smooth transition.)

Objective D-3: Improve the coordination of care through the development of uniform transitional care informational forms, materials and resources.

Lead Organization (s): Triangle J Area Agency on Aging with Partners-Dept. on Aging, UNC Program on Aging and other regional aging providers.

Strategies:

- A. Identify what health information is currently available, analyze how to best use the information, and explore how to coordinate and share information to enhance the transitions and care of older persons.
- B. Consider reinstituting a “Transfer Information Sheet” for hospital, nursing home and community transitions.

FOCUS: WELL-FIT OLDER ADULTS

Goal E: Well-Fit Older Population - To Improve and/or Maintain the

Health and Well-being of Orange County's Well-Fit Older Adults for as Long as Possible including Future Older Persons. (Prevention focus)

Objective E-1: Provide preventive home-based community services to help people maintain their health and age in place.

Lead Organization (s): County and Towns- Planning and Housing Departments Partners-DOA Wellness Program.

Strategies:

- A. Convene a committee to plan for "Senior and Liveable community designs" at town and county planning meetings that promote "Aging in Place" within new housing developments including: (1) Affordable housing, (2) Universal design features, (3) Walkable neighborhoods, and (4) caregiver housing on private properties.
- B. Plan strategies by Planning and Housing Departments that give builders incentives to build accessible housing, which encourage people from various socio-economic, ethnic, and racial backgrounds to live together in the same community.
- C. Plan strategies by Planning and Housing Departments that give developers monetary incentives to design communities that allow all residents easy accessibility to places of interest and need (shopping, banking, socializing, and leisure activities) by walking or biking.
- D. Train a group of well-fit seniors by County/Town Depts. who would be peer models for healthy aging in their community by volunteering to develop and facilitate programs that may benefit all older adults (walking and exercise programs, hikes, games, community events, etc.) at existing community locations where they meet (i.e. senior centers, retirement communities, schools, churches).

Objective E-2: Improve Access to Affordable Healthcare for all older persons.

Lead Organization (s): Dept. on Aging, Health Dept., Piedmont Health Services with other Partners.

Strategies:

- A. Seek funding for additional DOA outreach staff (Information/assistance) who along with coordinating volunteers (including those from diverse ethnic backgrounds) will work to increase awareness and education of eligible older adults as to benefits of and enrollment process for Medicare Parts A, B, & D; and refer appropriate low-income older adults to Dept. of Social Services for Medicaid. In addition, provide awareness of available community medical, dental and mental health providers, Dept. on Aging (DOA) services, and other resources.

- B. Train a minimum of 5 volunteers by the Seniors Health Insurance Information Program (SHIIP) on Medicare information and coordinate availability for group/individual presentations to the community.
- C. Assess availability of current medical, dental, mental health providers in the Community as indicated by Medicare/Medicaid patients' acceptance and number of providers and develop an action plan by the DOA Wellness Program Council.
- D. Develop a plan to fund **mobile** medical, dental, and mental health services to older adults in accessible community settings that provides screening, education, basic counseling and care; and staff support (salary/benefits) for multicultural providers with an interest in geriatric services. (Staffing- Adult Health Nurse Practitioner, Nurse, Dentist, Dental Hygienist, Licensed Clinical Social Worker and Administrative Assistant. Mobile Unite will travel to churches, community centers, senior centers.

Objective E-3: Conduct community assessments bi-annually to track changes in senior needs and available resources in order to meet the needs.

Lead Organization (s): Dept. on Aging's Wellness Program/Council with Partners- NC Institute on Aging, TJAAA, NC Division on Aging.

Strategies:

- A. Convene a committee by the DOA Wellness Program to garner resources to fund and conduct the assessment and manage logistics of using these resources.
- B. Convene a committee of organizations by the DOA Wellness Program to collect and synthesize data that identifies needs and resources (including providers and need for additional providers) to support wellness and build an wellness action plan for the assessment.
- C. Conduct focus groups (by DOA Wellness Program Council) with a diverse range of older adults in a variety of community settings that investigate their needs and perceived resources or lack of resources to support their wellness. Make necessary program changes based on the findings.
- D. Produce an executive summary (by DOA Wellness Program Council) of the needs and resources identified in the assessments, identifying both quantitative and qualitative data including priorities for program planning and further action steps.
- E. Evaluate the priorities, action steps, and results achieved (by DOA Wellness Program Council) from the previous bi-annual assessment and include in the 2010 bi-annual assessment report the priorities that were addressed, not addressed and the supports, barriers and problems to its achievements.

Objective E-4: Improve Elder Adult Driver Safety for the protection of the individual and community.

Lead Organization (s): Dept. on Aging Wellness Program with Partners-UNC Program on Aging, UNC Occupational Dept., DMV, UNC Safety Research, State AARP.

Strategies:

- A. Implement a campaign by DOA Wellness Program and RSVP to distribute transportation information/materials for safe driving and community mobility which includes: Identifying senior friendly car types, promoting AARP safe driving courses; encouraging transportation alternatives by health care professionals, (i.e. family, friends, public transportation, church volunteer drivers, emergency contact lists)
- B. Mobilize and train faith community by DOA Wellness Program to assist with safe driving campaign by providing transportation for elders and encourage acceptance if “no driving recommended” by health care professionals, friends, family, DMV.
- C. Implement a “Driver Screening Skills Project” by the DOA Wellness Council that utilizes volunteer testing options, DMV Testing Policy, UNC-CH Occupational Therapy Screening.
- D. Convene a group by UNC Program on Aging to develop a continuing education plan for appropriate health care professionals to address their role in driver safety for older adults.

Objective E-5: Increase information and education services that focus on the personal health promotion, financial preparation and skills of Post World War II Generation (1946-64).

Lead Organization (s): Dept. on Aging with Partners- public and private groups.

Strategies:

- A. Plan and implement an annual pre-retirement (Life Span Planning) educational workshop(s) for Post World War II generation.
- B. Expand opportunities for Post WWII generation to utilize a variety of wellness services in senior centers, offering evening and weekend programming.
- C. Research and implement creative models to utilize the Post WWII generation as a volunteer resource to serve older persons and other community needs.

FOCUS: DISABLED/MODERATELY IMPAIRED OLDER ADULTS

Goal F: Disabled/Moderately Impaired Older Population – Maximize the safety, functional ability, and quality of life for impaired, community-dwelling older persons and their family caregivers.

Objective F-1- Increase community recognition, support, and empowerment of family caregivers.

Lead Organization (s): Dept. on Aging's Eldercare Program with Triangle J AAA and Partners listed below.

Strategies:

- A. Develop brochures on care giving to distribute in medical settings.
Partners: National Family Caregiver Support Program, OCDoA, UNC Program on Aging, Eastern NC Alzheimer's Association.
- B. Create a "Community Caregivers Alliance" in which caregivers can communicate with each other to share information, ideas, bartered services, social interaction, and emotional support. This group will be the voice of caregivers to county human services.
Partners: Existing OCDOA support group members, OCDOA, OCDSS, OCHD, Caring Family Network, faith communities, UNC Program on Aging.
- C. Create a group respite program at senior centers for impaired family members who are unable to navigate the senior centers independently but are too independent to accept adult day care programs.
Partners: OCDoA, OCDSS, OCHD, UNC Program on Aging, JOCCA, Charles House
- D. Develop issue-specific support groups as the need is identified by caregivers.
Partners: Care giving clients, physicians, and local mental health providers, OCDOA, OCDSS, OCHD, Caring Family Network (formerly OPC).
- E. Work with community partners to learn the cultural factors which affect care giving in minority communities.
Partners: Institute on Aging, African Community Outreach Program at Duke, Eastern NC Alzheimer's Association, JOCCA, OCDOA, OCDSS, OCDH, NC Extension Services, A Helping Hand.
- F. Offer culturally specific classes/presentations to church pastors, informal community leaders, and church members to enable them to recognize that dementia is much more than memory loss so church members can begin to comprehend the stresses experienced by caregivers and mobilize support for them.
Partners: OCDSS, OCHD, African-American Community Outreach Program at Duke, NC Extension Services, Eastern NC Alzheimer's Association, A Helping Hand, IFC, OCIM, JOCCA, local churches, primary care physicians, Piedmont Health Systems,

Caring Family Network (formerly OPC)

- G. Hire professional staff to function as liaison with faith communities and county human services to enable families to reduce their stress level while postponing institutional placements.

Partners: OC Government, Triangle J, faith communities.

- H. Create a regular newspaper column devoted to Q and A about care giving issues.
Partners: OCDOA interdisciplinary staff, local newspapers, UNC Program on Aging, Piedmont Health Systems, and National Family Caregiver Support Program.

Objective F-2: Offer best practices in mental health care for older persons in affordable, stigma-free, non-psychiatric settings.

Lead Organization (s): Dept. on Aging's Eldercare Program, UNC Geropsychiatry with Partners- public and private groups listed below.

Strategies:

- A. Implement the IMPACT program for geriatric depression in primary care physician offices through partnerships with primary care physician practices, UNC Geriatric Psychiatry, and OCDOA.
- B. Provide Medicare-reimbursable mental health therapy for seniors and their caregivers by clinical staff at senior centers.
- C. Provide therapy groups for seniors with mental health issues at senior centers as the need arises, based on input from seniors, families, physicians, and human service personnel.

Partners: UNC Geriatric Psychiatry, UNC Program on Aging, Primary physician practices, OCDOA, licensed clinicians, OCDSS, Caring Family Network (formerly OPC).

Objective F-3: Increase the utilization, safety, and comfort of the new senior centers by/for individuals with functional impairments in mobility, vision, hearing, continence, and memory.

Lead Organization (s): Dept. on Aging with Partners-North Carolina Division of the Blind; Center for Universal Design, OCDOA, North Carolina Services for the Deaf and Hard of Hearing, DSS, OC Disability Awareness Council, Eastern NC Alzheimer's Association, and architects.

Strategies:

- A. Design workshops for seniors on "How to be a Friend to a Person with Memory Loss."
- B. Create a post-rehabilitation program in each senior center, in which impaired seniors can continue to increase or maintain functional ability after Medicare rehabilitation services have been discontinued.

- C. Design spaces visually to meet the needs of individuals with an array of low vision problems.
- D. Design the floor to assist people with low vision to walk safely from one area to another.
- E. Provide equipment to assist low vision readers.
- F. Make the facility as acoustically favorable as possible.
- G. Provide equipment to enable hearing impaired people to participate in lectures, activities, and support groups.
- H. Design bathrooms with floor to ceiling doors to maximize privacy.
- I. Make incontinence supplies and disposal clearly visible while enabling their use in a private and dignified manner.
- J. Purchase chairs that make sitting for 2+ hours comfortable and facilitate easy sit→ stand transfers.
- K. Make all furniture easy to clean in case of spills or incontinence.
- L. Consider wheelchair placement in all rooms.
- M. Have wheelchairs available for emergency use.
- N. Use name tags to reduce anxiety associated with memory loss.

Objective F-4: Increase supportive services to home-bound older persons through partnerships between agencies, churches, and volunteers to increase safety and enhance socialization.

Lead Organization (s): Dept. on Aging with Partners, public and private groups, listed below.

Strategies:

- A. Expand the Dept. on Aging's Frail Elderly Fund through a campaign of private donations to provide funding to help meet the safety and care needs of at-risk seniors.
Partners: OCDOA, OCDSS, Friends of Senior Centers, AARP, local businesses, civic groups. Junior League of Orange and Durham, Advisory Board on Aging, local long-term care facilities, local media, churches, and local residents
- B. Work with local community members to help identify home-bound, isolated seniors to offer a home visit/assessment from Department on Aging to offer telephone reassurance, emergency list inclusion, and other appropriate services.
- C. Work with local police, sheriff's department and community watch groups to develop Orange County Community Cares Networks to establish check- ins on homebound, at-risk seniors with a spirit of neighborliness and friendliness rather than an investigative approach.
Partners: Police departments, sheriff departments, OCDSS, OCDOA, utility meter readers, Postal Service. OPT, Chapel Hill-Carrboro Transit, neighborhood watch programs, Meals on Wheels volunteers, local churches.
- D. Work with churches to identify practical ways that they can assist isolated seniors with chronic illnesses, such as paying for emergency response systems (e.g. Health

Watch.) and providing transportation and escort service to physician appointments to augment the involvement of social service agencies.

Partners: OCDOA, OCDSS, OCHD, local churches, OCIM, retired health professionals.

Objective F-5: Increase community awareness of care management services.

Lead Organization (s): Dept. on Aging's Eldercare Program, DSS Adult Services Unit, and Health Dept.

Strategies:

- A. Create a public awareness campaign about the Community Alternative Program (CAP-DA).
- B. Create a public awareness campaign about private care managers in the community.
- C. Create interest in making care management available to individuals who do not qualify for CAP-DA and cannot afford in home services to help support the OCDOA Frail Elderly Fund and in-kind contributions from private care managers.
- D. Support and increase church care teams with an emphasis on chronic care.

Objective F-6: Increase collaboration on evaluation, care planning, and on-going intervention by Orange County agencies offering case management.

Lead Organization (s): Dept. on Aging's Eldercare Program, DSS Adult Services Unit, and Health Dept.

Strategies:

- A. The Department on Aging, Department of Social Services Adult Services, and OCHD Chronic Care Nurse Educator staff will have a method of sharing a client database to maximize synergy and decrease duplication of effort without violating HIPA.
- B. The Department on Aging, OCDSS, OCHD Chronic care nurse educator will meet regularly to discuss difficult cases before they are candidates for guardianship.

***FOCUS: INSTITUTIONALIZED/SEVERELY IMPAIRED
OLDER ADULTS***

Goal G: Institutionalized/ Severely Impaired Older Population-Improve services, information access, and education and outreach to long term care residents and families/caregivers that are affordable, accessible and promote quality of life through person-centered care. This also includes the retention, recognition and training of paid facility staff, thereby improving quality and continuity of

care for residents.

Objective G-1: Continue a Long Term Care Facility Roundtable (OCLTCFR) comprised of service providers, consumers, advocates, and regulators, who will work to define, address, and resolve current priority issues related to the quality of care and quality of life of the long term care facility population.

Lead Organization (s): TJAAA Long Term Care Ombudsman Program, Nursing Home and Adult Care Home Community Advisory Committees with staff support from the Dept. on Aging.

Strategies:

- A. Refer development to Nursing Home and Adult Care Home Community Advisory Committees to report annually to BOCC. Work to change structure; perhaps make members BOCC appointees.
- B. Find ways for non-participants to participate.
- C. Secure more staff resources to function and define other resources needed.

Objective G-2: Begin operation of mobile Dental Access Unit for senior residents in Orange, Chatham and Durham counties, with priority given to long term care facilities, the homebound and senior centers.

(Comments: Delayed because of funding. Procured grant monies to obtain/operate a dental access mobile unit in Orange County. A van and equipment have been obtained. A dentist has been found. The program will hopefully begin in 2007.

Lead Organization (s): Access Dental Regional Coalition with partners -TJAAA Long Term Care Ombudsman Program, OC Health Dept., Dept. on Aging Wellness Program, Carol Woods, OC Aging Advisory Board and Chatham Council on Aging with staff support from the Dept. on Aging.

Strategies:

- A. Monitor progress of funding and operation for necessary changes.
- B. Assist Access Dental and identifying participants for the program.

Objective G-3: Provide in-service instruction in oral hygiene procedures to long term care facility personnel.

Lead Organization (s): UNC Center for Public Service partner with TJAAA Long Term Care Ombudsman Program, Nursing Home and Adult Care Home Community Advisory Committees

Strategies:

- A. Request the Center for Public Service to identify resources such as Access Dental, Durham Technical Community College, dental hygiene techs, and the UNC Dental School

Objective G-4: Increase the number of adult care homes that accept special assistance monies in order for residents not to be placed in out-of county facilities.

Lead Organization (s): OC Long Term Care Facility Roundtable and the Adult Care Home Community Advisory Committee with staff support from the Dept. on Aging.

Strategies:

- A. Develop creative incentives approved by County Commissioners.

Objective G-5: Investigate the potential for developing a hospital affiliated long-term care teaching nursing home facility.

Lead Organization (s): ?

Strategies:

- A. Redefine and clarify model and pursue issue with UNC and Duke.
- B. Encourage a partnership between UNC and LTC agencies to define quality of care and training.
- C. Approach individuals and private foundations for interest and funding.

Objective G-6: Offer sufficient and affordable continuing education unit programs, certificate training and placement program for certified nursing assistants (CNAs) and personal care aides (PCAs), administrators, nursing directors, resident care coordinators medical assistants and others throughout the community (e.g., internships, co-op programs).

Lead Organization (s): OC Long Term Care Facility Roundtable with staff support from the Dept. on Aging.

Strategies:

- A. Pursue training partnership with Durham Technical Community College, local facilities, and other health professionals as identified.
- B. Provide food and Continuing Education Units (CEU) to invite attendance at training programs.

- C. Partner with Roundtable, Community Advisory Committees, Ombudsman Program, Department on Aging, Department of Social Services.
- D. Study the needs of local facilities and work to address these needs.

Objective G-7: Develop and implement recognition programs for long term care personnel endorsed by the BOCC.

Lead Organization (s): OC Long Term Care Facility Roundtable with staff support from the Dept. on Aging.

Strategies:

- A. Refer to Roundtable to develop guidelines and criteria for recognition.
- B. Partner with facilities, Community Advisory Committees, Advisory Board on Aging, Ombudsman Program, Department of Social Services, and Friends of Residents in Long Term Care in implementation of approved BOCC program.

Objective G-8: Improve the training for long term care facility activity directors.

Lead Organization (s): OC Long Term Care Facility Roundtable with support from Durham Tech Community College.

Strategies:

- A. Work with statewide activity professional associations
- B. Offer semi-annual training through with Durham Tech Community College , the UNC Schools of Education, Recreation, & Occupational Sciences, Regional Ombudsman, and OC Dept. of Social Services.

Objective G-9: Ensure inclusion of current long term care resources in the updating and printing of the Orange County Resource Guide..

Lead Organization (s): Dept. on Aging

Strategies:

- A. Request the Department on Aging staff submit to the Roundtable leadership the updated draft guide for review before publication.

Objective G-10: Ensure inclusion of current long term care resources in the updating of the county web site.

Lead Organization (s): Dept. on Aging and County Commissioners Clerks Office

Strategies:

- A. Request the county webmaster to submit notifications to the Roundtable leadership and LTC Ombudsman when the Community Advisory Committee reports are posted and facility data is current.

Objective G-11: Support the development and operation of resident and family councils in long term care facilities.

Lead Organization (s): TJAAA Long Term Care Ombudsman Program, Nursing Home and Adult Care Home Community Advisory Committees with staff support from the Dept. on Aging.

Strategies:

- A. Provide technical assistance to residents and family councils by the TJAAA LTC Ombudsman Program, Community Advisory Committees, the Roundtable and long term care facilities.
- B. Collaborate with Friends of Residents in Long Term Care for technical assistance and public policy issues.

FOCUS: LEGISLATION/ADVOCACY**Goal H: Legislation/Advocacy - Promote a legislative/advocacy Aging Agenda that supports Orange County's Bill of Rights for Older Persons.****Objective H-1: Establish a legislative/advocacy mechanism to involve older persons, local county boards, officials and public in improving the lives of older persons.**

Lead Organization (s): Aging Advisory Board with Dept. on Aging and partners listed below.

Strategies:

- A. Partner with Aging Advocacy groups to offer training at senior centers for older adults on the legislative process and procedures to impact legislation, including the internet to key information websites such as legislators, advocacy groups, and monitoring bills.
- B. Enhance participation in the N.C Senior Tar Heel Legislature by Orange County with county representatives reporting back to the County Aging Advisory Board and BOCC.
- C. Prepared an annual Orange County Aging legislative/advocacy agenda updated by the Aging Advisory Board for BOCC approval. This to be done in partnership with other

county committees with special areas of concern such as the Human Services Transportation, Affordable Housing Committee, Nursing Home Community Advisory Committee, Adult Care Home Community Advisory Committee, Retired Senior Volunteer Council, DSS and Health Department boards.

- D. Participate as a member of the N.C Coalition on Aging, the TJCOG Advisory Council on Aging and the Coalition for Continuity of Care for the Geriatric Community by the County Aging Advisory Board and reporting back to the BOCC.
- E. Establish legislative monitors on key aging issues by the Dept. on Aging in order to keep the County Advisory Board on Aging and BOCC informed on a timely manner.

Objective H-2: Increase educational opportunities for older persons, local officials, legislators and general public to be exposed to legislative issues related to aging.

Lead Organization (s): Advisory Board on Aging with the Dept. on Aging and partners listed below.

Strategies:

- A. Partner with aging advocacy groups to hold regular meetings to discuss, review and update organizations and individuals on current and proposed legislation.
- B. Hold an annual legislative public meeting (such as a breakfast) by the County Advisory Board on Aging that highlights aging legislative issues at the local, state and national levels.
- C. Increase the use of the local public access weekly television program-“In Praise of Age” to inform older persons and the community on legislative issues.
- D. Partner with radio and television to increase information about legislative aging matters.
- E. Maintain a list serve by the Dept. on Aging to mobilize older adults/advocates as to legislation and advocacy issues that need their timely support. (ex. Homestead Exemption Act changes, UNC Aging research cuts)

FOCUS: PLANNING AND ADMINISTRATION

Goal I: Planning/Administration - Enhance the planning, administration, coordination and funding of a response system to the needs of older persons in Orange County.

Objective I-1: Planning/Coordination - Improve the County’s planning and

coordination efforts for the growing aging population.

Lead Organization (s): Aging Advisory Board with support from the Dept. on Aging and partners listed below.

Strategies:

- A. Monitor the progress of the five year Master Aging Plan by the Advisory Board on Aging for the Board of County Commissioners, providing an annual update on accomplishments and recommend priority changes.
- B. Continue holding joint meetings between the Advisory Board on Aging and the United Way Senior Issues Team for improved public-private service coordination, planning and funding.
- C. Increase staff support for existing planning and advocacy bodies, specifically, the Advisory Board on Aging, the Long Term Care Facility Roundtable, the Nursing Home Community Advisory Committee, the Adult Care Home Advisory Committee.
- D. Create a Technical Advisory Committee to the Dept. on Aging Director, consisting of staff representatives from public and private agencies whose purpose is joint planning. The committee's mandate would be contract /agreement negotiation for cooperative service provision and joint pursuit of funds.

Objective I-2: Administration- Improve the service delivery of the Department on Aging's services as well as other county departments that serve older persons.

Lead Organization (s): Aging Advisory Board with the Dept. on Aging and partners listed below.

Strategies:

- A. Conduct community surveys (developed by Federal Adm. on Aging) to measure performance of county aging services in the areas of information/assistance, case management, senior centers, congregate nutrition, home-delivered nutrition, and transportation and recommend necessary changes.
- B. Review the organizational staffing patterns of the Dept. on Aging and other county departments for the appropriate placement of aging services and recommend necessary changes.
- C. Provide increased staff and volunteer leadership training to consistently improve their performance levels. (i.e. N.C. Division on Aging conferences/workshops, and National Aging Conferences)
- D. Enhance the operations of Orange County Senior Centers as recognized state funded "Centers of Excellence" by pursuing and maintaining national certification from the National Council on Aging's National Institute for Senior Centers.

Objective I-3: Funding- Increase appropriate public and private funding for aging services that are affected by a growing older population.

Lead Organization (s): Aging Advisory Board with the Dept. on Aging, County Managers Office and partners listed below.

Strategies:

- A. Analyze the past and current funding of aging services by the county, towns and Triangle United Way comparing it with the projected growth of the older population and recommend necessary funding changes based on service needs.
- B. Review the process for allocating and administering the Community Block Grant Funds from the State Division of Aging for various aging programs within the county and recommend necessary changes.
- C. Investigate the feasibility of establishing a Dept. on Aging public information/development officer to expand the marketing and community awareness of county aging services as well as seek more private funds
- D. Expand county funding for DOA Wellness program staffing that includes Wellness Program Coordinator, Wellness Program Tech I and Office Assistant/Clerical.
- E. Expand county funding over time for staff support (receptionist and staff) to extended operational hours at the new senior Centers as needed.
- F. Expand county funding for Dept. on Aging information services and program evaluation such as a database, listserves, evaluation surveys, uniform software coordination with other county agencies.
- G. Request increased subsidy from the Friends of the Senior Centers and Triangle United Way for wellness/health promotion classes in order for low income older persons' participation.