

Solution Evaluation Worksheet – Health & Wellness Work Group

Explanation of Evaluation Criteria:

Importance – is this proposed solution a priority right now? Are there more pressing solutions to this problem that, in your assessment, take precedence over this solution? Please indicate a score of low, medium, or high. A score of “low” signifies that this is a solution of minor importance while a score of “high” indicates that this solution is very important and addresses pressing concerns.

Reach – asks how much of the population of older adults in Orange County will this impact? Please indicate a score of low, medium, or high. A score of “low” signifies that the solution will impact a limited number of people (for example, only residents in a certain neighborhood). A score of “high” indicates that this solution will have an impact on all Orange County older adults.

Equity – asks if this solution specifically addresses the needs of particular subgroups of the population (i.e. certain income levels, vulnerable populations, Medicaid recipients, refugees, etc.)? Please indicate a score of low, medium, or high. A score of “low” signifies that this solution does not specifically address the needs of a particular subgroup(s). A score of “high” indicates that this solution will have a significant impact on the needs of a particular subgroup(s).

Feasibility – asks how difficult will this project be to implement? Does it require a lot of political will or advocacy? Does it require a lot of staff, resources, funds, and/or expertise? Are there existing programs, services, or organizations that it can be incorporated into? If funds are needed, is funding available? Please indicate a score of low, medium, or high. A score of “low” signifies that this solution will be difficult and/or challenging to implement while a score of “high” indicates that this solution can be implemented with minimal difficulty, perhaps because it draws upon existing resources and/or has a lot of community support.

Efficacy – asks how effective this solution is at addressing the problem listed above. There are a number of questions you could ask that may or may not be relevant to a particular solution: Does it have an impact in addressing the entirety of the problem or does it just make a small dent? Has this solution been shown to be effective in other places? Among the solutions we have identified to address this problem, are there other solutions that may be more effective? Does it create long-lasting, sustainable change (for example, a far reaching policy)? Please indicate a score of low, medium, or high. A score of “low” signifies that this solution is mildly effective while a score of “high” indicates that this solution is very effective in addressing the problem stated above.

ST, MT, LT – stands for short-term, medium-term, and long-term. Please indicate whether you believe this is a short-term (ST) solution (within one year), medium-term (MT) solution (two to five years), or long-term solution (greater than five years).

Agency Responsible – asks which agency, individual, or organization should be responsible and/or involved with the implementation of this solution. You may list more than one. You may also indicate that the creation of a new organization or group is necessary.

Potential Solution	Importance (low, med, or high)	Reach (low, med, or high)	Equity (low, med, or high)	Feasibility (low, med, or high)	Efficacy (low, med, or high)	ST, MT, LT (pick one)	Agency Responsible
1. Problem: Appropriate EMS services for older adult and falls prevention							
2. EMS works with department on Aging to prevent repeat falls. This includes leaving packets of information with individuals who fall in their own homes and providing DVDs to fall victims or organizations for training.	H	H	M	H	H	MT	DOA EMS
3. Provide EMS education for caregivers	M	L	L	L	L	LT	EMS
4. Appropriate protocols for EMS workers responding to calls for aging adults							
5. Educate community on when it is appropriate to call EMS	H	H	H	H	M	ST	DOA
6. Create a roaming crisis unit with triage capabilities that would respond only to fall events.	M	M	H	M	M	LT	EMS
7. Revise protocol in LTC facilities to prevent always calling an ambulance and full-service EMS workers.	M	M	L	M	M	MT	LTC OMBUDS MAN
8. Address many older adults' fear of telling physicians about falls (thinking it will result in the physician's recommendation to move out of his/her home).	M	M	H	L	L	LT	DOA AMA/local
2. Problem: Healthy Lifestyles and Prevention							

1. Encourage other organizations like recreation departments, churches, and community centers to host exercise classes	H	H	H	H	M	ST	DOA M/P
2. Train volunteers to offer evidence-based programs like “A Matter of Balance” and “Living Healthy” at least every two months at the Sr. Centers, at Senior Living environments, at churches, etc	M	H	H	M	L	LT	UNC DOA
3. Ensure that older adults with physical or mental problems have access to exercise classes	H	M	H	L	M	LT	DOA PARKS UNC
4. Create a pilot water aerobics program for physically and cognitively challenged seniors. This pilot could be initiated with 12 participants under the guidance of a PT professor and interns, and could be held at the Hillsboro Sportplex, YMCA, Meadowmont, or other pools.	H	L	L	M	L	MT	UNC PT
5. Advertise lectures and continuing ed. classes offered at the Senior Centers, libraries, etc.	H	M	H	H	H	ST	DOA M/P
6. The Department on Aging could coordinate education classes at churches, as the churches can often provide their own marketing.	M	H	L	M	H	ST	DOA M/P
7. Use maps of population density of older adults to focus continuing ed programs in the county.	M	M	H	M	M	MT	DOA
8. Put continuing education lectures and classes online.	M	M	M	H	M	MT	DOA M/P
9. Health marketing campaign to encourage Orange County citizens in their 50s to exercise for disease prevention.	M	H	H	H	M	MT	DOA M/P
10. Encourage the establishment of primary medical homes for older adults. (With this model, individuals can select a primary care physician or practice as the place they	H	M	H	M	M	LT	DOA/MP UNC

go for their primary care needs. There is a special reimbursement associated with primary medical homes, as well as patient care benefits like preventing fragmentation of care.							
11. Encourage the inclusion of social workers and case managers in primary medical homes.	H	L	E	L	H	L	UNC PIEDMNT
12. Coordinate transportation for older adults to attend lectures/continuing education classes	H	M	M	M	M	LT	DOA TRANSPORT

3. Problem: Need for more spiritual counseling and chaplaincy services

Potential Solution	Importance (low, med, or high)	Reach (low, med, or high)	Equity (low, med, or high)	Feasibility (low, med, or high)	Efficacy (low, med, or high)	ST, MT, LT (pick one)	Agency Responsible
1. Provide trainings to religious leaders in providing spiritual counseling to caregivers and older adults. This is especially a need for older adults who have dementia or individuals caring for older adults with dementia.							
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							
3. At the Department on Aging, offer training opportunities for volunteer “community chaplaincy”.							
4. Partner with UNC and Duke Chaplaincy Departments to provide trainings and services.							
5. Provide older adults and caregivers access to a part-time, secular chaplain at Senior Centers.							

6. Explore partnerships with county Hospice services to train lay chaplain leaders.							
4. Problem: Difficulty accessing appropriate care							
Potential Solution	Importance (low, med, or high)	Reach (low, med, or high)	Equity (low, med, or high)	Feasibility (low, med, or high)	Efficacy (low, med, or high)	ST, MT, LT (pick one)	Agency Responsible
1. Improve access to health insurance and benefits information for all older adults and caretakers, including better marketing of State Health Insurance Assistance Program (SHIP) and Part D education.							
2. Develop directory of alternative medicine providers							
3. Develop directory of healthcare services for disabled Orange County residents (using Access bus system riders as resources)							
4. Encourage the model of primary medical homes for older adults							
5. 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							
6. Advocating for Medicare at all levels of government							
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)							
8. Create more Care Transition Programs where a nurse practitioner or other authorized professional checks on patients after discharge and schedules check-up meeting (usually sponsored by a hospital).							

9. Encourage funding of “consumer directed care”, allowing people to choose who they want to provide services, when they want services provided, etc. (The NC Division on Aging is launching a new initiative encouraging the use of Home & Community Based Block Grant Funding for this consumer-directed program)							
10. Promote resources and support groups for individuals that are underserved and marginalized (examples: Piedmont services, LGBT center in Raleigh)							

5. Problem: Lack of workforce training to engage with and serve older adults

Potential Solution	Importance (low, med, or high)	Reach (low, med, or high)	Equity (low, med, or high)	Feasibility (low, med, or high)	Efficacy (low, med, or high)	ST, MT, LT (pick one)	Agency Responsible
1. Use Durham Tech campus to train professionals of different disciplines on aging issues							
2. Promote or market Certificates in Aging to students at UNC							
3. Provide continuing education credits to physicians and other health professionals (nurses, pharmacists physicians, social workers, and physician assistants) related to aging issues like end-of-life care, how to work with patients with dementia, etc.							
4. Disseminate aging program and services information to health professionals in the county, especially primary care physicians							
5. Train retired physicians and nurses to train other practicing health professionals on working with an aging population							

6. Encourage professional networking among those who work with older adults (example: Chapel Hill and Durham Eldercare Resources)							
7. Have health care providers undergo LGBT Center’s sensitivity training hosted by SAGE.							
8. Partner with Area Health Education Centers to put on trainings related to aging issues.							
9. 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. 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.							

6. Problem: Insufficient Mental Health Services

Potential Solution	Importance (low, med, or high)	Reach (low, med, or high)	Equity (low, med, or high)	Feasibility (low, med, or high)	Efficacy (low, med, or high)	ST, MT, LT (pick one)	Agency Responsible
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							
2. Contact Pro Bono to understand if their services are covered under Medicare.							
3. Educate providers on what mental health services are covered under insurance and how to file for reimbursement successfully.							

4. Hire a part-time mental health counselor to provide services at the Sr. Centers one-two days each month.							
5. Advocate for making depression screening a regular procedure at primary care visits for older adults							
6. Make dementia screening a regular procedure at primary care visits for older adults.							

7. Problem: Insufficient Mental Health Services

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1. The Department on Aging can partner with nutritionists who work in LTC facilities to encourage and support the offering of a variety of nutritious foods to residents.							
2. Encourage or provide evidenced-based activity programs that meet individual needs, provide a purpose in life and cognitive stimulation for Orange County residents living in long-term care facilities							
3. Encourage a model of patient-centered care within LTC facilities.							
4. Include LTC residents in continuing ed classes and exercise classes held throughout the county.							
5. Provide transportation to LTC residents to go to and from Senior Centers for activities and programs.							
6. Meeting with leadership of LTC corporations to encourage more stimulating and evidence-based activities and programs.							

7. 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							
8. Encourage the training or hiring of medical professionals working in LTC facilities that specialize in gerontology							
9. Encourage mental health services for residents in LTC facilities, including enhanced Alzheimer's Care.							
10. More programs to support family caregivers and staff caregivers of residents living in long-term care facilities							

8. Crosscutting Problem: Lack of marketing and information sharing

Potential Solution	Importance (low, med, or high)	Reach (low, med, or high)	Equity (low, med, or high)	Feasibility (low, med, or high)	Efficacy (low, med, or high)	ST, MT, LT (pick one)	Agency Responsible
1. Offer workshops at the Senior Center on health and wellness services available in the community							
2. Create a Health and Wellness-specific help line							
3. Create a mobile Health and Wellness information table/event, go around the county to different events/places (i.e. churches) that seniors frequent							
4. Train aging liaisons (EMS, police, sheriff, MDs, etc.) on services available. Create mechanism to update/train them periodically							
5. Involve neighborhoods to understand how they view health and how to disseminate information							

6. Create a television or radio marketing campaign to inform older adults and caretakers where they can access information							
7. Engage churches and religious communities so that they can disseminate health and wellness information to members.							
8. Increase networking opportunities for professionals who work in Health and Wellness in the County							
9. 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.							