

ORANGE COUNTY MASTER AGING PLAN DRAFT



2017-2022

Goals, Objectives, Strategies, and Indicators

Prepared under the leadership of:

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Table of Contents

Executive Summary.....	1
Introduction.....	5
Development of the Plan.....	6
Demographics.....	11
DOMAIN: Outdoor Spaces and Buildings	17
DOMAIN: Transportation.....	21
DOMAIN: Housing.....	24
DOMAIN: Social Participation.....	28
DOMAIN: Respect and Social Inclusion	31
DOMAIN: Civic Participation and Employment.....	34
DOMAIN: Community Support and Health Services	38
DOMAIN: Communication and Information	44
Conclusion	46
Acknowledgements.....	47
Frequently Used Acronyms.....	51
Glossary.....	53
Index of Responsible Agency	55
References	61

Executive Summary

The 2017-2022 Master Aging Plan (MAP) marks the fourth cycle of strategic planning for the Orange County Department on Aging (OCDOA). However, **this is the first MAP based on the AARP Framework for an Age-Friendly Community (AFC). The AFC framework contains 8 domains of livability that influence the quality of life for older adults: outdoor spaces and buildings, transportation, housing, social participation, respect and social inclusion, civic participation and employment, communication and information, and community and health services.**

The goals included in the 2017-2022 MAP are intended to make Orange County an age-friendly community, a place where structures and services are adapted to be accessible to and inclusive of older adults with varying needs and capacities. For this reason, the plan covers a wide range of topics, from communication and information to housing and outdoor spaces and buildings.

The 2017-2022 MAP was developed using the AARP Age-Friendly Community Framework as a guide. The goals, objectives, and strategies represent the work of a variety of stakeholders throughout the MAP planning process. These stakeholders include Orange County residents, county and town leadership, major healthcare systems, faith-based and non-profit service groups, and older adult advocates. All of these stakeholders were involved at different times during the MAP's development, beginning in summer 2016 with a community needs assessment survey and ending in spring 2017 with a period of public comment.

In the fall and winter of 2016, stakeholders participated in a community kick-off event, work group meetings, and periodic MAP Leadership and Steering Committee meetings. The inclusion of these diverse stakeholders in developing the MAP is essential to ensuring that the plan meets the needs of a growing older adult population.

The 2017-2022 MAP comes at a particularly crucial point in the history of Orange County. The proportion of older adults within the general population is growing rapidly at the national level as well as right here in Orange County. Orange County's aging population is diverse, widespread, and representative of a variety of life experiences. **Achieving the goals and objectives in the MAP is essential in preparing the county for the influx of older adults who will be using county and town programs and services.**

The success of the MAP depends on continued collaboration and community involvement over the next five years. Without the participation of a variety of community members and organizations, an integrated countywide plan will not be successful. **The achievement of this plan requires the recognition that we all are aging, that this plan affects all of us, and an age-friendly community benefits our county as a whole.** Through working together to meet the goals and objectives of the 2017-2022 MAP, residents and diverse organizations will help Orange County build capacity to support our aging population and ultimately improve the quality of life for our older adults.

Goals and Objectives

The following goals are Orange County's guiding principles in serving our older adult population.

Goal 1 – Outdoor Spaces & Buildings: Optimize usability of outdoor spaces and buildings for older adults.

- Objective 1.1: Increase engagement of older adults in planning, monitoring, and maintenance processes.
- Objective 1.2: Improve accessibility, availability, convenience, and use of outdoor spaces and buildings.
- Objective 1.3: Create and implement county and town development and construction regulations and standards that address senior mobility challenges.

Goal 2 – Transportation: Expand services and improve infrastructure for safe, accessible, and affordable travel within the community.

- Objective 2.1: Expand availability and improve transportation options for older adults.
- Objective 2.2: Improve collaboration among public and private transportation services to overcome barriers to mobility.
- Objective 2.3: Increase access to transportation information and travel training.

Goal 3 – Housing: Improve choice, quality, and affordability of housing, including housing with services and long-term care options.

- Objective 3.1: Modify, eliminate, or create policies that result in full realization of the MAP housing goal.
- Objective 3.2: Develop new affordable senior housing (rental and ownership, including supported housing).
- Objective 3.3: Modify and repair existing housing for safety and accessibility.
- Objective 3.4: Educate the public about housing options in later life, emphasizing the importance of accessibility, safety, and maintenance.
- Objective 3.5: Activate the community to support and improve quality of life for older adults living in long-term care settings.
- Objective 3.6: Support Orange County residents to age in community.

Goal 4 – Social Participation: Promote diverse and accessible opportunities for participation and engagement of older adults.

- Objective 4.1: Expand opportunities for educational, intergenerational, and cultural programming.

Goal 5 – Respect & Social Inclusion: Uphold all older adults as valuable members and resources of the community.

- Objective 5.1: Ensure a welcoming, inclusive, and livable community.
- Objective 5.2: Promote social inclusion and community cohesion at the senior centers and other community locations.

Goal 6 – Civic Engagement & Employment: Connect older adults who are seeking paid employment or meaningful volunteer experience with a diverse array of opportunities.

- Objective 6.1: Create effective pathways for older adults to secure fairly compensated employment, including traditional, alternative, and entrepreneurial options.
- Objective 6.2: Expand opportunities for older adults to gain both job-seeking and on-the-job skills.
- Objective 6.3: Promote the value of an experienced workforce to local employers.
- Objective 6.4: Expand enriching volunteer opportunities for older adults.

Goal 7 – Community Support & Health Services: Ensure the community has accessible and affordable resources to support individual health and wellbeing goals throughout the aging process.

- Objective 7.1: Increase awareness and use of available health and wellness resources.
- Objective 7.2: Expand services to help older adults age in their homes and communities.
- Objective 7.3: Improve collaboration between medical providers and OCDOA.
- Objective 7.4: Address the problem of food insecurity among older adults.
- Objective 7.5: Promote and support the growth of the “village”/neighborhood model of community support across all of Orange County for individuals aging in their homes.

- Objective 7.6: Support planning for and fulfillment of individual goals in all stages at the end of life.

Goal 8 – Communication & Information: Empower older adults and their families to make informed decisions and to easily access available services and supports.

- Objective 8.1: Increase the accessibility of information regarding available programs, services, and resources.

Cross-Cutting Issues Addressed by All Work Groups

**Communication and information
Diversity of the older adult population
Intergenerational opportunities
Including older adults in solutions**

Introduction

The Orange County Department on Aging (OCDOA) created its first five-year Master Aging Plan (MAP) in 2002. The current 2017-2022 MAP is the fourth round of comprehensive planning for Orange County's growing older population. It is designed with a continued value on strong community member and stakeholder involvement in its production.

In an attempt to be even more comprehensive in its planning, the OCDOA has chosen the World Health Organization (WHO) and AARP's Age-Friendly Communities framework for the structure of the 2017-2022 MAP. This framework guided the focus of the MAP design by organizing community subject matter and discussions into relevant domains and workgroups. The OCDOA recruited students from the University of North Carolina Gilling's School of Public Health, Graduate School of Social Work, School of Nursing, and City and Regional Planning to expand its capacity to elicit feedback from older adults, service providers, government departments, and other community stakeholders. These students collaborated with members of the MAP Leadership Committee to support the year-long MAP design.

The 2017-2022 MAP focuses mainly on older adults, who are defined in this MAP as individuals ages 60 and above. It will largely be implemented by the OCDOA; however, true improvement in the lives of Orange County residents requires a broader perspective. We are all aging, meaning that the goals and objectives outlined in the MAP affect everyone, not just current older adults. County and town governmental units, health care and private service providers will need to coordinate efforts for seamless integration of programs and services. The recognition that this plan affects all of us, and we need to work together to implement it, is essential to the success of the 2017-2022 MAP.

The MAP begins with a description of the development process. Next, an overview of current and projected demographic information on older adults in Orange County follows to highlight the importance of the plan for preparing the county for an aging population. Finally, the goals, objectives, strategies, and indicators to guide this preparation are outlined in detail. These are the steps we hope to take to make Orange County a more Age-Friendly Community (AFC), based on WHO and AARP's domains of livability.



Orange County Department on Aging Mission Statement

To provide leadership in planning and operating a system of integrated aging services through state of the art senior centers, serving as focal points for coordinated community and individualized programs designed to educate seniors and their families and maximize the health, well-being, community engagement, and independence of older adults at all functional levels.

Development of the Plan

Plan Structure

In July of 2016, Orange County joined AARP’s Network of Age-Friendly Communities (AFC). This means that county and town leaders agreed to actively work together toward making Orange County an ideal place to live for people of all ages by using the AARP Age-Friendly Community Framework. This framework includes eight domains of livability that influence the quality of life for older adults. The 2017-2022 MAP reflects this

commitment by developing goals and objectives in each of the eight domains of an AFC: outdoor spaces and buildings, transportation, housing, social participation, respect and social inclusion, civic participation and employment, communication and information, and community and health services.

Vision Statement

It is the vision of the 2017-2022 MAP that Orange County and its municipalities meet the standards of an age-friendly community. An age-friendly community is a place where structures and services are adapted to be accessible to and inclusive of older adults with varying needs and capacities. Orange County aims to become an age-friendly community in all 8 domains of an AFC by developing and maintaining services that foster lifelong engagement in community affairs, opportunities for creativity and productivity, meaningful connections with others, and a sense of physical and emotional wellbeing. As a result, Orange County will be the ideal place to grow older and to age well.

Community Needs Assessment

Between May and September of 2016, the OCDOA conducted a community needs assessment, which was intended to provide community members with an opportunity to voice their vision for aging in Orange County over the next five years. The first community assessment activity was a series of 13 focus groups held at various locations throughout the seven townships of Orange County. These focus groups were held in English, Mandarin, and Spanish. Focus groups had a total of 63 participants and were held at the following locations:

- Robert and Pearl Seymour Center
- Rogers Road Community Center
- Efland-Cheeks Community Center
- Maple View Farms Agricultural Center
- Carrboro Century Center
- Cedar Grove Community Center
- Schley Grange Hall
- Chapel Hill Public Library

- Jerry M. Passmore Center
- Orange County Public Library
- El Centro Hispano de Carrboro

The second community assessment activity was an electronic survey emailed to all Orange County government employees and a 2,000-person listserv maintained by the senior centers, with a total of 860 respondents. The survey was also distributed to various neighborhood and association listservs. The guiding questions of the survey were 1) What are you worried about when you thinking about aging? 2) What is Orange County already doing well? and 3) What would you like to see happen? What are some "magic wand" ideas you have?

Key Informant Interviews

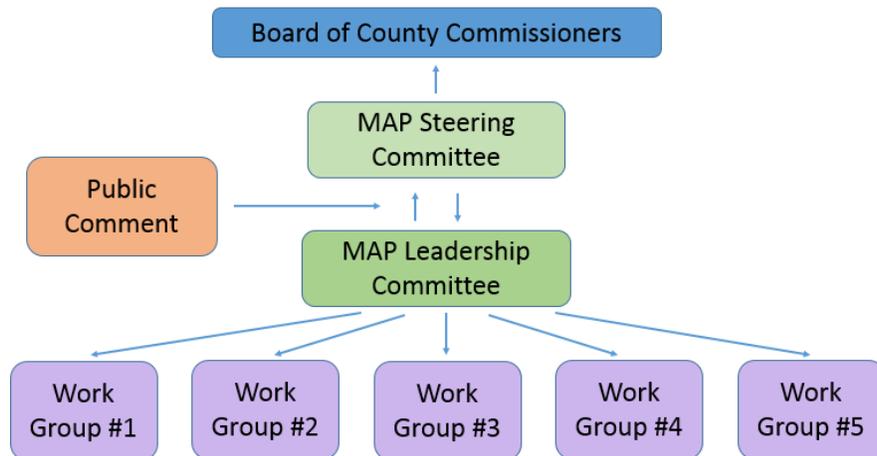
Over the course of summer 2016, the OCDOA conducted 34 key informant interviews in 26 agencies across Orange County. These key informant interviews were conducted with stakeholders in county and town government, healthcare, faith-based organizations, and community services. The purpose of the key informant interviews was to identify ideas and areas of concern for the aging population among the different agencies in the county. In addition to gathering useful information about Orange County's preparedness for an aging population, the key informant interviews were intended to generate buy-in, foster collaboration, understand how the work of the OCDOA intersects with that of other stakeholders, and formulate a comprehensive vision for aging in Orange County over the next five years.

MAP Participant Structure

In its first months, the MAP Leadership Committee determined the group structure that would guide the development of the 2017-2022 Master Aging Plan. Although the Orange County Board of County Commissioners is ultimately responsible for accepting the plan, several other bodies were involved in developing and overseeing the plan. The MAP Steering Committee is a high-level committee made up of key representatives from county and town leadership and governmental units, major healthcare systems, faith-based organizations, non-profit service groups, and older adult advocacy groups. The MAP Steering

Committee is responsible for providing resources, strategic vision and oversight to the development and implementation of the plan. Members are able to identify their agencies as responsible for carrying out specific strategies outlined in the plan. All of the responsible parties were directly involved in the MAP development process or are natural partners in these efforts. Resident input came from participation in the workgroups and the public comment sessions. Additionally, the OCDOA welcomes other stakeholders not listed in the plan to assist in the implementation of the MAP.

MAP Participant Structure



Community Kick-off Event

The OCDOA sponsored two community forums in October of 2016. These forums took place at the Seymour Center and Passmore Center where nearly 100 people attended. The purpose of these events was to present the community assessment results to a broader audience to gain community input to further identify priorities in the eight domains of age-friendly communities. The event started with a

series of presentations about the context of aging, Orange County’s participation with the WHO/AARP Network of Age-Friendly Communities, and the results from the focus groups and surveys. Participants then split into nine separate discussion groups to identify priorities in the eight domains of age-friendly communities. One facilitator and one note-taker were at each table to record interactions and main points while considering each

domain. Participants discussed missing areas to address and ranked their top choices for prioritizing objectives for the MAP using the “WHO Checklist of Essential Features of an Age Friendly Community”. These priorities were collected and compiled to find the areas of most concern to community members. This allowed the leadership committee to narrow the scope of the eight domains to five major workgroups.

Work Groups

The five work group topics identified from the community assessment and the community forums were Housing, Community Supports and Health Services, Transportation and Outdoor Spaces and Buildings, Civic Participation and Employment, and Social Participation and Respect and Social Inclusion.

The eighth domain, Communication and Information, became a crosscutting issue that all domains included. Work groups met over a five-meeting sequence from January 2017 to March 2017 in a standardized process across groups. One OCDOA staff member or volunteer led each work group consisting of 20-30 community members. Each group was further split into subgroups to discuss more specific issues. UNC graduate and undergraduate students assisted with facilitation and note-taking during these discussions. **Subgroups were responsible for researching the topic area, identifying problems within the topic area in Orange County, and formulating objectives and strategies to address that problem.** The final output from each subgroup was a concise list of objectives and strategies that were then filed under the broader group goal. Below is a summary of the main discussion points of each of the MAP Work Groups.

Outdoor Spaces and Buildings:

- Involvement in planning processes and public schedules
- Maintenance of public areas and addition of benches, public restrooms, etc.
- Accessibility of sidewalks, especially in rural areas
- Spaces oriented to the needs to older adults

Transportation:

- Volunteer driving program
- Access to transportation outside of Chapel Hill/Carrboro
- Coordination between transportation, both public and private, agencies in the Triangle
- Planning processes include older adults and their needs
- Easy to understand and accessible information about transportation options

Housing:

- Housing policies and their impact on senior housing
- Information for older adults about their options
- Long-term care facilities and housing with services
- Housing repair and maintenance services for older adults
- Affordable and quality housing

Social Participation and Inclusion:

- Intergenerational opportunities
- Identification of those who are at risk of exclusion
- Continued education programs for older adults
- Disparities in engagement between geographic areas of the county
- Utilization of space outside of the senior centers

Civic Participation and Employment:

- Fair compensation for those who need employment
- Searching for jobs and application process
- Multigenerational workforce preparation
- Volunteer experience in new areas
- Expanding current volunteer programs

Community Supports and Health Services:

- Economic barriers impeding access to health and community support services
- Clear and accessible information is provided about health and social services
- Food access, particularly in rural areas
- A range of health and community services is offered for promoting, maintaining and restoring health
- Coordinated and administratively simple services
- Resources available to assist older adults in making life decisions
- Dementia-friendly services and spaces
- Quality and affordable in-home, respite, and adult day care services
- Mental health services in the community

Cross-Cutting Issues Addressed by All Work Groups

In addition to domain-specific issues, each work group was instructed to address four crosscutting issues in its discussion and recommendations. These crosscutting issues included:

1. Communication and information
2. Diversity of the older adult population
3. Intergenerational opportunities
4. Including older adults in solutions

Instead of isolating Communication and Information dissemination into one Domain

work Group, the MAP Leadership Committee asked each work group to consider the best ways to share information with older adults who will be affected by its recommendations and those who will be collaborating to implement them, with a special eye toward the pros and cons of using available and emerging technology. Work groups remained conscious throughout the process of the critical importance of ensuring that older adults are able to easily access the information needed in order to utilize resources developed by partners of the MAP.

In addition, each workgroup addressed matters of diversity and recognized economic barriers to the goals they set forth. It was important to consider the possible barriers that older adults experience related race, ethnic group, and economic status. Also, many older adults experience a wide range of health conditions that can make participation in community life more difficult. Similar to economic and diversity considerations, geographic equity was an issue for all work groups to consider. Work group members were asked to be cognizant of the varied and geographically separated nature of our county population as it relates to the MAP's vision for all residents to be considered in and to benefit from the MAP.

In focus groups and community meetings, older adults repeatedly expressed the desire to retain opportunities for intergenerational engagement as they age. Instead of separating older adults from the rest of the community, work groups were asked to consider recommendations that would serve the entire community and foster social interaction.

Finally, all work groups were asked to utilize the wisdom, energy, and political power inherent in the older adult population within Orange County. Implementation strategies should capitalize on these strengths. There is a continual need for the voices of older adults

and their leadership in order to accomplish the strategies and objectives set forth by the 2017-2022 MAP.

Public Comment

After completing the five work group meetings, UNC undergraduate students and OCDOA staff compiled each work group's goals, objectives and strategies under the eight Age-Friendly Community Domains. The MAP draft was then shared with the OCDOA Advisory Board on Aging and the MAP Steering Committee, the two bodies charged with oversight of the progress of MAP. This review process generated a draft of the final MAP, which was placed on the OCDOA website and was distributed via email and by paper copy to the general public for comment. OCDOA scheduled two public comment sessions at each of the county's two senior centers to collect in-person feedback about the MAP draft.

Demographics

Older Adults in the US and North Carolina

The population of older adults is growing across the United States. In 2014, adults ages 65 and older accounted for approximately 1 in 7 Americans. By 2035, that number is expected to become 1 in 5.¹ The number of adults in the US age 65+ is expected to double by 2060, reaching an estimated 98 million.² As the Boomer generation ages, the US population will experience growth in the proportions of older adults in each age group.² Exact estimates vary, but there is no disputing the fact that our aging population is growing fast. That stands for national growth of the older adult population as well as growth in North Carolina.

North Carolinians 60+ accounted for 20.9% of North Carolina's in 2015, but are expected to make up 26.4% of the population by the year 2035.² Knowing this, our communities must answer the growing **need to serve a growing older adult population with relevant services.**

North Carolina should expect stark increases in demands for services targeted toward our aging population as well as changes in the types of services that are demanded. Additionally, North Carolina's entire population can expect to benefit from the contributions an aging workforce, so long as space is created for those contributions to be made.

Growth and Longevity

Orange County can expect its older adult population to mirror similar growth patterns to those of the state and country in coming years. In 2015, 18% of the population was 60+ and by 2035 it will be 26%. By 2030, this population will more than double from its size in 2015, reaching an estimated 43,621 people and making up 26% of all Orange County individuals.¹ Life expectancy at birth for Orange County residents was 80.8 years in 2015, up from 77.2 years in 1992.³ In 2015, life expectancy was reported to have grown to 82 years in Orange County.⁴ Life expectancy at birth is higher for women than men, and for Whites when compared to African Americans in Orange County.³

The 2010 US Census data states that the proportion of adults age 55+ in Orange County was approximately equal to the proportion of youth under age 18 (21.1% vs. 20.9%, respectively).⁵ County-wide age demographics projections suggest that the scales will tip further in favor of older adults in coming years. By 2035, persons aged 60+ will represent 26%

of Orange County; whereas, children aged 0-17 years will only represent 17% of the county's population. This reflects the crucial importance of considering Orange County's older adult community when allocating county and town resources in order to support them, as well as their caregivers and families.

Demographic Patterns

Orange County's older adults appear to be whiter than the general county population. As the age gap may sensibly account for, the older adult population has a larger proportion of people who are veterans as well as of people who are married. The older adult population also has, as one would expect, a larger proportion of people who have a disability.

While older adults in Orange County are proportionately less educated than the general county population, education levels for adults in Orange County are consistently higher than the averages at the state level.⁶ Older adults face less poverty in Orange County, but are proportionately more likely to be living alone.

Characteristics and Distribution

The following tables provide some basic demographic characteristics of Orange County's total population as compared to its older adult population. The following data come from the 2011-2015 American Community Survey Five-Year Estimates⁷ and the North Carolina Division of Aging and Adult Services 2015 County Aging Profile⁸.

Table 1.1 Orange County Age Projections

Ages	2015		2035		% Change (2015-2035)
	#	%	#	%	
Total	140,144		171,058		22%
0-17	26,906	19%	28,677	17%	7%
18-44	59,694	43%	69,384	41%	16%
45-59	27,979	20%	29,376	17%	5%
60+	25,565	18%	43,621	26%	71%
65+	17,180	12%	35,096	21%	104%
85+	1,799	1%	5,212	3%	190%

Figure 1.1 Orange County Population Change

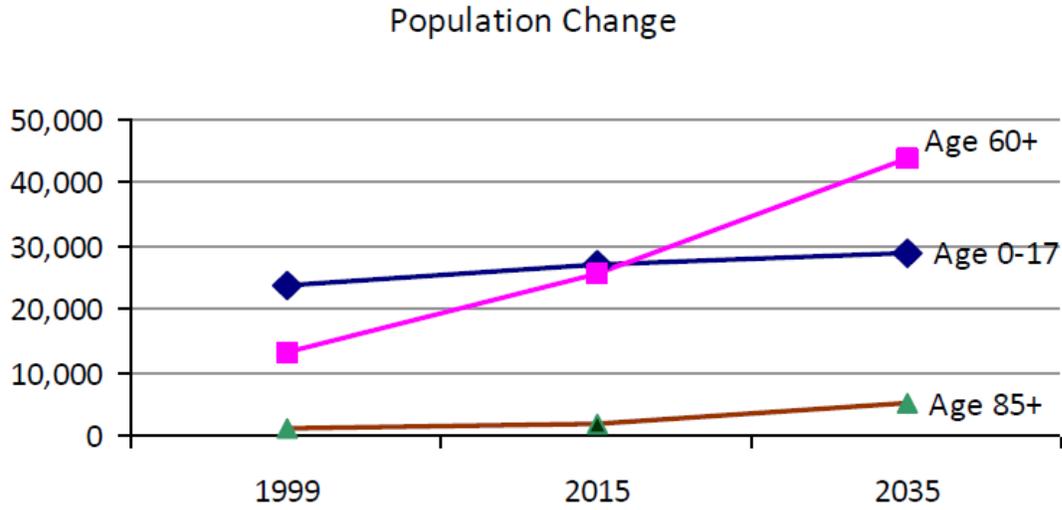


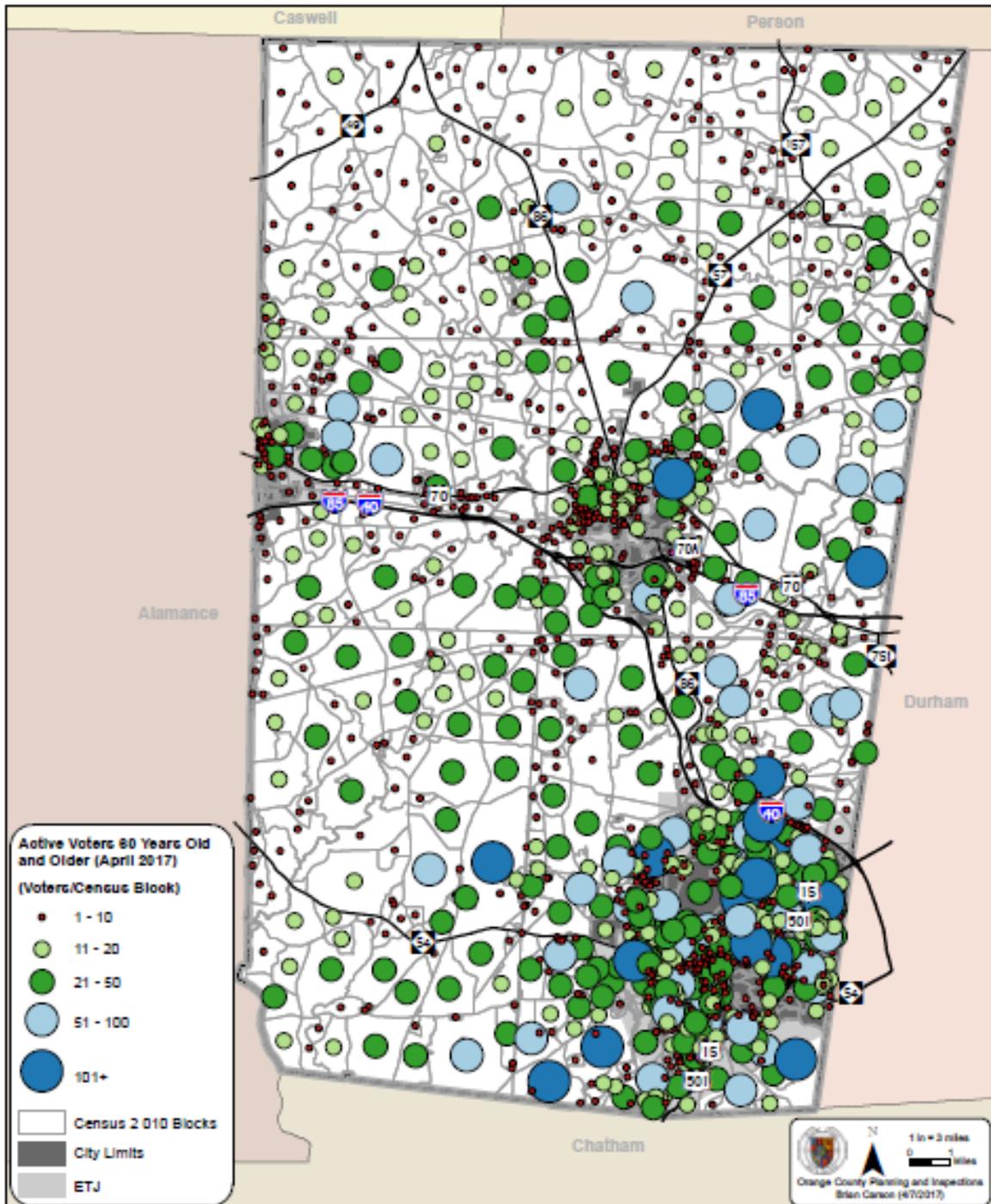
Table 1.2 Characteristics of Orange County Residents: Total Population vs. Age 65+

Characteristics	Orange County Total Population	Orange County Older Adults
SEX		
Male	47.7%	43.9%
Female	52.3%	56.1%
RACE		
White	75.0%	84.4%
Black or African American	11.7%	12.5%
American Indian and Alaska Native	0.4%	0.4%
Asian	7.3%	2.5%
Some other race	2.6%	0.0%
Two or more races	3.0%	0.2%
Hispanic or Latino origin (of any race)	8.3%	1.9%
White alone, not Hispanic or Latino	69.8%	82.7%
POVERTY STATUS IN THE PAST 12 MONTHS		
Below 100 percent of the poverty level	15.8%	5.2%
100 to 149 percent of the poverty level	7.7%	6.5%
At or above 150 percent of the poverty level	76.6%	88.3%

Characteristics	Orange County Total Population	Orange County Older Adults
EMPLOYMENT STATUS		
In labor force	65.8%	23.5%
Employed	61.6%	22.8%
Unemployed	4.2%	0.7%
Not in labor force	34.2%	76.5%
LANGUAGE SPOKEN AT HOME		
English only	83.3%	91.9%
Language other than English	16.7%	8.1%
Speak English less than "very well"	6.4%	2.5%
DISABILITY STATUS		
With any disability	8.3%	27.2%
No disability	91.7%	72.8%
VETERAN STATUS		
Veterans	5.4%	18.6%
EDUCATIONAL ATTAINMENT		
Less than high school graduate	7.9%	10.5%
High school graduate, GED, or alternative	15.6%	22.1%
Some college or associate's degree	19.8%	19.6%
Bachelor's degree or higher	56.6%	47.8%
MARITAL STATUS		
Now married, except separated	45.2%	62.0%
Widowed	3.3%	18.1%
Divorced	8.8%	14.5%
Separated	1.5%	0.7%
Never married	41.2%	4.6%
HOUSEHOLDS BY TYPE		
Households	51,880	9,153
Family households	60.4%	56.0%
Married-couple family	47.7%	49.0%
Female householder, no husband present, family	9.8%	5.1%
Nonfamily households	39.6%	44.0%
Householder living alone	29.3%	42.5%
Homeowners	60.4%	82.4%

*These data are from the 2011-2015 American Community Survey and are estimates based on a sample of the population, rather than data from the US Census.

Orange County, NC Active Voters 60 Years Old and Older by 2010 Census Blocks



This map shows the distribution of older adults age 60+ throughout Orange County, based on 2017 voter data in 2010 US Census blocks. The larger the blue dot, the more older adults age 60+ live in that area.

Health

Knowing that adults are living longer, Orange County must take preventive measures to support residents' health over time. Recognizing leading causes of death will be critical to this task.

The top 5 leading causes of death for older adults age 65+ in Orange County are⁹:

- 1. Cancer**
- 2. Heart Disease**
- 3. Cerebrovascular Diseases**
- 4. Alzheimer's Disease**
- 5. Chronic Lower Respiratory Diseases**

This list displays a ranking change since the last MAP. Deaths related to chronic lower respiratory diseases were ranked 4th in 2010. These county rankings are similar to that of the state, but the leading cause of death for older adults in all of North Carolina is heart disease rather than cancer.

These issues should all be considered high priority in the discussion of how to best serve our community's older adult population. When considering diseases like Alzheimer's disease, it is also important to consider the needs of caregivers. Through serving their needs, we also serve the needs of the aging community.

Summary

The description of Orange County's older adult population provided here offers a context to understand our proposed goals, objectives, and strategies. Additionally, these data influenced the work groups and guided discussions in a variety of ways, both directly and indirectly. As the OCDOA works over the next five years to implement the following recommendations, we will continue to consider the intersecting identities of the older adults that we serve.

DOMAIN GOALS, OBJECTIVES, STRATEGIES, AND INDICATORS

DOMAIN: Outdoor Spaces and Buildings

The accessibility of outdoor spaces and public buildings affect mobility, independence, and quality of life for people of all ages, especially older adults. An age-friendly community should have:

- Public gathering spaces that are pleasant, clean, and safe, with low noise levels and appropriate lighting;
- Useable green spaces and walkways, adequate outdoor seating for people who may need to sit and rest, and public restrooms;
- Sidewalks and roads that are well-maintained and safe for pedestrians, drivers, and cyclists;
- Traffic rules and regulations that take pedestrians into consideration;
- Some public spaces close to services; and
- Accessible buildings.

MAP Goal 1: Optimize usability of outdoor spaces and buildings for older adults.

Objective 1.1: Increase engagement of older adults in planning, monitoring, and maintenance processes.

Strategy 1.1.1: Increase channels of communication and collaboration between older adults and planning organizations in Orange County relative to outdoor spaces and buildings.

INDICATORS

1.1.1a. A representative from the Orange County Department on Aging (OCDOA) Advisory Board on Aging is added to the Intergovernmental Parks Workgroup.

1.1.1b. A survey is conducted specifically dealing with natural areas to assess desires of older adults regarding natural surface trails, amenities, and ways to publicize characteristics of the natural areas.

1.1.1c. Increased communication from and to nature-related organizations regarding natural areas and other public outdoor spaces is achieved through the Planning Departments.

RESPONSIBLE AGENCIES: OCDOA, in collaboration with Orange County Department of Environment, Agriculture, Parks and Recreation (DEAPR), and Orange County and town Planning Departments

Strategy 1.1.2: Provide both traditional and innovative means of monitoring and reporting maintenance issues about the condition of outdoor spaces and public buildings.

INDICATORS

1.1.2a. A variety of systems are available to the public to report maintenance issues.

1.1.2b. Staff are assigned to respond to public building maintenance requests, with status updates and explanations for actions taken/not taken.

1.1.2c. Training programs on using monitoring and reporting systems are provided at OCDOA.

RESPONSIBLE AGENCIES: Orange County Asset Management Service (OCAMS), DEAPR, town Public

Works and Parks and Recreation departments, OCDOA

Strategy 1.1.3: Enhance advocacy efforts by and on behalf of older adults relative to the planning and use of public outdoor spaces and buildings.

INDICATORS

1.1.3a. At least one older adult is on every county and town Advisory Board that has input on outdoor spaces and buildings.

1.1.3b. A volunteer workgroup focused on advocacy for outdoor spaces is formed and facilitated by OCDOA.

RESPONSIBLE AGENCIES: Advisory Board on Aging, OCDOA

Strategy 1.1.4: Increase awareness on the part of older adults about design/planning standards and guidelines relative to outdoor spaces and public buildings.

INDICATORS

1.1.4a. Presentations to groups with large numbers of older adults (e.g., nature groups, talks at senior centers, and residential groups) on standards and guidelines are made by county and town planning departments at least annually.

RESPONSIBLE AGENCIES: Orange County and town Planning Departments, DEAPR, and OCAMS, with support from the OCDOA

Objective 1.2: Improve accessibility, availability, convenience, and use of outdoor spaces and buildings.

Strategy 1.2.1: Increase accessibility and safety of public outdoor spaces and buildings to older adults of all abilities.

INDICATORS

1.2.1a. Suggestion boxes are located in natural areas to solicit feedback from the public.

1.2.1b. Use of outdoor spaces by older adults is encouraged through special events organized by and/or for older adults.

1.2.1c. Lighting in public parks and walking trails is improved so that older adults feel safe using them.

1.2.1d. Park informational brochures are available at the Seymour and Passmore Centers.

1.2.1e. A different park is highlighted every month on the OCDOA website and in the Senior Times.

1.2.1f. Senior center staff members are trained on teaching community members how to use the interactive locator map.

1.2.1g. Maps of trails with locations of benches are available at the entrance to natural areas.

1.2.1h. Signs/trail markers are added at intersections of longer trails.

RESPONSIBLE AGENCIES: DEAPR, OCDOA, OCAMS

Strategy 1.2.2: Enhance the connectivity and maintenance of sidewalks and greenways to improve usability for older adults of all abilities.

INDICATORS

1.2.2a. An inventory is created that details the number of missing sidewalks and includes a map of these sidewalk gaps.

1.2.2b. An inventory is created of the county’s crosswalk network (including details on the following features: countdown time, flashing beacons, voice warnings, etc.) and gaps identified during the inventory process are remedied.

1.2.2c. Internship opportunities are created with university students to help complete the work.

RESPONSIBLE AGENCIES: Town Public Works departments, with support from OCDOA, North Carolina Department of Transportation (NCDOT)

Strategy 1.2.3: Explore innovative design materials when constructing new sidewalks to improve usability for older adults of all abilities.

INDICATORS

1.2.3a. The use of new materials, such as glow in the dark sidewalk paint, is encouraged to enhance usability of sidewalks for older adults.

1.2.3b. A pilot program is conducted to find best practices for using innovative materials.

RESPONSIBLE AGENCIES: Town Public Works departments

Strategy 1.2.4: Increase the availability of small-scale outdoor areas and gathering spaces.

INDICATORS

1.2.4a. The number of areas without manmade constructions obstructing nature is increased.

1.2.4b. Permeable surface paving options (e.g., porous types such as that used in the NC Botanical Garden parking lot) are used in new paving done in natural areas.

1.2.4c. Intergenerational outdoor spaces and activity stations are established at the senior centers.

1.2.4d. New developments are mandated to include small-scale parks.

1.2.4e. At least one bus stop in each town is converted into a wellness stop/integrated garden.

Responsible Agencies: Town Planning Departments, OCAMS, with involvement from DEAPR, Chapel Hill Transit (CHT), Orange Public Transportation (OPT), and OCDOA

Objective 1.3: Create and implement county and town development and construction regulations and standards that address senior mobility challenges.

Strategy 1.3.1: Review design and construction regulations and standards to ensure that built environments are accessible and easy to visit.

INDICATORS

1.3.1a. New design regulations and standards are created as needed.

1.3.1b. Regulatory changes are adopted by new senior-specific developments.

RESPONSIBLE AGENCIES: Orange County and town Planning Departments

Strategy 1.3.2: Review Americans with Disabilities Act (ADA) standards to see if they need to be expanded to be more comprehensive.

INDICATORS

1.3.2a. Current ADA standards are reviewed and expanded as necessary.

1.3.2b. In historic districts or circumstances where it is not feasible to provide ADA access per code, alternative means of ensuring access to structures and safe places to cross streets (e.g., move street crossings to other areas, wayfinding for disability access) are sought by towns.

RESPONSIBLE AGENCIES: Orange County and town Planning Departments, Orange County Disability Awareness Council

Strategy 1.3.3: Foster partnerships between public and private agencies to improve public infrastructure.

INDICATORS

1.3.3a. Partnerships are encouraged between public and private sector agencies to help finance accessibility improvements to buildings, outdoor spaces, and public transportation, such as benches and bus shelters.

RESPONSIBLE AGENCIES: OCDOA

DOMAIN: Transportation

Transportation is important in communities because it links all residents to services, programming, employment, and engagement opportunities. Communities should have transportation options that allow individuals to get from place to place easily and affordably. An age-friendly community will have:

- Affordable rates for public and private transportation options;
- Frequent and reliable service;
- Service to high priority destinations (e.g., hospitals, parks, shopping, etc.);
- Accessible vehicles;
- Specialized services for people with disabilities;
- Priority seating for older adults;
- Courteous transit workers and competent drivers;
- Safe and comfortable vehicles;
- Convenient stops and stations;
- Easy to understand information about public transportation;
- Volunteer drivers;
- Well-maintained roads and regulated traffic; and
- Plentiful parking.

MAP Goal 2: Expand services and improve infrastructure for safe, accessible, and affordable travel within the community.

Objective 2.1: Expand availability and improve transportation options for older adults.

Strategy 2.1.1: Increase the capacity of the current Volunteer Driver Program.

INDICATORS

- 2.1.1a. Funding is maintained for the Volunteer Driver Program.
- 2.1.1b. Increased number of volunteer drivers.
- 2.1.1c. Increased ridership.
- 2.1.1d. Scheduling software is evaluated and purchased.
- 2.1.1e. Expanded range of services is made available, including weekly errand trips and same day service.
- 2.1.1f. Volunteer Driver Program is included in the Orange County Comprehensive Transportation Plan.

RESPONSIBLE AGENCIES: OCDOA, with support from OPT

Strategy 2.1.2: Pursue solutions to meet the need for increased transit service hours and access to more destinations.

INDICATORS

- 2.1.2a. A needs assessment is conducted to define the needs and gaps in service hours and destinations.
- 2.1.2b. Service hours and destinations are increased by OPT and EZ Rider.

2.1.2c. Affordable options are created for wheelchair transport to non-medical destinations for residents living outside of Chapel Hill/Carrboro.

2.1.2d. Same day service to urgent care appointments is established.

2.1.2e. Orange County Bus and Rail Investment Plan (OCBIRP) is reviewed to see that funds address the needs of older adults.

RESPONSIBLE AGENCIES: OCDOA, with support from CHT and OPT

Objective 2.2: Improve collaboration among public and private transportation services to overcome barriers to mobility.

Strategy 2.2.1: Establish a medical transportation work group that meets quarterly with representatives from transit, health, and aging services focused on improving coordination of medical transportation and other issues.

INDICATORS

2.2.1a. Work group meetings are held 4 times per year.

2.2.1b. Grant opportunities are identified and pursued.

2.2.1c. Older adult riders are able to travel from Orange County into neighboring counties for medical appointments and between Chapel Hill/Carrboro and Hillsborough.

2.2.1d. Transit dependent patients are identified by healthcare providers and assisted with securing transportation to appointments.

2.2.1e. A pilot program is created for training medical appointment schedulers to help transit dependent patients with ride reservations to follow up appointments.

RESPONSIBLE AGENCIES: OCDOA, with support from CHT, OPT, UNC Health Care, Piedmont Health, Duke Health, and Orange County Health Department

Strategy 2.2.2: Establish streamlined door-to-door transportation across county lines and between Orange County and Chapel Hill/Carrboro.

INDICATORS

2.2.2a. Older adult riders are able to travel from Orange County into neighboring counties and between Chapel Hill/Carrboro and Hillsborough.

2.2.2b. Options are explored for simplifying the reservation process for a two part ride.

RESPONSIBLE AGENCIES: OPT, CHT

Strategy 2.2.3: Educate transit dependent older adults about emergency/disaster preparedness and planning.

INDICATORS

2.2.3a. Education about notification processes and options for assistance in times of emergency is provided to transit dependent older adults.

2.2.3b. Volunteer Driver program recipients are assisted in making plans for emergency preparedness.

RESPONSIBLE AGENCIES: OCDOA, Orange County Emergency Services (EMS)

Objective 2.3: Increase access to transportation information and travel training.

Strategy 2.3.1: Educate older adults to access transit information.

INDICATORS

2.3.1a. Education is provided regarding information available on transportation websites relevant to county and town services.

2.3.1b. Easy to read user guides are published and regularly updated.

2.3.1c. Distribution locations for transportation information are identified and supplied with updated information.

2.3.1d. Regularly scheduled classes on subjects such as Bus Riding 101, Uber/Lyft, and Transit Apps for smartphone users are held at Senior Centers, libraries and community centers, senior apartment complexes.

2.3.1e. Transportation Help Line and Go Triangle Call Center phone numbers are widely distributed.

RESPONSIBLE AGENCIES: OCDOA, with support from OPT, CHT, and public libraries

Strategy 2.3.2: Improve door-to-door and fixed route services to increase comfort and confidence of older adult riders.

INDICATORS

2.3.2a. Universal symbols are used on all public buses, signs, and literature in Orange County to overcome language barriers and low literacy.

2.3.2b. Riders of door-to-door services are given real time information about bus arrival time and new technology for call back response system is employed.

2.3.2c. Travel training for new bus riders is offered on a regular basis.

RESPONSIBLE AGENCIES: OPT, CHT, OCDOA

DOMAIN: Housing

Housing is an important part of safe and comfortable aging in communities. Housing in age-friendly communities should:

- Be affordable;
- Be close to services, or have transportation options;
- Have accessible design or offer modifications and maintenance;
- Provide a wide range of living options;
- Be integrated into the community at large, especially long-term care facilities; and
- Be safe and comfortable.

MAP Goal 3: Improve choice, quality, and affordability of housing, including housing with services and long-term care options.

Objective 3.1: Modify, eliminate, or create policies that result in full realization of the MAP housing goal.

Strategy 3.1.1: Create an inter-governmental Senior Housing Workgroup to study and recommend changes to relevant local and state housing policies, especially during times of key policy reviews.

INDICATORS

3.1.1a. A Housing Task Force is developed.

3.1.1b. A list of state and local polices to target is created and change are recommended.

RESPONSIBLE AGENCIES: OCDOA with support from Orange County and town Planning Departments, and Orange County and Town of Chapel Hill Housing Departments

Objective 3.2: Develop new affordable senior housing (rental and ownership, including supported housing).

Strategy 3.2.1: Advocate for incentives and financing that encourages affordable and age-friendly housing development, both conventional and innovative.

INDICATORS

3.2.1a. A presentation is given annually by OCDOA to town boards to highlight older adult issues that should be included in their state and local advocacy efforts.

3.2.1b. Public-private partnerships are developed to increase affordable housing options for older adults.

3.2.1c. Support is provided for senior housing proposals for County Bond funding, if appropriate.

3.2.1d. A pilot project focused on alternative shared, supportive housing models is created.

3.2.1e. One site for development of age-friendly housing is identified in each of the Orange County jurisdictions: Carrboro, Chapel Hill, Hillsborough, and the county.

- 3.2.1f. Tax incentives are created that encourage accessible housing design and repair.
- 3.2.1g. OCDOA is consulted with by developers and financiers at the conceptual stage to ensure home and neighborhood designs are age-friendly.
- 3.2.1h. The number of units built that are targeted to older adults is increased by at least 20%.
- 3.2.1i. The number of age-friendly units built within larger mixed income developments is increased.

RESPONSIBLE AGENCIES: OCDOA, Advisory Board on Aging, Orange County Housing Department, Triangle J Council of Governments (TJCOG)

Objective 3.3: Modify and repair existing housing for safety and accessibility.

Strategy 3.3.1: Increase and expedite repairs and modifications of existing housing.

INDICATORS

- 3.3.1a. The public bidding process for the County Urgent Repair Program is replaced with a newly created and vetted list of approved contractors.
- 3.3.1b. New pathways for project permitting are developed through collaboration by regulatory organizations.
- 3.3.1c. Jobs are completed faster for clients in the Urgent Home Repair Program.
- 3.3.1d. Wait times are decreased for residents needing urgent home repairs.
- 3.3.1e. Number of accessibility repairs performed is increased.
- 3.3.1f. Skilled workers who can provide home repair/remodels for community members are identified by Local Fire Districts.
- 3.3.1g. Managers of existing senior housing developments consult with OCDOA about accessible repairs and modifications.

RESPONSIBLE AGENCIES: Orange County Housing Department, Orange County Planning Department, Orange County Fire Marshal and town Fire Departments, OCDOA

Objective 3.4: Educate the public about housing options in later life, emphasizing the importance of accessibility, safety, and maintenance.

Strategy 3.4.1: Offer community events and educational materials to assist residents and family members in planning for their housing needs in later life.

INDICATORS

- 3.4.1a. Aging in Community series is continued to educate the public about age-friendly housing models, especially “missing middle” housing (i.e., duplexes and small scale apartments with courtyards).

3.4.1b. Aging Readiness Campaign is created with yard signs, interactive websites, and resources that can help older adults and family members plan for their future housing needs.

3.4.1c. Residents are educated on how to prevent future need for repairs and modifications, and connected to appropriate organizations and services.

RESPONSIBLE AGENCIES: OCDOA, Orange County and Town of Chapel Hill Housing Departments

Strategy 3.4.2: Create opportunities to improve relationships between residents, inspectors, and planning officials.

INDICATORS

3.4.2a. Orange County Planning Department website is updated to include frequently asked questions.

3.4.2b. Programs are developed to make information about inspections available and decrease misconceptions.

3.4.2c. Programs are developed to decrease misconceptions about partial repairs.

RESPONSIBLE AGENCIES: Orange County and town Planning Departments

Objective 3.5: Activate the community to support and improve quality of life for older adults living in long-term care settings.

Strategy 3.5.1: Engage community volunteers in long-term care facilities and home care services.

INDICATORS

3.5.1a. Volunteer Connect 55+ (VC55+) utilized as a clearinghouse of volunteer opportunities for people who are interested in enriching the lives of residents receiving long-term care services.

3.5.1b. Opportunities are created for long-term care residents to get out into the community, with the help of volunteers.

3.5.1c. Nursing Home and Adult Care Home Advisory Committee member roles are expanded to reduce resident isolation and provide activities for resident/staff well-being and staff training.

3.5.1d. Community mental health services provided to long-term care facilities are expanded.

RESPONSIBLE AGENCIES: Nursing Home and Adult Care Home Advisory Committees, OCDOA VC55+, Cardinal Innovations Healthcare, Piedmont Health/PACE

Objective 3.6: Support Orange County residents to age in community.

Strategy 3.6.1: Create and fund a new OCDOA housing specialist position to educate, activate, and coordinate the community in achieving MAP housing goals.

INDICATORS

3.6.1a. Position is created and filled with support from housing agency partners.

3.6.1b. Older adults are connected to and supported to live in housing options of their choice.

RESPONSIBLE AGENCIES: OCDOA, with support from Orange County and Town of Chapel Hill Housing Departments, TJCOG

Strategy 3.6.2: Collaborate across repair/remodel organizations to better communicate, share cases, and refer to specialized services.

INDICATORS

3.6.2a. Network of repair/remodel organizations is developed.

3.6.2b. Collaboration coordinator is selected.

3.6.2c. Representative from each organization is designated to network.

3.6.2d. Referrals are increased across organizations.

3.6.2e. Multiple repairs are provided by multiple organizations through use of coordinated repair network.

3.6.2f. More comprehensive repairs are provided to residents.

3.6.2g. Data are collected and shared regarding safety and well-being of residents who receive home repairs or modifications.

3.6.2h. Funding is increased for repairs and remodels that partially, but not entirely, bring a home up to code.

3.6.2i. Training is developed for OCDOA employees and others who make home visits regarding home safety resources and services.

RESPONSIBLE AGENCIES: OCDOA, Orange County Housing Department, Orange County Planning Department, Orange County Health Department, Seniors and Law Enforcement Together (SALT), Habitat for Humanity, Orange County Fire Marshal

DOMAIN: Social Participation

Social participation refers to the engagement of older people in recreation, socialization, and cultural, educational, and spiritual activities. It is connected to lifelong health and wellbeing. Participating in activities allows older adults to find new skills and continue hobbies, build respect within the community, and establish supportive relationships. Some important aspects of social participation are:

- Accessibility, affordability, and range of events and programs;
- Type and location of facilities and community integration;
- Promotion and awareness of programs; and
- Reaching out to those who may be isolated.

MAP Goal 4: Promote diverse and accessible opportunities for participation and engagement of older adults.

Objective 4.1: Expand opportunities for educational, intergenerational, and cultural programming.

Strategy 4.1.1: Ensure that programming is accessible, sensitive, and inclusive to people based on a broad variety of needs and abilities.

INDICATORS

4.1.1a. Assistive technologies (e.g., listening devices, large text or audio, mobility assistance, etc.) are made available for people who need it.

4.1.1b. Programming is made available in multiple languages, in partnership with community groups.

4.1.1c. Consultation is sought out from organizations like North Carolina Assistive Technologies, North Carolina Division of Deaf and Hard of Hearing, North Carolina Division of Services for the Blind, and Club Nova.

4.1.1d. Programming is attended by older adults from diverse populations (e.g., minority, LGBTQ, refugee, faith communities, and people with physical, mental, cognitive, and/or intellectual disabilities).

RESPONSIBLE AGENCIES: OCDOA Senior Centers, with support from Orange County Health Department and El Centro Hispano

Strategy 4.1.2: Expand space availability for programming to meet anticipated growth of older adult population.

INDICATORS

4.1.2a. Senior centers are expanded to include more space for recreational activities, kitchen/cooking space, theater space, common space that encourages groups to intermingle, health services space, exercise rooms, and storage space.

4.1.2b. Additional programming for older adults is made available within the senior centers and in other settings.

4.1.2c. More people participate at the senior centers.

4.1.2d. Senior centers have more staff, resources, and materials to handle increased programming and

space.

RESPONSIBLE AGENCIES: OCDOA Senior Centers, in partnership with Orange County and town community centers, public libraries, schools, and parks and recreation

Strategy 4.1.3: Create more opportunities for intergenerational programming.

INDICATORS

4.1.3a. One intentional intergenerational program per year is created and evaluated, which encourages older adults and younger people to work with each other (e.g., Prime Time Players works with high school drama department to put on show, co-sponsored community service project).

4.1.3b. Partnerships are created with other agencies for intergenerational programming (e.g., schools, daycare centers, colleges/universities, scout troops, faith communities, fraternities and sororities, YMCA, etc.).

4.1.3c. More young people are involved in senior center programming.

RESPONSIBLE AGENCIES: OCDOA Senior Centers

Strategy 4.1.4: Expand awareness and availability of scholarships/fee reductions.

INDICATORS

4.1.4a. Awareness of availability of scholarships/fee reductions is increased.

4.1.4b. More scholarships/fee reductions are utilized for programming.

4.1.4c. Increased demand for scholarships/fee reductions is met, as needed, through additional sponsors.

4.1.4d. Assistance is provided to participants who need help filling out a scholarship/fee reductions form.

RESPONSIBLE AGENCIES: OCDOA Senior Centers, Friends of the Senior Centers

Strategy 4.1.5: Create a “Senior Center Without Walls” project for older adults who are unable to leave their homes but want to participate in senior center activities.

INDICATORS

4.1.5a. A pilot of the program is created, launched, and evaluated.

4.1.5b. Funding is secured to implement the program.

4.1.5c. Volunteers are recruited to manage cameras, edit, work on AV, etc.

4.1.5d. A YouTube channel is created with an available queue of options.

4.1.5e. A library of DVDs with programming is available for check out.

4.1.5f. The number of views and DVD checkouts increases as the program continues.

RESPONSIBLE AGENCIES: OCDOA Senior Centers, with support from Orange County Public Library

DOMAIN: Respect and Social Inclusion

Respect and social inclusion deals with the attitudes, behaviors, and messages of other people and of the community as a whole towards older people. An age-friendly community adheres to the following characteristics:

- Asking for feedback from older adults regarding services;
- A positive depiction and public education around aging and older adults;
- Inclusion in the community at large; and
- Access to services and programming regardless of socioeconomic status.

MAP Goal 5: Uphold all older adults as valuable members and resources of the community.

Objective 5.1: Ensure a welcoming, inclusive, and livable community.

Strategy 5.1.1: Ensure that all programs and services provided through OCDOA are based on cultural humility and inclusivity.

INDICATORS

5.1.1a. Sensitivity and inclusivity training is provided to OCDOA staff once per year.

5.1.1b. Signage at OCDOA is welcoming and inclusive to all.

5.1.1c. Clientele is surveyed to learn what languages would be most important to include on signs and forms. Signs and forms are adjusted to reflect that data.

5.1.1d. Senior centers are attended by older adults from diverse groups.

5.1.1e. OCDOA works with organizations and individuals who advocate for diverse populations and barriers are identified and overcome.

RESPONSIBLE AGENCIES: OCDOA

Strategy 5.1.2: Continue and expand outreach to growing immigrant populations to build interest in services and presence at senior centers.

INDICATORS

5.1.2a. Awareness about OCDOA services are increased and information is shared with pertinent organizations (e.g., church refugee initiatives; churches that provide services in other languages; Refugee Wellness Center; Refugee Support Center; Refugee Community Partnership; Refugee Resettlement Agencies; Spanish Social Club; El Centro Hispano; apartment complexes/retirement communities).

5.1.2b. OCDOA staff work with these groups to find out what services and programming they are most interested in, and those services are provided.

5.1.2c. Activities and information are offered in relevant languages.

5.1.2d. Number of individuals from identified groups who attend the Senior Center programming and utilize services increase.

RESPONSIBLE AGENCIES: OCDOA, Orange County Health Department

Strategy 5.1.3: Continue and expand efforts to make Orange County a dementia-capable community.

INDICATORS

5.1.3a. Funding is secured to continue work of Administration for Community Living Dementia Capable Community grant, which ends September 2018.

5.1.3b. More people are aware of and attend the Dementia 101 trainings, Memory Cafés, and Memory Cafés on the Move.

5.1.3c. An on-going volunteer group for recruiting businesses and providing Dementia Friendly Business training is created.

5.1.3d. More caregivers are referred to and served each year by the OCDOA..

5.1.3e. Strategies and supports are developed for individuals living alone with dementia.

RESPONSIBLE AGENCIES: OCDOA, in partnership with agencies that provide assistance to older adults (EMS, Orange Congregations in Mission [OCIM], Inter-Faith Council [IFC], Chapel Hill-Carrboro Meals on Wheels, SALT, hospital systems) and Chapel Hill and Hillsborough Chambers of Commerce, and with support from Towns of Chapel Hill, Carrboro, and Hillsborough

Strategy 5.1.4: Improve accessibility within the senior centers.

INDICATORS

5.1.4a. OCDOA staff is trained on accessibility issues and resources.

5.1.4b. Funding is secured by OCDOA/Orange County Asset Management Services (OCAMS) to implement needed improvements as identified in the county's accessibility checklist.

5.1.4c. OCDOA staff work with groups who are navigating the senior centers to learn what is problematic.

5.1.4d. Participants and family members are aware of what kind of equipment is available at the centers to improve accessibility, where it is located, and how to use it.

RESPONSIBLE AGENCIES: OCDOA, OCAMS, Board of County Commissioners (BOCC)

Objective 5.2: Promote social inclusion and community cohesion at the senior centers and other community locations.

Strategy 5.2.1: Increase awareness of transportation options so that people are better able to access events and services.

INDICATORS

5.2.1a. Transportation Specialist is listed as a resource on publications for events.

5.2.1b. A ride sharing board is created to organize carpooling to special events, especially in the evenings.

RESPONSIBLE AGENCIES: OCDOA

Strategy 5.2.2: Provide and encourage social connections between older adults.

INDICATORS

5.2.2a. More social groups are developed.

5.2.2b. More opportunities for one-on-one activities are made available.

5.2.2c. People come to the senior centers to socialize.

5.2.2d. More older adults are served at the senior centers, as measured through increased attendance, participation, and demand.

5.2.2e. A welcoming program is created at senior centers for new members.

5.2.2f. A “Meet Your Neighbor” or “Bring A Friend” day is held quarterly, during which members are encouraged to bring others to the senior center.

RESPONSIBLE AGENCIES: OCDOA Program Advisory Committee

DOMAIN: Civic Participation and Employment

Civic participation and employment address opportunities for citizenship, unpaid work, and paid work. This domain is related to both the social environment and to the economic determinants of aging. An age-friendly community provides ways older people can continue to work for pay, volunteer their skills, and be actively engaged in community life. Some key characteristics include:

- Volunteer and employment options that are meaningful and accessible;
- Training availability;
- Participation by older adults in the community on things like advisory boards, meetings, and policy planning;
- Appreciation for contributions by older adults;
- Support for entrepreneurship; and
- Fair pay.

MAP Goal 6: Connect older adults who are seeking paid employment or meaningful volunteer experience with a diverse array of opportunities.

Objective 6.1: Create effective pathways for older adults to secure fairly compensated employment, including traditional, alternative, and entrepreneurial options.

Strategy 6.1.1: Create an Older Adult Employment Collaborative that is actively involved in creating and supporting employment opportunities for older workers. Partners should include: OCDOA, Orange County Department of Social Services (DSS), Orange County Economic Development, AARP, Chapel Hill and Hillsborough Chambers of Commerce, and Durham Technical Community College (Durham Tech).

INDICATORS

6.1.1a. Program plan is created, outlining best practices, action steps, and implementation timeline.

6.1.1b. An Older Adult Employment Specialist position, housed at the OCDOA, is funded to coordinate work of the Older Adult Employment Collaborative, champion older adult employment interests, and work directly with job seeking older adults.

6.1.1c. Employment pathways are identified or created, and disseminated through a centralized location.

6.1.1d. Interested older adults secure meaningful, fairly compensated employment, including traditional, alternative, and entrepreneurial options.

RESPONSIBLE AGENCIES: Older Adult Employment Collaborative, with support from Senior Community Service Employment Program

Strategy 6.1.2: Promote alternative and entrepreneurial employment opportunities for older adults.

INDICATORS

6.1.2a. Classes are provided to older adults at senior centers and public libraries to explore entrepreneurial employment opportunities.

6.1.2b. A group for older adults looking for alternative and entrepreneurial work is created and supported.

6.1.2c. Alternative and entrepreneurial job seeking older adults report securing or connecting with desired job opportunities.

RESPONSIBLE AGENCIES: Older Adult Employment Collaborative, in partnership with the Orange County Public Library

Strategy 6.1.3: Host a job fair and networking event to connect older adults with interested employers.

INDICATORS

6.1.3a. Seminars for older adult job seekers are held to prepare them for successful networking at event.

6.1.3b. Job fair and networking events are held, with transportation options.

RESPONSIBLE AGENCIES: OCDOA, in collaboration with DSS, AARP, and Chapel Hill and Hillsborough Chambers of Commerce

Strategy 6.1.4: Create “Senior Internship” opportunities, whereby older adults obtain internships with possibility of future hire.

INDICATORS

6.1.4a. Research is conducted and recommendations are created about best practices for a “Senior Internship”.

6.1.4b. “Senior internships” are created with partners in the county.

6.1.4c. Older adults are hired after completing their “internships”.

RESPONSIBLE AGENCIES: Older Adult Employment Collaborative

Objective 6.2: Expand opportunities for older adults to gain both job-seeking and on-the-job skills.

Strategy 6.2.1: Expand existing and create additional resources for older adults seeking employment.

INDICATORS

6.2.1a. An inventory of what services already exist in the county is created and research on best practices is conducted.

6.2.1b. More older adults report utilizing and benefiting from these resources and services.

6.2.1c. Resources and services are offered in Orange County locations in addition to Durham Tech.

6.2.1d. New training opportunities are held and evaluated.

RESPONSIBLE AGENCIES: Older Adult Employment Collaborative, with support from Orange County Public Library

Objective 6.3: Promote the value of an experienced workforce to local employers.

Strategy 6.3.1: Create awareness campaign designed to (1) promote older adults as productive, experienced, reliable, and entrepreneurial members that positively impact the labor force; (2) highlight employers that are successfully integrating older adult workers; and (3) provide information to Orange County employers to best serve an older adult workforce.

INDICATORS

6.3.1a. Research is conducted to better understand barriers and facilitators to employing older adults.

6.3.1b. Public campaign is created and evaluated.

RESPONSIBLE AGENCIES: AARP, in collaboration with OCDOA, Chapel Hill and Hillsborough Chambers of Commerce, and Orange County Economic Development

Strategy 6.3.2: Advocate for creating tax credits for employers who hire older adults.

INDICATORS

6.3.2a. Research is conducted on existing policies, feasibility of new policies, and key players.

6.3.2b. Members of the Older Adult Employment Collaborative promote new policies to provide tax credits with key stakeholders and decision makers.

6.3.2c. Tax credits for employers hiring older adults become available.

RESPONSIBLE AGENCIES: Older Adult Employment Collaborative, with support from Advisory Board on Aging

Objective 6.4: Expand enriching volunteer opportunities for older adults.

Strategy 6.4.1: Create and expand substantive, skills-based, and intergenerational volunteer opportunities for older adults.

INDICATORS

6.4.1a. Older adults are matched to volunteer opportunities based on skills and interests.

6.4.1b. Older adult volunteers report feeling satisfied and supported in their volunteer roles.

6.4.1c. Older adult seeking volunteer opportunities outside of OCDOA are referred to appropriate organizations, such as Hands on Triangle.

6.4.1d. More people are educated through Project EngAGE to become volunteer leaders and develop

senior resource team projects.

RESPONSIBLE AGENCIES: OCDOA VC55+

Strategy 6.4.2: Plan and implement community-based volunteer programs that support persons to age in community.

INDICATORS

6.4.2a: Existing community-based volunteer programs around aging in community are sustained and expanded (i.e., Handy Helpers, Volunteer Drivers, Friend to Friend, SALT).

6.4.2b: New community-based volunteer programs are planned and implemented that address social isolation and support persons to age in community.

RESPONSIBLE AGENCIES: OCDOA VC55+, Orange County Sherriff's Office

DOMAIN: Community Support and Health Services

Necessary care should be available, accessible, and affordable to all. In an age-friendly community:

- Health and social services are distributed throughout a community;
- Information is clear and services are coordinated;
- The cost of care does not make it out of reach;
- A wide array of services are available to help people age well in their homes and communities;
- Residential care facilities are integrated into the neighborhoods in which they are situated;
- Volunteers are available to help older adults age in community; and
- Emergency planning is conducted with older adults in mind.

MAP Goal 7: Ensure the community has accessible and affordable resources to support individual health and wellbeing goals throughout the aging process.

Objective 7.1: Increase awareness and use of available health and wellness resources.

Strategy 7.1.1: Offer and promote health and wellness programs in the senior centers, and throughout the community, for older adults of all abilities.

INDICATORS

7.1.1a. Health and wellness programs, including evidence-based programs are offered in senior centers and throughout the community (including in rural locations).

7.1.1b. Participation in health and wellness programs is increased.

7.1.1c. More “baby boomers” attend OCDOA health and wellness programs.

7.1.1d. Seymour Center fitness studio is expanded and redesigned to increase capacity and update technology.

7.1.1e. More older adult opportunities are offered in SportsPlex Fieldhouse expansion.

7.1.1f. Marketing campaign is conducted targeting older adults in different life stages.

RESPONSIBLE AGENCIES: OCDOA Wellness, with support from DEAPR, UNC Health Care, Towns of Carrboro, Chapel Hill, and Hillsborough, and the Orange County SportsPlex

Strategy 7.1.2: Provide behavioral health support and programming to older adults.

INDICATORS

7.1.2a. More support groups are provided (e.g., health, grief, depression, life transitions, substance abuse, etc.) in various locations.

7.1.2b. Directory of mental health therapists and support groups appropriate for older adults is created and updated.

7.1.2c. Mental health (e.g., Mental Health First Aid) training is provided at least twice per year at senior centers, public libraries, and long-term care facilities.

7.1.2d. Informational workshops are provided at both senior centers at least annually.

7.1.2e. Healthy IDEAS program is provided at the senior centers.

RESPONSIBLE AGENCIES: OCDOA Wellness and Aging Transitions, in partnership with Cardinal Innovations Healthcare, NAMI, and Orange County Public Library

Objective 7.2: Expand services to help older adults age in their homes and communities.

Strategy 7.2.1: Expand community-based health and support programs that support older adults' health and safety.

INDICATORS

7.2.1a. EMS/OCDOA Stay Up and Active Program is increased, allowing more people to access follow-up services after a fall is reported and expanding capacity to provide fall risk.

7.2.1b. More older adult patients are served in their home settings through medical outreach programs like REACH and Doctors Making Housecalls.

7.2.1c. "Remembering When" home inspections to correct fire related concerns (e.g., batteries, smoke/CO2 detectors, minor electrical/lighting, dryer venting) are conducted.

7.2.1d. Educational programs are provided at the senior centers yearly to increase awareness and use of technology for home safety.

7.2.1e. Workforce development strategies are planned and implemented so that people caring for older adults are well-trained.

RESPONSIBLE AGENCIES: EMS, OCDOA Aging Transitions and VC55+, UNC Health Care, Piedmont Health, Orange County Fire Marshal, Durham Tech Community College

Strategy 7.2.2: Identify and expand service areas that volunteers can assist with or create to reduce cost and expand availability.

INDICATORS

7.2.2a. A resource pool of retired nurses and doctors is created that can help older adults successfully use the healthcare system for prevention and curative services.

7.2.2b. A health coordination pilot program is established between UNC Hospital-Hillsborough and at least one faith-community.

7.2.2c. Volunteers are recruited and supported to help older adults manage instrumental tasks of daily living (e.g., mail processing, check writing, bookkeeping, etc.).

7.2.2d. Policies at OCDOA are reviewed to make it easier for volunteers and concerned citizens to refer at-risk individuals to the OCDOA for services.

7.2.2e. Handy Helpers volunteer home maintenance team is expanded to serve more older adults.

RESPONSIBLE AGENCIES: OCDOA VC55+, with support from Orange County Health Department and UNC Health Care (Senior Alliance)

Strategy 7.2.3: Emergency preparedness education reflects and incorporates the needs of older adults.

INDICATORS

7.2.3a. Emergency Preparedness Checklist is revised to reflect senior issues.

7.2.3b. Issues specific to older adults are included in crisis intervention team training.

RESPONSIBLE AGENCIES: EMS, Orange County Sheriff's Office, Chapel Hill and Carrboro Police Departments

Objective 7.3: Improve collaboration between medical providers and OCDOA.

Strategy 7.3.1: Develop collaborative projects between OCDOA and healthcare providers.

INDICATORS

7.3.1a. At least one collaborative project is created between the OCDOA and UNC Health Care (Senior Alliance).

7.3.1b. At least one collaborative project is created between the OCDOA and Piedmont Health.

RESPONSIBLE AGENCIES: UNC Health Care, OCDOA, Piedmont Health

Objective 7.4: Address the problem of food insecurity among older adults.

Strategy 7.4.1: Increase capacity to provide more home-delivered meals and groceries to older adults, especially those in rural areas.

INDICATORS

7.4.1a. More volunteers are recruited and trained to assist with meal preparation and/or meal delivery.

7.4.1b. Funding is increased through collaborative grant writing and coordination of funding drives.

7.4.1c. New drop-off and pick up points for meal delivery volunteers are established in rural areas.

7.4.1d. Number of donations and client referrals from community service agencies is increased.

7.4.1e. Development of a farmer's market collaborative and/or a new farmer's market in Cedar Grove is explored.

7.4.1f. Quarterly meetings between relevant organizations are established to discuss eligibility criteria and geographic coverage for each organization and to increase coordination.

RESPONSIBLE AGENCIES: Chapel Hill-Carrboro Meals on Wheels, OCIM, Orange County Rural Alliance (OCRA), OCDOA VC55+, DEAPR

Strategy 7.4.2: Improve representation for older adults on food and nutrition-related community organizations.

INDICATORS

7.4.2a. Person advocating for the needs of older adults is represented on the Orange County Food Council.

RESPONSIBLE AGENCIES: Orange County Advisory Board on Aging

Strategy 7.4.3: Increase awareness of food services for older adults.

INDICATORS

7.4.3a. Increased participation in programs like SNAP, Commodity Supplemental Food Program, and Meals on Wheels.

RESPONSIBLE AGENCIES: OCDOA Aging Transitions, DSS, IFC, OCIM, Chapel Hill-Carrboro Meals on Wheels, OCRA

Objective 7.5: Promote and support the growth of the "Village"/Neighborhood model of community support across all of Orange County for individuals aging in their homes.

Strategy 7.5.1: Increase the number and variety of "village" model programs/neighborhoods.

INDICATORS

7.5.1a. Increased number of village groups in Orange County.

7.5.1b. A rural village model developed and piloted.

7.5.1c. "Care navigator" programs are created by village groups to assist members with aging in place needs and connect residents to OCDOA.

RESPONSIBLE AGENCIES: OCDOA VC55+

Objective 7.6: Support planning for and fulfillment of individual goals in all stages at the end of life.

Strategy 7.6.1: Build awareness about end of life planning by increasing visibility of end of life issues, normalizing end of life conversations, and supporting educational initiatives for community members.

INDICATORS

7.6.1a. End of Life awareness campaign is created, including dissemination of end of life planning materials and promotion of end of life planning conversations.

7.6.1b. Health Care Decisions Day and/or Advance Care Planning Awareness month are recognized and promoted.

7.6.1c. Information and ongoing educational opportunities about end of life issues are offered through OCDOA (e.g., webpage, seminars, speakers, and written materials).

7.6.1d. Five Wishes and other documents are available for Orange County residents at multiple locations (e.g., senior centers, libraries, major healthcare systems) and in various languages.

7.6.1e. More people are aware of and are using OCDOA notary services.

7.6.1f. Connections with diverse community partners, including schools, faith-based organizations, long-term care facilities, etc., are created to promote end of life discussions.

RESPONSIBLE AGENCIES: OCDOA, in collaboration with the UNC Partnerships in Aging Program (PiAP) and Orange County Health Department, OCIM, IFC

Strategy 7.6.2: Reduce provider-side barriers to access and use of completed Advanced Care Planning forms when needed and support provider education.

INDICATORS

7.6.2a. Local healthcare systems incorporate Advanced Care directives in Electronic Medical Records and actively educate providers on how to use/access.

7.6.2b. Healthcare providers incorporate end-of-life discussions into routine care, and provide/complete Medical Orders for Scope of Treatment (MOST) and Do Not Resuscitate (DNR) forms for their patients as appropriate.

7.6.2c. EMS task force on mobile MOST/DNR forms recommends ways to authorize MOST/DNR care wishes when away from home.

7.6.2d. UNC promotes professional training on end of life issues and palliative medicine in curriculum, and continuing education opportunities.

RESPONSIBLE AGENCIES: UNC Health Care, Duke Health, UNC Allied Health, Piedmont Health, PiAP, EMS

Strategy 7.6.3: Support legislation and policy change to facilitate end of life planning and increase choice.

INDICATORS

7.6.3a. Legislation is supported to remove notary requirements to completing Advance Care Planning.

7.6.3b. Legislation is supported to increase choice at end of life.

7.6.3c. Green burial options are expanded.

RESPONSIBLE AGENCIES: Advisory Board on Aging, with support from Towns of Chapel Hill, Carrboro and Hillsborough, Orange County Health Department

DOMAIN: Communication and Information

Staying connected to and aware of available events, programs, and people is important for everyone, regardless of age. The ways that people communicate have changed over time, leaving gaps in outreach. Internet access and smartphones are not universal and information must be disseminated through a variety of mediums. Communication and information sharing in an age-friendly community:

- Is distributed widely;
- Is provided both orally and in print;
- Uses plain language;
- Has easy to understand automated communication; and
- Ensures that the internet and computers are widely available.

MAP Goal 8: Empower older adults and their families to make informed decisions and to easily access available services and supports.

Objective 8.1: Increase the accessibility of information regarding available programs, services, and resources.

Strategy 8.1.1: Identify liaisons within medical offices, faith-based organizations, civic and community organizations, libraries, etc. to post/distribute OCDOA information.

INDICATORS

- 8.1.1a. Comprehensive list of liaisons is created and maintained.
- 8.1.1b. Information sharing is facilitated by liaisons within their organizations.
- 8.1.1c. Information is distributed at least quarterly to designated liaisons.
- 8.1.1d. Liaisons are created with non-English organizations.
- 8.1.1e. Liaisons are created with neighborhood groups.

RESPONSIBLE AGENCIES: OCDOA , Orange County Public Library

Strategy 8.1.2: Make OCDOA communications available in a variety of languages.

INDICATORS

- 8.1.2a. Communications are sent out to non-English media sources and posted at relevant locations and community agencies.

RESPONSIBLE AGENCIES: OCDOA

Strategy 8.1.3: Improve the Senior Times to be more readable and user-friendly.

INDICATORS

- 8.1.3a. Print versions of the Senior Times are in larger print and with less information.
- 8.1.3b. Additional versions of the Senior Times are explored, including print and online versions in

Spanish and Mandarin (and other languages as needed) and an audible version.

8.1.3c. Drop off locations are expanded.

RESPONSIBLE AGENCIES: OCDOA

Strategy 8.1.4: Continue to use media sources that do not rely on electronic sources.

INDICATORS

8.1.4a. Local radio stations, television stations, and newspapers are used to advertise OCDOA events/programming.

8.1.4b. OCDOA program, service, and resource information is distributed at community events.

8.1.4c. People report that they are hearing about events/programming through these sources when they register.

RESPONSIBLE AGENCIES: OCDOA , Orange County Community Relations Department

Strategy 8.1.5: Partner with other organizations to promote and publicize each other's events and information.

INDICATORS

8.1.5a. Community groups, organizations, and key liaisons are identified.

8.1.5b. Events are publicized by multiple organizations.

8.1.5c. Events/programming is advertised in community centers newsletters and calendars, and vice versa.

RESPONSIBLE AGENCIES: OCDOA Communications and VC55+, with support from DEAPR

Strategy 8.1.6: Collect data on how people prefer to be communicated with and/or how they find out about events.

INDICATORS

8.1.6a. Current communication plan is implemented.

8.1.6b. People are asked about how they found out about events/programming upon registration, and that data is utilized in communication plan.

RESPONSIBLE AGENCIES: OCDOA

Conclusion

Orange County's population is aging, meaning that the importance of the 2017-2022 MAP will only continue to grow as more older adults and their families seek county services. The OCDOA is committed to improving the lives of Orange County's older adults and their families through active use of the MAP. Careful monitoring of the indicators and strategies as well as drawing upon new and existing partnerships with other organizations will help ensure that the plan's goals and objectives are met. There is a continual need for collaboration between the OCDOA and other existing community organization in order to ensure the future success of the 2017-2022 MAP. The 2017-2022 MAP recommends mechanisms for collaboration between the OCDOA and community organizations, but these strategies will not be accomplished without the support of community organizations.

In the implementation of the objectives and strategies, older adults also have to ensure that their voices are heard in all 8 domains. The voice and leadership of older adults is essential to fulfilling the goals set out by the 2017-2022 MAP. For example, advocacy and involvement in public hearings are steps that can be taken to ensuring that the perspective of older adults is considered throughout various planning processes. With the voice and leadership of older adults in the community, the vision of Orange County as an age-friendly community can become a reality.

The goals and objectives listed in this plan represent a comprehensive vision for the future of Orange County as an age-friendly community. Only through working together, and recognizing that the 2017-2022 MAP affects all of us, will this vision be achieved.

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2017-2022 Master Aging Plan Work Group Members

Frequently Used Acronyms

ADA	Americans with Disabilities Act
AFC	Age-Friendly Community
BOCC	Board of County Commissioners
CHT	Chapel Hill Transit
CRC	Community Resource Connection
DEAPR	Department of Environment, Agriculture, Parks and Recreation
DNR	Do Not Resuscitate
DSS	Department of Social Services
EMS	Emergency Medical Services
IFC	Inter-Faith Council
MAP	Master Aging Plan
MOST	Medical Orders for Scope of Treatment
NAMI	National Alliance on Mental Illness
NCDOT	North Carolina Department of Transportation
OCAMS	Orange County Asset Management Services
OCBIRP	Orange County Bus and Rail Investment Plan

2017-2022 Master Aging Plan Work Group Members

OCDOA	Orange County Department on Aging
OCIM	Orange Congregations in Mission
OCRA	Orange County Rural Alliance
OPT	Orange Public Transportation
PiAP	[UNC] Partnerships in Aging Program
SALT	Seniors and Law Enforcement Together
TJCOG	Triangle J Council of Government
VC55+	Volunteer Connect 55+
WHO	World Health Organization

2017-2022 Master Aging Plan Work Group Members

Glossary

Assisted living facilities	Facilities that provide support services and supervision to residents in order to ensure their safety and wellbeing.
Built Environment	Encompasses the physical components of where people live and work (i.e. homes, buildings, streets, open spaces, infrastructure). The built environment ultimately influences an individual's level of physical activity. ¹⁰
Chatham-Orange CRC	The Chatham-Orange Community Resource Connection (CRC) is a collaboration of more than 25 public and private agencies, health care providers, non-profits, and social service providers. This partnership provides a one-stop-shop for aging adults and adults with disabilities looking for resources and information on services and supports.
Complete Streets policy	Complete Streets policies promote transportation systems that incorporate multiple modes of travel, including bicycling, walking, driving, and using public transportation, and that are safe and easy to use for people of all ages and abilities. In this way, these policies support health and quality of life. ¹¹
Family care homes	An adult care home that provides housing and services and has no more than six residents.
Goal	A broad statement of what a program will accomplish and who will be affected. A goal should be simple, attainable, and ambitious. It needs not be measurable nor have a deadline. ¹²
Housing stock	The total number of physical dwelling units in an area (not to be confused with households).
Housing subsidies	Housing subsidies are government funding to aid low-income tenants in renting housing.
Indicator	These are the most specific activities that will be measured to evaluate the fulfillment of an objective. ¹²

2017-2022 Master Aging Plan Work Group Members

Long-term care facilities	A variety of services which help meet both the medical and non-medical needs of people with a chronic illness or disability who cannot care for themselves for long periods of time.
Nursing homes	Also called skilled nursing unit, skilled nursing facilities, care home, or long-term care facility. Please see Long-term care facility for a definition.
Objective	Identifies how a goal will be achieved in concrete, measurable terms. Objectives provide a framework for evaluation. Ideally, they should be SMART (Specific, Measurable, Achievable, Realistic, Time-bound). When possible, objectives state who will change, by how much, by when, and how the change will be measured. ¹²
Older Adult	In this MAP, resident's age 55 or older are addressed as older adults.
Palliative care	An area of healthcare that focuses on alleviating and preventing patient suffering, particularly for those nearing the end of life.
Patient-centered care	An approach to healthcare that serves each patient with individual support, unbiased guidance, and views the patient as a whole-person within the context of his or her family, religion, and life history.
Rental assistance	A federal program that provides rental assistance to low-income families who are unable to afford market rents.
Strategy	These are the specific actions or activities needed to fulfill an objective. They should also be SMART, when possible. (See definition of Objective above for further explanation of SMART). ¹²
Universal design	A design approach that produces buildings, products, and environments that are usable and effective for everyone, not just people with disabilities.

2017-2022 Master Aging Plan Work Group Members

Index of Responsible Agency

	1. Outdoor Spaces & Buildings	2. Transportation	3. Housing	4. Social Participation	5. Respect & Social Inclusion	6. Civic Participation & Employment	7. Community Supports & Health Services	8. Communication & Information
AARP						6.1.1, 6.1.2, 6.1.3, 6.1.4, 6.2.1, 6.3.1, 6.3.2		
Cardinal Innovations Healthcare			3.5.1				7.1.2	
Town of Carrboro					5.1.3		7.1.1, 7.6.3	
<i>Carrboro Department of Planning, Zoning & Inspections</i>	1.1.1, 1.1.4, 1.2.4, 1.3.1, 1.3.2		3.1.1, 3.4.2					
<i>Carrboro Fire-Rescue Department</i>			3.3.1					
<i>Carrboro Police Department</i>							7.2.3	
<i>Carrboro Public Works Department</i>	1.1.2, 1.2.2, 1.2.3							
<i>Carrboro Recreation & Parks Department</i>	1.1.2			4.1.2				
Town of Chapel Hill					5.1.3		7.1.1, 7.6.3	
<i>Chapel Hill Fire Department</i>			3.3.1					
<i>Chapel Hill Office of Housing and Community</i>			3.1.1, 3.4.1, 3.6.1					
<i>Chapel Hill Office of Planning and Sustainability</i>	1.1.1, 1.1.4, 1.2.4, 1.3.1, 1.3.2		3.1.1, 3.4.2					

2017-2022 Master Aging Plan Work Group Members

	1. Outdoor Spaces & Buildings	2. Transportation	3. Housing	4. Social Participation	5. Respect & Social Inclusion	6. Civic Participation & Employment	7. Community Supports & Health Services	8. Communication & Information
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<i>Chapel Hill Police Department</i>							7.2.3	
<i>Chapel Hill Public Library</i>		2.3.1		4.1.2				
<i>Chapel Hill Public Works Department</i>	1.1.2, 1.2.2, 1.2.3							
<i>Chapel Hill Transit</i>	1.2.4	2.1.2, 2.2.1, 2.2.2, 2.3.1, 2.3.2						
Chapel Hill Chamber of Commerce					5.1.3	6.1.1, 6.1.2, 6.1.3, 6.1.4, 6.2.1, 6.3.1, 6.3.2		
Chapel Hill-Carrboro City Schools				4.1.2				
Chapel Hill-Carrboro Meals on Wheels					5.1.3		7.4.1, 7.4.3	
Duke Health		2.2.1			5.1.3		7.6.2	
Durham Technical Community College						6.1.1, 6.1.2, 6.1.4, 6.2.1, 6.3.2		
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2017-2022 Master Aging Plan Work Group Members

	1. Outdoor Spaces & Buildings	2. Transportation	3. Housing	4. Social Participation	5. Respect & Social Inclusion	6. Civic Participation & Employment	7. Community Supports & Health Services	8. Communication & Information
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<i>Hillsborough Public Space Division</i>	1.1.2			4.1.2				
<i>Hillsborough Public Works Department</i>	1.1.2, 1.2.2, 1.2.3							
Hillsborough Chamber of Commerce					5.1.3	6.1.1, 6.1.2, 6.1.3, 6.1.4, 6.2.1, 6.3.1, 6.3.2		
Inter-Faith Council					5.1.3		7.4.3, 7.6.1	
National Alliance on Mental Illness							7.1.2	
North Carolina Department of Transportation	1.2.2							
Nursing Home and Adult Care Home Advisory Committees			3.5.1					
Orange Congregations in Mission					5.1.3		7.4.1, 7.4.3, 7.6.1	
Orange County Advisory Board on Aging	1.1.1, 1.1.3		3.2.1			6.3.2	7.4.2, 7.6.3	
Orange County Asset Management Services	1.1.2, 1.1.4, 1.2.1, 1.2.4				5.1.4			
Orange County Board of County Commissioners					5.1.4			

2017-2022 Master Aging Plan Work Group Members

	1. Outdoor Spaces & Buildings	2. Transportation	3. Housing	4. Social Participation	5. Respect & Social Inclusion	6. Civic Participation & Employment	7. Community Supports & Health Services	8. Communication & Information
Orange County Community Relations Department								8.1.4
Orange County Department on Aging	1.1.1, 1.1.2, 1.1.3, 1.1.4, 1.2.1, 1.2.2, 1.2.4, 1.3.3	2.1.1, 2.1.2, 2.2.1, 2.2.3, 2.3.1, 2.3.2	3.1.1, 3.2.1, 3.3.1, 3.4.1, 3.6.1, 3.6.2		5.1.1, 5.1.2, 5.1.3, 5.1.4, 5.2.1	6.1.1, 6.1.2, 6.1.3, 6.1.4, 6.2.1, 6.3.1, 6.3.2	7.3.1, 7.6.1	8.1.1, 8.1.2, 8.1.3, 8.1.4, 8.1.5, 8.1.6
<i>Aging Transitions</i>							7.1.2, 7.2.1, 7.4.3	
<i>Program Advisory Committees</i>					5.2.2			
<i>Senior Centers</i>				4.1.1, 4.1.2, 4.1.3, 4.1.4, 4.1.5				
<i>Volunteer Connect 55+</i>			3.5.1			6.4.1, 6.4.2	7.2.1, 7.2.2, 7.4.1, 7.5.1	8.1.5
<i>Wellness</i>							7.1.1, 7.1.2	
Orange County Department of Environment, Agriculture, Parks and Recreation	1.1.1, 1.1.2, 1.1.4, 1.2.1, 1.2.4			4.1.2			7.1.1, 7.4.1	8.1.5
Orange County Department of Social Services						6.1.1, 6.1.2, 6.1.3, 6.1.4, 6.2.1, 6.3.2	7.4.3	
Orange County Disability Awareness Council	1.3.2							
Orange County Economic Development						6.1.1, 6.1.2, 6.1.4, 6.2.1, 6.3.1, 6.3.2		

2017-2022 Master Aging Plan Work Group Members

	1. Outdoor Spaces & Buildings	2. Transportation	3. Housing	4. Social Participation	5. Respect & Social Inclusion	6. Civic Participation & Employment	7. Community Supports & Health Services	8. Communication & Information
Orange County Emergency Services		2.2.3			5.1.3		7.2.1, 7.2.3, 7.6.2	
Orange County Fire Marshal Division			3.3.1, 3.6.2				7.2.1	
Orange County Health Department		2.2.1	3.1.1, 3.6.2	4.1.1	5.1.2		7.2.2, 7.6.1, 7.6.3	
Orange County Housing, Human Rights and Community Development Department			3.1.1, 3.2.1, 3.3.1, 3.4.1, 3.6.1, 3.6.2					
Orange County Planning and Inspections Department	1.1.1, 1.1.4, 1.3.1, 1.3.2		3.1.1, 3.3.1, 3.4.2, 3.6.2					
Orange County Public Library		2.3.1		4.1.2, 4.1.5		6.1.2, 6.2.1	7.1.2	8.1.1
Orange County Rural Alliance							7.4.1, 7.4.3	
Orange County Schools				4.1.2				
Orange County Sherriff's Office						6.4.2	7.2.3	
Orange County SportsPlex							7.1.1	
Orange Public Transportation	1.2.4	2.1.1, 2.1.2, 2.2.1, 2.2.2, 2.3.1, 2.3.2						
Orange Rural Fire Department			3.3.1					
Piedmont Health		2.2.1	3.5.1		5.1.3		7.2.1, 7.3.1, 7.6.2	

2017-2022 Master Aging Plan Work Group Members

	1. Outdoor Spaces & Buildings	2. Transportation	3. Housing	4. Social Participation	5. Respect & Social Inclusion	6. Civic Participation & Employment	7. Community Supports & Health Services	8. Communication & Information
Senior Community Service Employment Program						6.1.1		
Seniors and Law Enforcement Together			3.6.2		5.1.3			
Triangle J Council of Governments			3.2.1, 3.6.1					
UNC Allied Health							7.6.2	
UNC Health Care		2.2.1			5.1.3		7.1.1, 7.2.1, 7.2.2, 7.3.1, 7.6.2	
UNC Partnerships in Aging Program							7.6.1, 7.6.2	

2017-2022 Master Aging Plan Work Group Members

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2017-2022 Master Aging Plan Work Group Members

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