

## Problems and Solutions Worksheet – Health and Wellness Work Group

**To make your potential solutions more concrete and feasible, please think about:**

- 1) What programs and services you would like to see expanded or improved
- 2) Programs or service that that you believe are *at risk of losing* funding
- 3) Barriers and facilitators that could be addressed with your solution
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Problem	Potential Solutions
<ol style="list-style-type: none"> <li>1. Appropriate EMS services for older adults</li> <li>2. High numbers of older adults transported to the hospital for falls</li> </ol>	<ol style="list-style-type: none"> <li>1. EMS works with department on Aging to implement Slips Trips and Falls Program (prevent repeat falls).               <ol style="list-style-type: none"> <li>a. Wake County received million dollar grant</li> <li>b. Leave packets and info with indiv. Who fall in their own homes</li> <li>c. Leave DVD showing what should/shouldn't do in case of fall (incorporate into in Praise of Age. Make available to churches and other locations).</li> </ol> </li> <li>2. EMS education for caregivers</li> <li>3. Appropriate protocols for EMS workers responding to calls for aging adults</li> <li>4. Educate community on when it is appropriate to call EMS</li> <li>5. Roaming crisis unit with triage capabilities for responding to falls</li> <li>6. LTC issue: send out ambulance for every fall. Revise protocol in LTC to prevent always calling an ambulance and full-service EMS workers.</li> <li>7. Address fear of older adults telling physicians about falls (thinking it will involve recommendation to move out of home).</li> </ol>
<ol style="list-style-type: none"> <li>1. Healthy lifestyles and prevention</li> </ol>	<ol style="list-style-type: none"> <li>1. Encourage other facilities to host exercise classes</li> <li>2. Encourage recreation departments to put on exercise classes</li> <li>3. Ensure that older adults with physical or mental problems have access to exercise classes</li> <li>4. Provide water aerobics classes for physically and cognitively challenged seniors               <ol style="list-style-type: none"> <li>a. Morning water aerobics pilot program for 12 individuals</li> <li>b. Ratio of 1-4 aids to participants</li> <li>c. Sportsplex in Hillsboro is underutilized pool, other possibility is YMCA or Meadowmont with its link to UNC.</li> <li>d. Partnership created with PT professor at UNC, have students do practicum with specialized population.</li> <li>e. Initially gear program towards LTC facilities and use transportation.</li> </ol> </li> <li>5. Advertise lectures and continuing ed. classes offered at the Senior Centers, libraries, etc.               <ol style="list-style-type: none"> <li>a. Churches can market continuing education.</li> <li>b. Use maps of population to focus continuing ed programs.</li> </ol> </li> <li>6. Offer continuing ed in smaller organization centers and churches.</li> <li>7. Put continuing ed online.</li> <li>8. Continue/ expand falls prevention programs offered at senior centers</li> <li>9. Health marketing campaign to encourage Orange County citizens in their 50s to exercise for disease prevention.</li> <li>10. Train volunteers to offer evidence-based programs like “A Matter of</li> </ol>

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	<p>Balance” and “Living Healthy” at least every two months at the Sr. Centers, at Senior Living environments, at churches, the VFW, etc.</p> <ol style="list-style-type: none"> <li>11. Continue/ expand daily meal services at senior centers?</li> <li>12. Establish primary medical homes for older adults               <ol style="list-style-type: none"> <li>a. Individuals can select a primary care physician or practice as the place they go for their primary care needs. Special reimbursement associated as well as patient care benefits. Prevents fragmentation of care. Embedded care/case managers.</li> <li>b. Include social workers in medical homes and care managers.</li> </ol> </li> <li>13. Coordinate transportation for older adults to attend lectures/continuing education classes?</li> </ol>
<ol style="list-style-type: none"> <li>1. Insufficient support for caretakers</li> </ol>	<ol style="list-style-type: none"> <li>1. Offer more caregiver support groups at Senior Centers</li> <li>2. Continue/ expand Caregiver Day Out programs at Senior Centers</li> <li>3. Expand financial consulting offered to Caregivers (regarding health insurance, LTC insurance, other areas?)</li> <li>4. Improve access to information on caregiver services and supports</li> <li>5. Expand Adult Day programs in Orange County           <ol style="list-style-type: none"> <li>a. Find more ways to publicize the services, the resources available to help families avail themselves of the services and the potential for all involved with the Soltys Day Health Program</li> <li>b. Protect the core mission of the Soltys Adult Day Health Program through sustained funding from the county and continued support from the Department on Aging and Department of Social Services</li> <li>c. Promote the volunteer opportunities at the Soltys Adult Day Health Program so that there is a dedicated core of dependable volunteers to help meet basic programming and general assistance needs</li> <li>d. Continue to develop fund raising opportunities to bolster the support needed by the Soltys Adult Day Health Program</li> </ol> </li> <li>6. Offer caregiver support programs in rural areas through churches and/or other local organizations such as the Agricultural Extension program</li> <li>7. Increase number of Finding Your Voice Programs offered</li> </ol>
<ol style="list-style-type: none"> <li>1. Need for more spiritual counseling and chaplaincy services</li> </ol>	<ol style="list-style-type: none"> <li>1. Provide trainings to religious leaders in providing spiritual counseling to caregivers and older adults           <ol style="list-style-type: none"> <li>a. An issue for individuals with dementia.</li> <li>b. Church attendance is decreasing.</li> </ol> </li> <li>2. Encourage faith-based groups to create chaplaincy services within their own organizations, using a lay leader model such as “Stephens Ministry” to meet spiritual needs for counseling</li> <li>3. UNC and Duke have great Chaplaincy Depts – people are trained in lifestyle and chaplaincy issues. Partner with them.</li> </ol>

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	<ol style="list-style-type: none"> <li>a. Duke hospice has its own Chaplaincy program. Open to the community at large.</li> <li>4. Provide chaplaincy programs at the Department on Aging including:             <ol style="list-style-type: none"> <li>a. Seminars on specific aging topics and providing opportunities for one-on-one conversations with a chaplain.</li> <li>b. offering training opportunities for volunteer “community chaplaincy,”</li> <li>c. Providing older adults and caregivers access to a part-time secular chaplain at senior centers</li> </ol> </li> <li>5. Explore partnerships with Hospice services. Possibly train lay leaders.</li> </ol>
<ol style="list-style-type: none"> <li>1. Difficulty accessing appropriate medical care</li> </ol>	<ol style="list-style-type: none"> <li>1. Improve access to health insurance and benefits information for all older adults and caretakers             <ol style="list-style-type: none"> <li>a. Better marketing of State Health Insurance Assistance Program (SHIP), especially Part D education.</li> </ol> </li> <li>2. <b>Provide unbiased financial consulting re: Long Term Care insurance</b></li> <li>3. Develop directory of alternative medicine provider</li> <li>4. Develop directory of healthcare services for disabled Orange County residents (using Access bus system riders as resources)</li> <li>5. Establish primary medical homes for older adults             <ol style="list-style-type: none"> <li>a. Individuals can select a primary care physician or practice as the place they go for their primary care needs. Special reimbursement associated as well as patient care benefits. Prevents fragmentation of care. Embedded care/case managers.</li> <li>b. Include social workers in medical homes and care managers.</li> </ol> </li> <li>6. Advocate on the state and national level to protect middle class individuals who don’t qualify for government aid but can’t afford health insurance</li> <li>7. Create a program similar to the Kerr “Asheville Project” to advance the role of pharmacies in health (pharmacies become more of a walk-in clinic)</li> <li>8. Create more Care Transition Programs where a nurse practitioner (or other professional) checks on patients after discharge and schedules check-up meeting (Usually sponsored by a hospital).             <ol style="list-style-type: none"> <li>a. Take advantage of monies coming to hospitals</li> </ol> </li> <li>9. Encourage funding of “consumer directed care” allowing people to choose who they want to provide services, when they want services provided, etc.             <ol style="list-style-type: none"> <li>a. The NC Division on Aging is launching a new initiative encouraging the use of Home &amp; Community Based Block Grant Funding for this consumer-directed program</li> </ol> </li> <li>10. Helping people become aware of resources and support groups for</li> </ol>

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	<p style="text-align: center;">people who are underserved and marginalized. (ex: Piedmont services, LGBT center in Raleigh)</p> <ol style="list-style-type: none"> <li>11. Advocating for Medicare at all levels.</li> <li>12. Advocate for any particular program or service?</li> <li>13. Increase type of health care service?</li> </ol>
<ol style="list-style-type: none"> <li>1. Lack of workforce training to engage with and serve older adults</li> </ol>	<ol style="list-style-type: none"> <li>1. Use Durham Tech campus to train professionals of different disciplines on aging issues             <ol style="list-style-type: none"> <li>1. Promote/ market Certificates in Aging to students at UNC</li> <li>2. Provide continuing education credits to physicians</li> <li>3. Disseminate aging program and services information to health professionals in the county, especially primary care physicians                 <ol style="list-style-type: none"> <li>a. Emphasize nurse practitioners and physician assistance.</li> <li>b. Train retired physicians and nurses to train others</li> </ol> </li> </ol> </li> <li>4. Encourage professional networking among those who work with older adults (example: CHADERnc) Chapel Hill and Durham Eldercare Resources.</li> <li>5. Train health care providers on end-of-life issues</li> <li>6. Training for how to work with individuals with dementia.</li> <li>7. LGBT center sensitivity center hosted by SAGE for healthcare workers.</li> <li>8. Pharmacist education and training</li> <li>9. Create required trainings for social workers and nurses on working with an aging population and continuing ed on the services available in Orange County</li> <li>10. Area Health Education Centers – put on trainings. Resource</li> <li>11. Provide training to lay helpers in support of “consumer directed care” allowing people to choose who they want to provide services, when they want services provided, etc.             <ol style="list-style-type: none"> <li>c. Workforce training for these lay helpers (who are paid) will be different than training professionals. The helpers can provide more personalized service at lower cost.</li> </ol> </li> </ol>
<ol style="list-style-type: none"> <li>1. Lack of community engagement</li> </ol>	<ol style="list-style-type: none"> <li>1. Collaborate with schools or surrounding universities to facilitate intergenerational interaction between youth and older adults</li> <li>2. Encourage the Department on Aging and other organizations/ institutions to use infrastructures and buildings that can serve many generations.</li> <li>3. Increase community engagement activities and programs in LTC facilities</li> <li>4. Continue/ expand RSVP</li> <li>5. Harness the expertise of older adults to provide services and engagement to peers</li> <li>6. Engage churches in facilitating community engagement programs</li> <li>7. To increase community engagement in providing volunteer services, provide liability insurance coverage so that volunteers won’t have to</li> </ol>

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	<p>worry as much about “being sued” by the people they are trying to help.</p> <p>d. This may entail changes in local policy, regulation, etc. It may also require that we educate the public about the real dangers of being sued vs. the perception of those dangers</p>
<p>e. Insufficient Mental Health Services</p>	<ol style="list-style-type: none"> <li>1. Maintain a list of Licensed Clinical Social Workers and licensed counselors who can provide fee-for-service counseling to older adults with mental health issues and to their families</li> <li>2. Contact Pro Bono to understand their services covered under Medicare.</li> <li>3. Educate providers on what mental health services are covered under insurance and how to go about filing for reimbursement successfully.</li> <li>4. Hire a part-time mental health counselor to provide services at the Sr. Centers one-two days each month.</li> <li>5. Make depression a regular screening program</li> <li>6. Make depression screening a part of a regular physical (in addition to dementia screening).             <ol style="list-style-type: none"> <li>a. Important now that Medicare is covering many preventive services.</li> </ol> </li> <li>7. Other Programs/ services addressing dementia?</li> <li>8. Other Programs/ services for mental health problems other than dementia?             <ol style="list-style-type: none"> <li>a. Depression is underdiagnosed. More sensitivity and training needed for physicians</li> <li>b. Harder to diagnose depression in older adults because of co-morbidities.</li> </ol> </li> </ol>
<p>1. Programs and Services within Long Term Care facilities</p>	<ol style="list-style-type: none"> <li>9. Partner with nutritionists who work in LTC facilities to offer more nutritious foods. (encourage and support nutritious foods).             <ol style="list-style-type: none"> <li>a. Encourage facilities to offer more food choices.</li> </ol> </li> <li>10. Evidenced-based activity programs that meet individual needs, provides a purpose in life and cognitive stimulation for Orange County residents living in long-term care facilities</li> <li>11. <b>**Bringing creative ideas to LTC facilities.</b></li> <li>12. Encouraging patient-centered care within LTC facilities.</li> <li>13. Include LTC residents in continuing ed classes and exercise classes.</li> <li>14. Provide transportation to and from senior center for activities and programs.</li> <li>15. Meeting with leadership of LTC corporations.</li> <li>16. Evidenced-based exercise programs that are specific to the needs of Orange County residents living in long-term facilities</li> <li>17. Provide palliative care and end of life care program for residents living in long term care facilities, families and staff, including a formalized program for bereavement</li> </ol>

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	<p>18. Need medical care provided by more physicians specializing in gerontology</p> <p>19. Mental health services for residents in long term care facilities including enhanced Alzheimer’s Care.</p> <p>20. More programs to support family caregivers and staff caregivers of residents living in long-term care facilities</p>
<b>Crosscutting Problem:</b>	
<b>Lack of Marketing / Information Sharing</b>	<ol style="list-style-type: none"> <li>a. Offer workshops at the Senior Center on health and wellness services available in the community</li> <li>b. Create a Health and Wellness-specific help line</li> <li>c. Create a mobile Health and Wellness information table/event, go around the county to different events/places (i.e. churches) that seniors frequent</li> <li>d. Train aging liaisons (EMS, police, sheriff, MDs, etc.) on services available. Create mechanism to update/train them periodically</li> <li>e. Involve neighborhoods to understand how they view health and how to disseminate information</li> <li>f. Create a television or radio marketing campaign to inform older adults and caretakers where they can access information</li> <li>g. Engage churches and religious communities so that they can disseminate health and wellness information to members.</li> <li>h. Increase networking opportunities professionals who work in Health and Wellness in County</li> <li>i. Create a corps of volunteers, managed by a volunteer director, that will make a concerted effort to speak at various churches, organizations, etc. throughout the county about the services available in the county, the cost of those services, etc.</li> </ol>