

ORANGE COUNTY MASTER AGING PLAN



2012-2017

Goals, Objectives, and Strategies

Prepared under the leadership of:

The Master Aging Plan Steering Committee

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Orange County Master Aging Plan

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EXECUTIVE SUMMARY

The 2012-2017 Master Aging Plan (MAP) marks the third cycle of strategic planning for the Orange County Department on Aging (OCDOA). In 2003, the OCDOA was the first county in North Carolina to create a five-year MAP. This MAP, however, represents a shift in the methods and goals of the planning process. While the previous MAPs were also community-oriented, **the 2012-2017 MAP is the first to include public input throughout every step of the process.** Additionally, this is the first MAP to be based on the NC Aging Services Plan, which contains broad goals and objectives, with corresponding implementation strategies and performance measurements.

The goals included in the 2012-2017 MAP are meant to address the quality of life and health issues faced by aging citizens of Orange County in a comprehensive way. For this reason, the plan covers a wide range of topics, from navigation and transportation to housing and others. **The MAP is also dedicated to the promotion of equity around the county, meaning that goals were constructed with people of diverse cultures, lifestyles, geographic locations, and socioeconomic statuses in mind.** The creation of these goals is the result of the involvement of diverse stakeholders throughout the planning process.

The objectives and strategies listed for each goal represent the work of a variety of stakeholders throughout the MAP planning process, including Orange County citizens, professionals from local organizations, and county officials. All of these stakeholders were involved at different times during the MAP's development, beginning in summer 2011 with a community assessment and government readiness survey and ending in spring 2012 with a period of public comment.

In the fall and winter of 2011-2012, stakeholders also participated in a community kick-off event, work group meetings, and periodic MAP Management 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 2012-2017 MAP comes at a particularly crucial point in the history of Orange County for a number of reasons. For one, the United States population as a whole is aging. In part, this trend can be attributed to the aging of the Boomer population, or those between the ages of 47-65, who constitute the largest proportion of the current population. Additionally, with its vibrant arts and culture scene, panoramic landscapes, and proximity to the University of North Carolina, Orange County has become an increasingly popular retirement destination. **Achieving the goals and objectives in the MAP is essential to preparing the county for the influx of older adults who will be using county 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 that an aging-friendly community benefits our county as a whole.** Through working together to meet the goals and objectives of the 2012-2017 MAP, citizens 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: Empower older adults, their families, and other consumers to make informed decisions and to easily access available services and supports.

- Objective 1.1: Increase the accessibility of information about resources, programs, and services for older adults in Orange County.
- Objective 1.2: Provide general information related to finances, long-term care insurance, and estate planning to older adults within Orange County.
- Objective 1.3: Ensure the attention to diversity in Department on Aging programs and information sharing efforts.

Goal 2: Enable older adults to age in their place of choice with appropriate services and supports.

- Objective 2.1: Orange County, with input from the towns of Chapel Hill, Carrboro, and Hillsborough, will develop and adopt a housing plan for Orange County's increasing older adult population that includes action steps and a plan for implementation and evaluation.
- Objective 2.2: Preserve and increase the number of affordable housing options for low and middle-income older adults.
- Objective 2.3: Increase the proportion of the housing stock that accommodates the needs of older adults through universal design features.
- Objective 2.4: Coordinate the navigation and transportation plans between the various counties, towns, and other regional bodies that enable community mobility for older adults.
- Objective 2.5: Orange County will encourage transportation services that enable community mobility for older adults.
- Objective 2.6: Protect and increase the provision of meal assistance services in Orange County.
- Objective 2.7: Expand in-home and community respite support services that enable Orange County residents to age in place.
- Objective 2.8: Ensure that more older adults in Orange County are able to maintain, modify, and afford their homes.

Goal 3: Empower older adults to enjoy optimal health status and to have a healthy lifestyle.

- Objective 3.1: Promote wellbeing and the prevention and maintenance of chronic disease for all older adults in Orange County through increased access to evidence-based programs.
- Objective 3.2: Ensure that older adults and their families can access appropriate care for their health needs.
- Objective 3.3: Improve quality of and access to mental health and substance abuse services for older adults and their families.
- Objective 3.4: Collaborate with faith-based groups and other chaplaincy organizations to provide for the psychological, emotional, and spiritual needs of older adults.

Goal 4: Promote the safety and rights of older and vulnerable adults and prevent their abuse, neglect, and exploitation.

- Objective 4.1: Collaborate with Emergency Management Services (EMS) to improve services for older residents of Orange County.
- Objective 4.2: Improve the quality of programs and services provided to residents of long-term care facilities, nursing homes, assisted living facilities, and family care homes in Orange County.
- Objective 4.3: Increase older adults' ability to protect themselves from exploitation, abuse, and neglect.

Goal 5: Empower older adults to engage in the community through volunteerism, lifelong learning, and civic activities.

- Objective 5.1: Promote lifelong learning of older adults through increased access to continuing education classes and programs throughout the community.
- Objective 5.2: Encourage the participation of older adults and their advocates in housing and transportation planning efforts in Orange County.

Goal 6: Prepare Orange County for an aging population.

- Objective 6.1: Promote aging preparedness so that the Orange County community and its residents may be better able to transition to senior living.
- Objective 6.2: Develop advocacy efforts for local, state, and federal programs, which will support older adults.
- Objective 6.3: Maintain existing and seek new revenues for services and programs that serve the aging needs of Orange County.
- Objective 6.4: Increase the capacity of the Department on Aging to expand activities available for older adults living in Orange County.

Goal 7: Promote an adequate direct care workforce for an aging population and opportunities for older workers.

- Objective 7.1: Promote increased opportunities and rewards for professional training in aging issues relevant to Orange County.
- Objective 7.2: Increase work support opportunities for older adults in Orange County.

Goal 8: Maintain good stewardship of publicly funded services.

- Objective 8.1: Monitor the Orange County Department on Aging's fulfillment of the 2012-2017 Master Aging Plan so that county resources are used wisely.

**Cross-cutting Issues Addressed by All Work Groups
In the Development of Objectives and Strategies**

**Affordability and Economic concerns
Geographic equity
Attention to under-represented groups
Workforce preparation
Information dissemination**

INTRODUCTION

The Orange County Department on Aging (OCDOA) created its first five-year Master Aging Plan (MAP) in 2002. The current 2012-2017 MAP is the third cycle of strategic planning for older adults in Orange County. To greater facilitate cohesion between state and county services, **the OCDOA has chosen to model this MAP after the format and goals of the state of North Carolina's 2011-2015 Aging Services Plan**, entitled *Living Wise and Aging Well*.

Not only is the 2012-2017 MAP constructed differently from previous plans, but it marks a major change in the way the OCDOA researches and develops its strategic plan as well. The OCDOA recruited graduate students from the University of North Carolina's Gillings School of Global Health to expand its capacity to elicit input on the MAP from older adults, aging service providers, government departments, and other stakeholders. These students collaborated with OCDOA leadership and staff to support the yearlong MAP development process in order to increase the MAP's impact on older adults.

The 2012-2017 MAP begins with a description of this development process. Next, we provide an overview of current and projected future demographic information on older adults in Orange County to highlight the need for and 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.

While the 2012-2017 MAP focuses mainly on older adults and will largely be implemented by the OCDOA, true improvement in the lives of Orange County citizens requires a broader perspective. For one, we are all aging, meaning that **the goals and objectives outlined in the MAP affect everyone**, not just current older adults. Additionally, community organizations and governmental departments outside of the OCDOA need to coordinate efforts for seamless integration of programs and services. Recognition that this plan affects all of us, and that we need to work together to implement it, is essential to the success of the 2012-2017 MAP.

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

Vision Statement

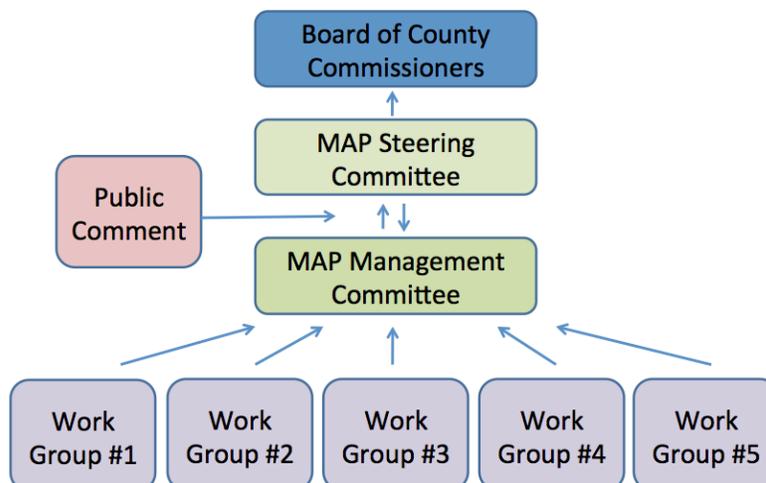
In summer 2011, the OCDOA convened the MAP Management Committee, which was charged with overseeing the research, writing, and editing of the 2012-2017 MAP. One of the first tasks of this group was to write the vision statement, which would guide the process:

As changing population demographics will require new responses to the needs, expectations, and contributions of a growing class of older citizens, Orange County will develop and maintain services and supports that foster lifelong engagement in community affairs, opportunities for creativity and productivity, meaningful connections with others, and a sense of physical and emotional well-being. As a result, Orange County will be an ideal place to grow older and to age well.

MAP Participant Structure

In its first months, the MAP Management Committee determined the group structure that would guide the development of the 2012-2017 Master Aging Plan. Although the Orange County Board of County Commissioners was ultimately responsible for accepting the plan, several other bodies were involved in developing and overseeing the plan. The MAP Steering Committee was a high-level committee responsible for providing resources, strategic vision and oversight to the development of the plan. The MAP Steering Committee was also responsible for overseeing the research, development, and editing of the plan. Citizen input came from participation in the workgroups and the public comment sessions. Participants from all of these levels identified their agencies as responsible for carrying out relevant strategies outlined in the plan. All of the agencies responsible were directly involved in the MAP development process or are natural partners in these efforts. Additionally, the OCDOA welcomes other stakeholders not listed in the plan to assist in the implementation of the MAP.

MAP Participant Structure



Government Readiness Assessment

Over the course of summer 2011, the OCDOA conducted a government readiness assessment among all Orange County government departments. The assessment was adapted from one developed by the North Carolina Division on Aging and Adult Services and the University of North Carolina Institute on Aging, and **its goals were to assess 1) local government preparedness for increased demand for programs and services due to an aging population and 2) local government's capacity to meet that need.** The assessment consisted of a written survey filled out by government department heads, which was followed by in-person interviews with Janice Tyler, director of the OCDOA. In addition to gathering useful information about Orange County's preparedness for an aging population, the assessment was intended to generate buy-in, foster collaboration, understand how the work of the OCDOA intersects with that of other departments, and formulate a comprehensive vision for aging in Orange County over the next five years.

Community Assessment

Between May and July of 2011, the OCDOA also conducted a community 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 12 focus groups held at community centers and long-term care facilities throughout the seven townships of Orange County. Focus groups had a total of 78 participants and were held at the following locations:

- Robert and Pearl Seymour Center
- Central Orange Senior Center
- Efland-Cheeks Community Center
- Little River Presbyterian Church
- Carrboro Century Center
- White Cross Recreation Center
- Schley Grange Hall
- Palmer's Grove United Methodist Church
- Carol Woods Retirement Community
- Chapel Hill Rehab
- The Stratford

The second community assessment activity was an electronic survey emailed to all Orange County employees and 1,000-person listserv maintained by the senior centers, with a total of 239 respondents. This survey asked questions about what aging related services older adults anticipate needing or wanting over the next five years.

From these assessment activities, the OCDOA identified six priority areas for MAP to address: 1) housing, 2) health and wellness, 3) navigation and transportation, 4) community engagement, 5) information sharing, and 6) long-term care.

Community Kick-off Event

In October 2011, the OCDOA sponsored a community forum, attended by 113 people, to present the results of the government readiness assessment and the community assessment to a broader group of stakeholders and to identify gaps in the six existing priority areas. The event started with a series of presentations about the context of aging and the results of community assessment, and then moved into a series of small (eight to ten people) discussion groups to identify missing priorities. In total, **seven additional priority areas were identified by these small groups, including 1) financial and economic security, 2) aging in place supports, 3) safety and security, 4) food and nutrition, 5) public education, 6) mental health, and 7) physician education.** OCDOA staff compiled all 13 priority areas and projected them onto a large screen so that forum participants could vote on the issues they thought were most important for MAP to address. The purpose of this prioritization was to identify five priorities to become MAP work group topics. **The five topics that received the most votes became work group topics, and all other priorities were merged under the five priority areas.**

Work Groups

The five work group topics identified from the community assessment and the community forum were Housing, Health and Wellness, Aging in Place, Navigation and Transportation, and Community Engagement. Work groups met over a standardized five-meeting sequence from November 2011 to February 2012 that ensured parallel process across groups. One UNC graduate student and two OCDOA staff members co-led each work group, which consisted of anywhere from 10 to

30 community members. **Work groups 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 group was a concise list of objectives and strategies that were then filed under the eight MAP goals. Below is a summary of the main discussion points of each of the MAP Work Groups.

Housing:

- Information needs regarding housing stock, especially affordable housing
- Alternate senior housing models
- Regulations restricting new housing developments
- Availability of housing subsidies
- Universal design
- Engaging community stakeholders in housing development planning

Health and Wellness:

- EMS Services for older adults, especially for falls prevention
- Healthy lifestyles and chronic disease prevention
- Spiritual counseling and chaplaincy services
- Accessing appropriate medical care
- Workforce training for medical professionals to serve and engage with older adults
- Quality and access to mental health and substance abuse programs and services
- Quality of programs and services provided in nursing homes, assisted living facilities, family care homes, and long-term care facilities
- Marketing and information sharing about health and wellness programs and services available in the county

Aging in Place:

- Need for unbiased financial planning information
- Information sharing needs and social isolation, particularly in rural areas
- Promotion naturally occurring retirement communities (e.g. the Village model)
- Lack of meal and nutrition services in northern and rural parts of the county
- Increased awareness of the impact of home modifications on one's quality of life and ability to age in place
- Home affordability and home maintenance issues
- Increased support of formal and informal caregivers
- Access to and promotion of in-home services that support aging in place
- Aging preparedness

Navigation and Transportation:

- Creating an expanded, seamless transportation system that serves the entire county
- Connecting the existing infrastructure in both the urban and rural parts of the county
- Seeking both long-term and short-term funding sources
- Coordinating plans between the various county, town, and other regional departments
- Encouraging a physical and social environment that enables older adults to drive safely for as long as possible
- Providing non-driving older adults with additional transportation options beyond the public transportation system
- Providing informational resources to assist in the use of the transportation system and related services

Community Engagement:

- Computer/technology access and support
- Scams, fraud, and exploitation prevention
- Difficulty accessing information about available programs and services
- Isolation issues
- Immigrant and refugee populations
- Work and retirement support

Public Comment

After the conclusion of the work group sequence, UNC graduate students and OCDOA staff consolidated the output of each work group and filed each objective and strategy under the eight MAP goals. This draft was shown to the MAP Management Committee 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 distributed via email and by paper copy to the general public. **Feedback was collected through a questionnaire, which was reviewed and incorporated in a final round of revisions.** In addition to this feedback, OCDOA scheduled **seven public comment sessions throughout the seven townships of Orange County**, staffed by UNC graduate students and the MAP Management Committee. The purpose of these meetings was to collect feedback about the MAP draft. This period of public comment allowed for Orange County citizens who had not participated in earlier phases of MAP development to provide input and for work group members to ensure that their ideas were faithfully represented.

DEMOGRAPHICS

Older Adults in the US and North Carolina

To understand the context in which Orange County's older adults live, it is important to recognize the status of older adults nationally and in North Carolina. **At all levels, the older adult population is increasing.** The number of adults in the US age 65+ is expected to double by 2050, reaching an estimated 88.5 million.¹ While adults age 65+ represented 13% of the US population in 2010, they are projected to make up 19% by 2030.¹ Importantly, as the Boomer generation ages, there will be gradual, progressive increases in the proportions of older adults in each age group, ultimately increasing the proportion in the oldest-old category of 85+ years.¹ The US population of older adults is also

becoming increasingly diverse, with growing proportions of all minority racial and ethnic groups.¹ Together, **these facts indicate the need to prepare for a dynamic older adult population with services that are culturally relevant and address older adults' changing needs.**

North Carolina is anticipating similar increases in the proportion of older adults over time. For example, the state is expected to mirror the national projections above, with 18% of its population at age 65+ by the year 2030 compared to 12.9% currently.² North Carolina will not only need to prepare for changing and increased demands on services for older adults, but also for an aging workforce.^{2,3}

Aging in Orange County

In the 2007-2011 MAP, the OCDOA described five trends of Orange County's older adult population:

1. **The Growth Factor** – An explosion in the numbers of older persons.
2. **The Longevity Factor** – A dramatic increase in longer lives for older persons.
3. **The Distribution Factor** – An uneven distribution of older persons within the county with different key characteristics.
4. **The Health/Chronic Care Factor** – More residents living more of their advanced years in declining health and limited function.
5. **The Human Resource Factor** – A large and growing number of older persons (retirees and un-retirees) who are a major human resource.

Each of these factors is still important today in enabling us to best understand the context of aging in Orange County and how the OCDOA can support the service and opportunity needs of older adults and their families with the MAP.

Growth and Longevity

Orange County's older adult population is expected to follow similar growth patterns to those of the state and country. **The number of adults age 65+ in Orange County is estimated to increase by 31% between 2012 and 2017, or over the course of this MAP.**⁴ By 2030, this population will more than double from its size in 2012, reaching an estimated 31,063 people and making up 17.6% of all Orange County individuals compared to an approximate 10.6% currently.⁴ Furthermore, life expectancy at birth for Orange County residents was 80.8 years in 2008, up from 77.2 years in 1992.⁵ Notably, life expectancy at birth is higher for women than men, and for Whites when compared to African Americans in Orange County.⁵

Overall, this MAP will prepare the county to serve an increasingly large population of older adults that includes a wider span of age ranges.

While planning for the upcoming growth in Orange County's older adult population, it is important to recognize that this population is already substantial. 2010 US Census data suggests 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).⁶ This reflects the magnitude of the need for allocating resources to support Orange County's older adult community, including their caregivers and families.

Characteristics and Distribution

The following table provides some basic demographic characteristics of Orange County's older adult population. As Table 1.1 shows, Orange County's older adults are relatively similar to older adults across the state, with the exception of higher education attainment.

Table 1.1 Characteristics of Orange County (OC) and North Carolina (NC) Older Adults^{6,7,8,9,10}

Characteristics	Number in OC	% of OC older adults	Number in NC	% of NC older adults
Total adults age 65+	12,889		1,234,079	
Men	5,549	43.1%	523,956	42.5%
Women	7,340	56.9%	710,123	57.5%
White*	10,711	83.1%	956,405	81.9%
Black or African American*	1,830	14.2%	182,172	15.6%
Other racial/ethnic identity*	348	2.7%	29,194	2.5%
Below 100% of poverty level in last 12 months*	927	7.8%**	120,437	10.7% **
Employed*	2,020	16.6%	164,656	14.1%
Veteran*	2,519	20.7%	266,252	22.8%
Disability***	1,735	32.3%	460,366	38.4%
Have less than a high school diploma*	2,300	18.9%	331,647	28.4%
Have a high school diploma or higher*	9,871	81.1%	837,293	71.1%
Live in family household*	8,326	68.4%	773,600	66.2%
Live in nonfamily household (includes living alone)*	3,565	29.3%	347,630	29.8%
Living alone	3,494	27.1%	341,864	27.7%
Live in group quarters*	280	2.3%	46,542	4.0%

*These data are from the 2006-2010 American Community Survey and are estimates based on a sample of the population, rather than data from the US Census. In other words, they are based on slightly different estimated totals of the older adult population (12,171 for Orange County and 1,167,772 for North Carolina).

** Data on poverty only available for 11,891 people in Orange County and 1,125,580 people in North Carolina.

***The North Carolina data are from the 2010 American Community Survey and are estimates based on a sample of 1,198,871 adults age 65+ in North Carolina that are not institutionalized. The Orange County data are from the 2008-2010 American Community Survey and are estimates based on a sample of 5,377 adults age 65+. As estimates gathered over different periods of time, they are not necessarily comparable figures but provide insight on the local populations.

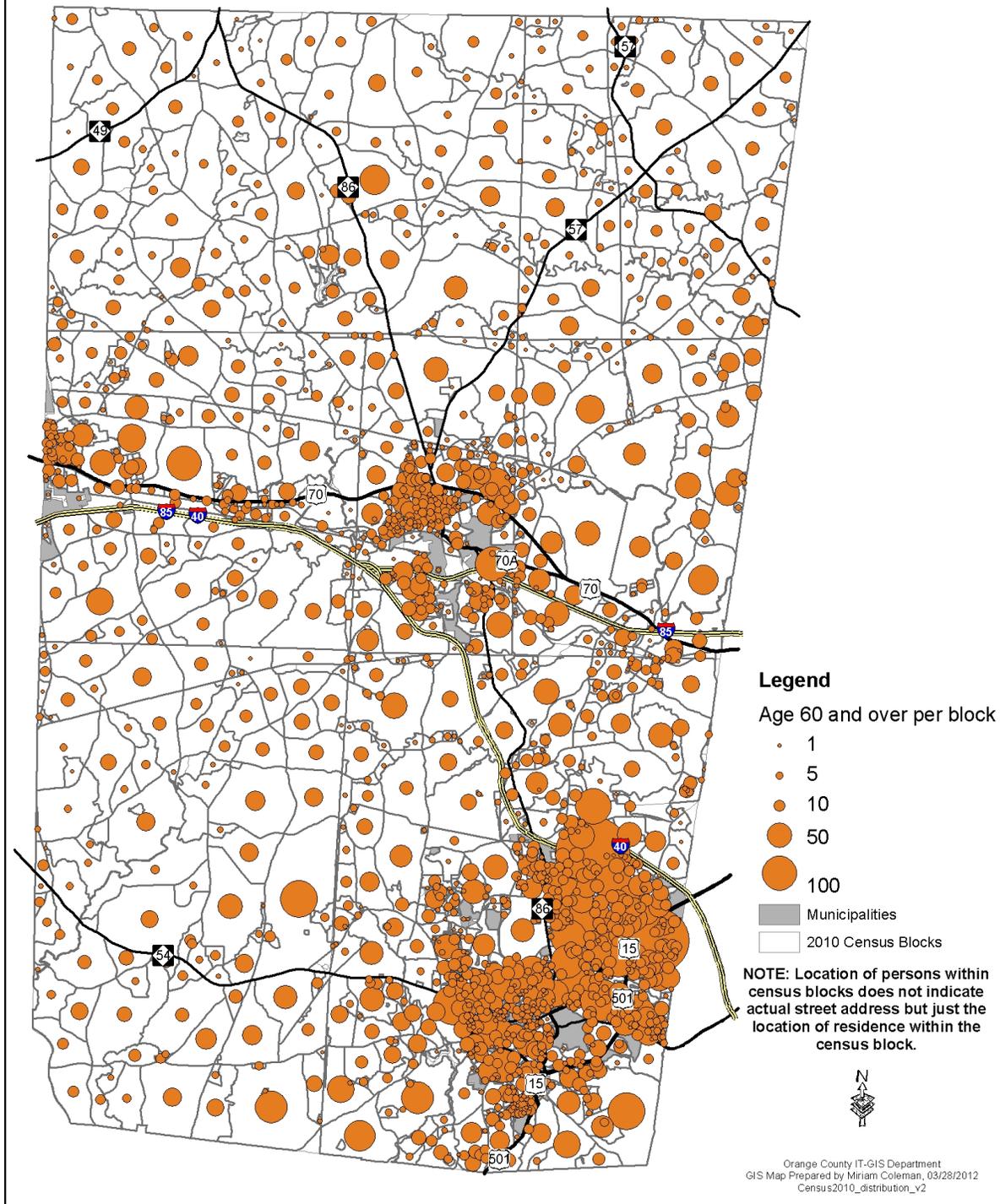
Not all older adults in Orange County are alike. **Approximately 57% of Orange County’s adults age 65+ live in Chapel Hill Township, 12.5% in Hillsborough Township, and 30.5% in the remaining five other Townships, including Bingham, Cedar Grove, Cheeks, Eno, and Little River.**¹⁰ See the map on page 15 for the distribution of persons age 60+ throughout Orange County, based on 2010 US Census data.

Township	% of Township that is age 65+ ¹⁰
Bingham	12.5 %
Cedar Grove	13.5 %
Chapel Hill	8.4 %
Cheeks	11.8 %
Eno	11.7 %
Hillsborough	11.6 %
Little River	12.6 %

- **Gender:** While Bingham, Cheeks, Eno, Cedar Grove, and Little River townships have relatively equal ratios of older adult women to men, Chapel Hill’s ratio is 1.4:1 and Hillsborough’s is 1.5:1.¹⁰ Hillsborough Township has the highest ratio of women to men age 85+ (3.2) while Little River has the lowest (0.95).¹⁰ This represents an increase in the proportion of men age 85+ in at least both Hillsborough Township and Cheeks Township compared to the time of the last MAP (Hillsborough and Cheeks were both formerly 4:1, and Cheeks is now 2:1).¹¹
- **Employment:** The 2006-2010 American Community Survey estimates that older adults age 65+ in Chapel Hill Township experience the highest employment rate (36.7%), while Little River experiences the lowest (0%), where none are thought to be in the labor force.¹² The rest of the townships range from 20 to 35 percent.¹²

- **Poverty:** It is important to note that the employment figures may be underestimates of the contributions of older adults to the workforce due to the nature of Census data collection methods. Still, it follows that Little River Township has the highest percentage of adults age 65+ living below the poverty level (20.7%).¹³ Bingham Township has the lowest with 2.3%, while the other townships range from 6 to 12% of adults age 65+ living below the poverty level.¹³
- **Education:** As seen in Table 1.1, residents in Orange County are well educated relative to residents of the state of North Carolina as a whole. Some discrepancies exist between Orange County townships, however. In particular, Cedar Grove has the highest percentage of adults age 65+ without at least a high school diploma (54.9%) compared to the other townships that fall between 11.3% in Chapel Hill to 32.7% in Hillsborough.¹⁴
- **Housing and Transportation:** In each township, most adults age 65+ live in family households, from 61.3% in Little River to 80.8% in Bingham.¹⁵ In each township, though, numerous older adults live alone, from 13% in Little River to 35.5% in Hillsborough.¹⁵ Additionally, some households age 65+ in Orange County’s townships do not have a vehicle.¹⁶ While this may be less important in townships such as Chapel Hill and Hillsborough that have access to a variety of transportation options, areas in the rural parts of the county such as Cedar Grove, where 13.3% of householders age 65+ do not have access to a vehicle, warrant unique attention with regard to navigation and transportation services.¹⁶

Orange County, NC Census 2010 Blocks Distribution of Persons 60 Years of Age and Older



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

Health

According to the Behavioral Risk Factor Surveillance System (BRFSS), **older adults in Orange County ages 45+ are relatively healthy overall.** In 2010, 85.6% of 209 adults age 45+ in Orange County reported their health status to be Excellent, Very Good, or Good.¹⁷ Nonetheless, 32.3% of older adults age 65+ in Orange County live with a disability.¹⁸ Therefore, knowing that adults are living longer, Orange County must still take preventive measures to support residents' health over time. To this end, we can work towards the compression of morbidity, or the delay in the onset of poor health outcomes and the lengthening of good health into old age.¹⁹

The top 5 leading causes of death for older adults age 65+ in Orange County are²⁰:

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

This list mirrors that of the state of North Carolina, though at the state level heart disease ranks first and cancer is second.³

Caregivers are an essential part of the discussion of the health of older adults. Data on the number of caregivers for older adults is unavailable at the county level, but state figures can offer some perspective on the need to support this group of providers. Though Alzheimer's disease and other forms of dementia are not the only reasons that older adults receive assistance from caregivers, approximately one third of North Carolina caregivers in 2009 reported Alzheimer's and dementia as the primary health issues of their care recipient.² That year, there were over 350,000 caregivers for people with Alzheimer's disease or dementia in North Carolina.^{2,3} The number of people with Alzheimer's disease is expected to increase by 23.5% between 2010 and 2025 in North Carolina, suggesting that there will be an increased need for caregiving services as well.^{2,3} Knowing that caregiving itself can affect the mental and physical health of the caregiver who, in the US, is typically 49 years old him/herself, confirms the importance of providing support and preventive health services to this population.²¹

Summary

The description of Orange County's older adult population provided here offers a context within which 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.

GOALS, OBJECTIVES, STRATEGIES, AND INDICATORS

Goal 1: Empower older adults, their families, and other consumers to make informed decisions and to easily access available services and supports.

Objective 1.1: Increase the accessibility of information about resources, programs, and services for older adults in Orange County.

- Strategy 1.1.1:** Create a social marketing plan that will: 1) assess how both urban and rural residents currently access information; 2) determine what communication strategies are preferred by older residents and their families; 3) identify information gaps that can be met with an organized marketing plan; and 4) design an outreach program that will provide needed information to both urban and rural populations of older adults.

Indicator 1.1.1a: Creation of a social marketing plan to advertise programs and services available to older adults living in both rural and urban parts of Orange County, available at all levels of literacy and in different languages.

Agencies responsible: Department on Aging, Chatham-Orange Community Resource Connections (CRC) member organizations

- Strategy 1.1.2:** Implement a countywide social marketing plan that distributes needed information to older adults through a variety of means.

Indicator 1.1.2a: Designation of a person to be in charge of implementation of the social marketing plan.

Indicator 1.1.2b: Expansion of the SeniorNet partnership and other resources to help older adults use information technology.

Indicator 1.1.2c: Creation of a mobile information table that goes to different events/places older adults frequent around the county to disseminate information about services, benefits, eligibility criteria, etc.

Indicator 1.1.2d: Department on Aging contact information and website address included in welcome packets provided to new residents.

Indicator 1.1.2e: Quarterly meetings held with faith-based groups to facilitate and monitor information dissemination.

Agencies Responsible: Department on Aging, Chatham-Orange Community Resource Connection (CRC) member organizations

Objective 1.2: Provide general information related to finances, long-term care insurance, and estate planning to older adults within Orange County.

- Strategy 1.2.1:** Utilize volunteers and existing educational materials to provide information related to finances, long-term care insurance, and estate planning to older adults.

Indicator 1.2.1a: Volunteers recruited and oriented by the RSVP 55+ Volunteer Program provide financial and estate planning information to older adults appropriate for their risk tolerance, life stage, and personal financial situation.

Indicator 1.2.1b: Financial and estate planning information posted on websites and provided through information outreach efforts and workshops.

Indicator 1.2.1c: Long-term care insurance information and advocacy provided by SHIP volunteers.

Agency Responsible: Department on Aging

Objective 1.3: Ensure the attention to diversity in Department on Aging programs and information sharing efforts.

- Strategy 1.3.1:** Create a dedicated program to link older adults from minority, refugee and immigrant groups and faith communities to Senior Centers.

Indicator 1.3.1a: Completed assessment of the demographic information, needs, and strengths of minority, immigrant and refugee communities to provide appropriate and needed programming at the Senior Centers.

Indicator 1.3.1b: Expansion of English as a Second Language classes at the Senior Centers.

Indicator 1.3.1c: Programs offered at the Senior Centers that celebrate diversity and are advertised in relevant languages.

Indicator 1.3.1d: Ensure that sexual minorities (lesbian, gay, bisexual, transgender, queer, and intersex) and their allies are included in OCDOA programs and information sharing efforts.

Indicator 1.3.1e: Develop (or obtain from e.g. Equality N.C.) training for OCDOA staff on sensitivity to the culture and needs of sexual minorities, and the particular needs and concerns of elderly LGBTQIA persons.

Agencies Responsible: Department on Aging; Orange County Health Department; Orange County Housing, Human Rights, and Community Development Department

Goal 2: Enable older adults to age in their place of choice with appropriate services and supports.

Objective 2.1: Orange County, with input from the towns of Chapel Hill, Carrboro, and Hillsborough, will develop and adopt a housing plan for Orange County's increasing older adult population that includes action steps and a plan for implementation and evaluation.

- Strategy 2.1.1:** The County and the towns conduct a joint study that will identify the types of housing that older adults want and may need in the future and the gaps that currently exist.

Indicator 2.1.1a: Study completed and report provided.

Agencies Responsible: Orange County Planning Department; Orange County Housing, Human Rights and Community Development Department; Towns of Chapel Hill, Carrboro, and Hillsborough

Objective 2.2: Preserve and increase the number of affordable housing options for low and middle-income older adults.

- Strategy 2.2.1:** Evaluate existing regulations and policies and identify those that might prevent the development of senior housing.

Indicator 2.2.1a: Changes in policies that may prevent development of senior housing, such as zoning, restrictions on Accessory Dwelling Units (ADU), school impact fees, expanding low-income eligibility.

Agencies Responsible: Orange County Planning Department; Orange County Housing, Human Rights and Community Development Department; Towns of Chapel Hill, Carrboro, and Hillsborough

- Strategy 2.2.2:** Consider new regulations and policies that will encourage developments to meet older residents' housing needs.

Indicator 2.2.2a: Changes in policies, such as streamlining the land use review process for housing options for older adults.

Agencies Responsible: Orange County Planning Department; Orange County Housing, Human Rights and Community Development Department; Towns of Chapel Hill, Carrboro, and Hillsborough

- Strategy 2.2.3:** Encourage and endorse partnerships that lead to the development of new housing options for older adults.

Indicator 2.2.3a: New partnerships created among commercial builders, local non-profit organizations, faith communities, and public bodies that increase housing choices.

Agencies Responsible: Orange County Planning Department; Orange County Housing, Human Rights, and Community Development Department; Habitat for Humanity of Orange County; Community Home Trust; faith communities

- Strategy 2.2.4:** Encourage the organization of intentional communities (e.g., co-housing, cooperative housing, share-a-home arrangements, etc.) as a housing option for older adults in Orange County.

Indicator 2.2.4a: An organization identified to bring parties together who are interested in forming intentional communities.

Indicator 2.2.4b: A toolkit developed to guide interested parties through the planning and development process.

Indicator 2.2.4c: More intentional communities created.

Agencies Responsible: Department on Aging, in collaboration with Charles House, Inc.

Objective 2.3: Increase the proportion of the housing stock that accommodates the needs of older adults through universal design features.

- Strategy 2.3.1:** Increase awareness about the value of universal design.

Indicator 2.3.1a: Workshops held at the Senior Centers and other locales (such as congregations, community centers and home improvement centers) on universal design and the positive benefits of home modifications on quality of life and property value.

Indicator 2.3.1b: Development of a media campaign to promote the benefits of universal design (through print, radio, and/or television).

Indicator 2.3.1c: Creation of a brochure with information on simple and low-cost home modifications to aid aging in place.

Indicator 2.3.1d: A seminar on Aging in Place, Universal Design and ADA accessibility hosted by the Orange County Planning Department.

Agencies Responsible: Department on Aging; Orange County Planning Department, Orange County Housing, Human Rights and Community Development Department; Towns of Chapel Hill, Carrboro, Hillsborough; R.L. Mace Universal Design Institute

- Strategy 2.3.2:** Advocate that the state of North Carolina 1) strengthen universal design/visitability standards for new housing developments and 2) incorporate universal design features into the state's Health and Safety Code for builders so that buyers can opt-in to universal design features.

Indicator 2.3.2a: Proposed new standards (1) and codes (2).

Agencies Responsible: Board of County Commissioners, Orange County Senior Tar Heel Legislature Delegates

- Strategy 2.3.3:** Create county-level incentives or ordinances for new developments or redevelopments to adopt Universal Design features (e.g., financial incentives, building certification, streamlined permitting, construction permitting, construction permit fee waivers, establish a certification program to brand housing options meeting accessibility standards under a recognized label).

Indicator 2.3.3a: Financial incentives, building certification, streamlined permitting, construction permitting, construction permit fee waivers, establishment a certification program to brand housing options meeting accessibility standards under a recognized label.

Indicator 2.3.3b: More new buildings with universal design features constructed.

Agencies Responsible: Board of County Commissioners; Orange County Planning Department; Towns of Chapel Hill, Carrboro, and Hillsborough

Objective 2.4: Coordinate the navigation and transportation plans between the various counties, towns, and other regional bodies that enable community mobility for older adults.

- Strategy 2.4.1:** Form a partnership between Orange County government and the North Carolina Department of Transportation (NCDOT) through which to advocate for changes to the physical environment and infrastructure that will benefit older adults and others to be included in NCDOT's and others' plans.

Indicator 2.4.1a: Regular meetings held with NCDOT to discuss feasibility of changes to the physical environment including but not limited to: increased crosswalk time, improved way-finding and other signage, maintained lane markings, modified traffic patterns to allow multi-direction pedestrian crossing, and increased number of pedestrian islands.

Indicator 2.4.1b: Inclusion of proposed changes in NCDOT and others' transportation plans.

Indicator 2.4.1c: Development of an Americans with Disabilities Act (ADA) compliant sidewalk infrastructure that connects surrounding properties and sidewalks in the areas identified in assessments.

Agencies Responsible: Department on Aging; NCDOT; Orange County Planning Department; Towns of Chapel Hill, Carrboro and Hillsborough

- Strategy 2.4.2:** Pursue innovative solutions to the county's navigation and transportation needs, accounting for older adults at all levels of functionality and income.

Indicator 2.4.2a: Meetings with county and regional planning and transit organizations held to advocate for innovative and effective solutions, such as ride-sharing matching service, vanpool, or Share-a-Ride; rural centralized park and ride lots with shuttles; once-a-week bus transport to rural areas; or recreational group travel to destinations beyond the Senior Centers, etc.

Agencies Responsible: Department on Aging, Orange County Planning Department, Chapel Hill Transit, Triangle Transit

- Strategy 2.4.3:** Designate an aging-related Mobility Manager to coordinate with other transportation providers to assist older adults across Orange County.

Indicator 2.4.3a: Funding secured for aging-related Mobility Manger.

Indicator 2.4.3b: Designation of an aging-related Mobility Manager.

Agencies Responsible: Department on Aging, in collaboration with the Orange County Planning Department

- Strategy 2.4.4:** Regularly conduct needs assessments to better coordinate the planning and implementation of recommendations that consider multiple modes of transportation and community connectivity, and communicate the results to the public.

Indicator 2.4.4a: Multi-modal navigation and transportation needs assessments conducted every 3-5 years in areas densely populated or heavily used by older adults.

Indicator 2.4.4b: Assessment results used to generate multi-modal community connectivity plans at the county and municipal levels, modeled after the Hillsborough Community Connectivity Plan.

Indicator 2.4.4c: Assessment results and plans made available to the public in paper and/or electronic formats.

Agencies Responsible: Department on Aging; Triangle J Council of Governments; Orange County Planning Department; Towns of Chapel Hill, Carrboro and Hillsborough

- Strategy 2.4.5:** Increase the number of bike lanes in Orange County, especially in the northern region, to connect the existing infrastructure.

Indicator 2.4.5a: Increased number of bike lanes in Orange County compared to baseline determined by NCDOT Bicycling Orange County Map and the Chapel Hill-Carrboro Cycle Guide.

Agencies Responsible: Department on Aging; NCDOT; Orange County Planning Department; Towns of Chapel Hill, Carrboro and Hillsborough

- Strategy 2.4.6:** Create a map with all Orange County navigation and transportation routes.

Indicator 2.4.6a: Continued communication with the Orange County Planning Department to complete the map that is currently in progress.

Indicator 2.4.6b: Map updated annually.

Agencies Responsible: Department on Aging, Orange County Planning Department

Objective 2.5: Orange County will encourage transportation services that enable community mobility for older adults.

- Strategy 2.5.1:** Expand existing volunteer driver programs, such as but not limited to Friend-to-Friend, A Helping Hand, and American Red Cross, that provide door-to-door, door-through-door, escorted, and other transportation to low-income older adults.

Indicator 2.5.1a: Increased number of volunteers providing transportation services.

Indicator 2.5.1b: Increased funding to agencies providing volunteer driver programs.

Indicator 2.5.1c: Provision of technical assistance to agencies providing volunteer driver programs.

Agencies Responsible: Department on Aging, Orange County Planning Department, Department of Social Services

- Strategy 2.5.2:** Encourage private transportation providers to offer door-to-door, door-through-door, escorted, and other transportation to shopping areas for both urban and rural area residents.

Indicator 2.5.2a: Meetings held with existing private transportation providers (e.g. taxi services, existing group travel providers) and/or local businesses to determine feasibility of regular group transportation between urban and rural areas, the Senior Centers, and shopping areas.

Indicator 2.5.2b: More private transportation companies that provide door-to-door, door-through-door, and/or escorted transportation services to both urban and rural area residents.

Agencies Responsible: Department on Aging, Orange County Planning Department

- Strategy 2.5.3:** Expand existing public transit schedules to improve weekend transportation options and to connect the Senior Centers with other businesses, especially at midday.

Indicator 2.5.3a: Expanded bus service between the Senior Centers and other businesses, especially at midday.

Indicator 2.5.3b: Expanded bus service on weekends.

Agencies Responsible: Department on Aging, Orange County Planning Department, Chapel Hill Transit, Triangle Transit

- Strategy 2.5.4:** Expand existing public transit routes to improve options for travel to other counties.

Indicator 2.5.4a: A partnership formed between the Triangle J Council of Governments (COG) and local planning organizations that have existing goals and objectives around expanding regional connections and serving older adults and service providers with existing cross-regional routes (e.g. Triangle Transit Authority).

Indicator 2.5.4b: Regional agreements to improve access to out-of-county travel.

Agencies Responsible: Department on Aging, Triangle J Council of Governments, Orange County Planning Department

- Strategy 2.5.5:** Advocate for a consolidated transportation system within the county

Indicator 2.5.5a: The merger of Chapel Hill Transit and Orange Public Transportation.

Agencies Responsible: Department on Aging, Orange County Planning Department

- Strategy 2.5.6:** Establish and support senior driving education programs that address the driving task, the driver, and/or the social environment.

Indicator 2.5.6a: Driving education programs offered at the Senior Centers at least 2 times per year.

Agency Responsible: Department on Aging

Objective 2.6: Protect and increase the provision of meal assistance services in Orange County.

- Strategy 2.6.1:** Expand home-delivered meal services to more individuals and areas of the county that are in need of this service.

Indicator 2.6.1a: Technical assistance to local organizations, such as congregations, neighborhoods, and service groups, interested in increasing food assistance options available to older adults.

Indicator 2.6.1b: More volunteers recruited and trained to assist with meal preparation and/or meal delivery.

Indicator 2.6.1c: Organizations, such as the Department of Social Services and the Sheriff's Office, identify and refer adults in need of meal assistance services to local meal service providers.

Agencies Responsible: Department on Aging, in collaboration with existing meal service agencies, such as Chapel Hill/Carrboro Meals on Wheels and Orange Congregations In Mission (OCIM) and other organizations

Objective 2.7: Expand in-home and community respite support services that enable Orange County residents to age in place.

- Strategy 2.7.1:** Encourage faith-based groups to provide respite services to caregivers through programs like Caregiver Day Out, as currently provided at the Seymour Center, to other locations in Orange County.

Indicator 2.7.1a: Technical assistance offered to faith-based groups to provide respite services to caregivers.

Indicator 2.7.1b: More caregivers provided respite services through faith-based groups.

Agencies Responsible: Department on Aging, in collaboration with faith-based groups, Triangle J Area Agency on Aging, and other community groups

- Strategy 2.7.2:** Offer Friend-to-Friend program through the senior centers to provide respite to caregivers and companion services to older adults living alone.

Indicator 2.7.2a: Respite services to older adults and their caregivers provided by the Friend-to-Friend program.

Agency Responsible: Department on Aging

- Strategy 2.7.3:** Increase financial resources to expand the efforts of local organizations that provide in-home and adult day care services to low-income older adults.

Indicator 2.7.3a: Additional funding made available to non-profit organizations, such as A Helping Hand, Carolina Villages Project, Project Compassion, Piedmont Health Senior Care, Soltys Adult Day Care, and Charles House, etc. that provide in-home, respite, and adult day care services.

Agencies Responsible: Department on Aging; Towns of Chapel Hill, Carrboro, Hillsborough; Board of County Commissioners

- Strategy 2.7.4:** Explore the use of Home & Community Block Grant (HCBG) funding toward Consumer Directed Care initiatives, allowing older adults to choose their own caretakers or service providers and pay them for their services.

Indicator 2.7.4a: Report completed outlining possible uses of HCBG funding.

Indicator 2.7.4b: Articles published in Senior Times and local newspapers on the Consumer Directed Care initiative.

Agencies Responsible: Department on Aging, Department of Social Services, Triangle J Area Agency on Aging

- Strategy 2.7.5:** Collaborate with the Carolina Villages Project to promote the creation of villages in Orange County, in which neighborhood networks assist with aging in place, through education, information sharing, volunteerism, and technical support.

Indicator 2.7.5a: Increased number of villages in Orange County.

Agencies Responsible: Department on Aging, Carolina Villages

Objective 2.8: Ensure that more older adults in Orange County are able to maintain, modify, and afford their homes.

- Strategy 2.8.1:** Explore the feasibility of raising the income qualification limit again under the Homestead Tax Exemption program.

Indicator 2.8.1a: Initiative added to the Board of County Commissioners and Senior Tar Heel Legislature's legislative agenda to raise the tax limit of the Homestead Tax Exemption program.

Agencies Responsible: Board of County Commissioners, Orange County Senior Tar Heel Legislature Delegates

- Strategy 2.8.2:** Educate older adults about where they can obtain low-cost assistance with home modifications.

Indicator 2.8.2a: Home modification assistance information included in community resource guides and part of information fairs.

Agencies Responsible: Department on Aging, in collaboration with Orange County Housing, Human Rights and Community Development Department and Vocational Rehabilitation Center for Independent Living

Goal 3: Empower older adults to enjoy optimal health status and to have a healthy lifestyle.

Objective 3.1: Promote wellbeing and the prevention and maintenance of chronic disease for all older adults in Orange County through increased access to evidence-based programs.

- Strategy 3.1.1:** Use geo-mapping strategies to understand where older adults are concentrated in the county and encourage organizations, like congregations and township community centers, to host wellness and exercise classes.

Indicator 3.1.1a: Development and dissemination of GIS map displaying current population density of older adults in Orange County to faith-based communities and other county departments.

Indicator 3.1.1b: GIS map put on UNC Center for Aging and Health's and UNC Institute on Aging's websites for wide distribution.

Indicator 3.1.1c: More wellness and exercise classes offered to older adults in community locations, such as congregations and township community centers.

Agencies Responsible: Department on Aging, in collaboration with Orange County Parks and Recreation Department, town recreation departments, local congregations, UNC Center for Aging and Health, and the UNC Institute on Aging

- Strategy 3.1.2:** Train volunteers to offer evidence-based wellness programs, like A Matter of Balance and Living Healthy, at the Senior Centers, senior housing locations, and congregations, etc.

Indicator 3.1.2a: Two trainings per year at Orange County Senior Centers to train volunteers in how to lead evidenced-based exercise programs for older adults.

Indicator 3.1.2b: Ads and articles publicizing exercise program leader trainings sent to faith-based organizations, senior living environments, Senior Centers, and published in the Senior Times.

Indicator 3.1.2c: Fifty trained volunteers by 2017 providing more evidence-based wellness programs to older adults in Orange County.

Agencies Responsible: Department on Aging, in collaboration with Triangle J Area Agency on Aging and local congregations

- Strategy 3.1.3:** Develop a health marketing campaign to encourage Orange County citizens aged 50 and above to exercise for wellness and disease prevention and maintenance.

Indicator 3.1.3a: Identification of faculty and students at UNC School of Public Health to help create, implement, and evaluate the health marketing campaign.

Indicator 3.1.3b: Focus groups held with older adults of different ages, races, genders, and socioeconomic status to discover motivations and barriers to exercise.

Indicator 3.1.3c: Development of marketing campaign materials, articles, television, or radio ads.

Agencies Responsible: Department on Aging, in collaboration with UNC School of Public Health and Orange County Health Department

- Strategy 3.1.4:** Provide older adults who have physical or mental health problems with access to appropriate exercise classes at the Senior Centers.

Indicator 3.1.4a: Volunteers recruited and trained to assist older adults with physical or mental disabilities in exercise classes.

Indicator 3.1.4b: Increased number of exercise classes offered at senior centers that are appropriate for older adults with mental or physical disabilities.

Agencies Responsible: Department on Aging, Orange County Parks and Recreation Department

Objective 3.2: Ensure that older adults and their families can access appropriate care for their health needs.

- **Strategy 3.2.1:** Collaborate with Chatham-Orange Community Resource Connections (CRC) member organizations to promote the model of primary medical homes and the inclusion of case managers/social workers on the team at public and private primary care practices to provide patient education and service coordination.

Indicator 3.2.1a: Information provided to older adults about benefits of choosing a primary medical home and a list of primary medical homes that serve older adults on Medicare and Medicaid in Orange County.

Indicator 3.2.1b: More older adults referred to the PACE (Program of All-Inclusive Care for the Elderly) program.

Agencies Responsible: Chatham-Orange Community Resource Connections (CRC) member organizations, including the Department on Aging, Department of Social Services, AccessCare of Central Carolina, Piedmont Health

- **Strategy 3.2.2:** Collaborate with the Chatham-Orange Community Resource Connection (CRC) to promote and expand hospital transition programs that involve nurse follow-up on patients after discharge and linkages with community resources.

Indicator 3.2.2a: Decline in local hospital readmission rates.

Agencies Responsible: Chatham-Orange Community Resource Connections (CRC) member organizations, including the Department on Aging, UNC Hospitals, and Carol Woods Retirement Community

- **Strategy 3.2.3:** Collaborate with the Chatham-Orange Community Resource Connections (CRC) to advocate for privately owned pharmacies to offer more walk-in clinic services.

Indicator 3.2.3a: More privately owned pharmacies offer walk-in services within Orange County.

Agencies Responsible: Chatham-Orange Community Resource Connections (CRC) member organizations, including the Department on Aging

Objective 3.3: Improve quality of and access to mental health and substance abuse services for older adults and their families.

- Strategy 3.3.1:** Educate older adults on the importance of identifying mental health and substance abuse issues such as 1) misuse and abuse of prescription drugs, 2) depression and anxiety, 3) alcohol use and addictions, 4) drug use and abuse, and 5) dementia.

Indicator 3.3.1a: Articles in Senior Times published regarding the importance of identifying mental health and substance abuse issues.

Indicator 3.3.1b: Posters placed in Orange County Senior Centers and other community locations on the importance of identifying mental health and substance abuse issues and how to access services.

Indicator 3.3.1c: Use of Piedmont Behavioral Health’s county funds to help finance mental health care for older adults on Medicare.

Agencies Responsible: Department on Aging, Piedmont Behavioral Health – Orange County

- Strategy 3.3.2:** Advocate for making dementia and depression screening a regular procedure at primary care visits for older adults.

Indicator 3.3.2a: Healthy IDEAS materials sent to primary care practices that are known to serve older adults.

Agency Responsible: Department on Aging

- Strategy 3.3.3:** Expand free mental health and substance abuse screening, referrals, and brief counseling services at the Orange County Senior Centers.

Indicator 3.3.3a: Expanded mental health and substance abuse screening and referrals at the Orange County Senior Centers.

Indicator 3.3.3b: Expanded brief counseling services at the Orange County Senior Services.

Agencies Responsible: Department on Aging, Piedmont Behavioral Health – Orange County

- **Strategy 3.3.4:** Advocate for the identification of mental health needs of long-term care residents and encourage appropriate treatment for those with mental health diagnoses by 1) building connections with mental health providers and 2) advocating for long-term care facilities to provide enhanced dementia care and interventions for mental health concerns.

Indicator 3.3.4a: Long-Term Care Round Table meeting with long-term care facilities held to explore enhanced dementia care and interventions for mental health concerns.

Indicator 3.3.4b: Information fair of mental health providers in Orange County attended by directors or administrators of long-term care facilities.

Agencies Responsible: Department on Aging, in collaboration with Triangle J Area Agency on Aging and Piedmont Behavioral Health

Objective 3.4: Collaborate with faith-based groups and other chaplaincy organizations to provide for the psychological, emotional, and spiritual needs of older adults.

- **Strategy 3.4.1:** Research how best to address spiritual needs of older adults, especially around loss and end-of-life.

Indicator 3.4.1a: Focus/study groups held at the Senior Centers to discuss spiritual needs of older adults and how to best address them.

Indicator 3.4.1b: Outreach efforts conducted to military and hospital chaplaincies to learn how they provide spiritual help in a non-denominational and secular way.

Indicator 3.4.1c: Report compiled on evidence-based chaplain programs and mechanisms for oversight and accountability.

Indicator 3.4.1d: Part-time or volunteer secular chaplain available at the Senior Centers.

Agency Responsible: Department on Aging, Project Compassion, Duke Divinity School

- Strategy 3.4.2:** Support educational opportunities for faith-based groups to provide programs and services within their own organizations.

Indicator 3.4.2a: Training provided for lay chaplain leaders, religious leaders, congregational nurses, and citizens on how to counsel caregivers and older adults, especially older adults who have dementia or individuals caring for older adults with dementia.

Indicator 3.4.2b: Information provided to faith-based groups on the use of lay leader models, such as the Stephen Ministry, to meet needs for spiritual counseling.

Agencies Responsible: Department on Aging, in collaboration with Project Compassion

Goal 4: Promote the safety and rights of older and vulnerable adults and prevent their abuse, neglect, and exploitation.

Objective 4.1: Collaborate with Emergency Management Services (EMS) to improve services for older residents of Orange County.

- Strategy 4.1.1:** Collaborate with Orange County EMS to provide multi-media information and trainings on falls prevention to fall victims, their families, and relevant organizations.

Indicator 4.1.1a: Trainings provided to older adults, caretakers, and organizations on how to manage and prevent fall events.

Indicator 4.1.1b: DVD training on older adult fall management and prevention created that can be disseminated to organizations and citizens.

Indicator 4.1.1c: Information materials and pamphlets on fall prevention and management provided to older adults who fall in their own homes.

Agencies Responsible: Department on Aging, Emergency Management Services (EMS), UNC Division of Geriatric Medicine, UNC Center for Aging and Health

- Strategy 4.1.2:** Partner with Orange County EMS, managers of long-term care facilities, older adults, and their caretakers to prevent reliance on EMS ambulance services for emerging medical problems, such as falls-related events.

Indicator 4.1.2a: Meeting between EMS and long-term care administrators to determine which medical events in long-term care facilities could be dealt with appropriately in ways besides full ambulance services and to determine which long-term care facility procedures could be altered to appropriately care for residents without reliance on full ambulance services.

Indicator 4.1.2b: Development of protocols for EMS workers responding to calls related to older adults.

Agencies Responsible: Department on Aging, Emergency Management Services (EMS), long-term care facility administrators, UNC Division of Geriatric Medicine, and UNC Center for Aging and Health

- Strategy 4.1.3:** Partner with EMS and DSS to make sure that frail older adults are in safe places during weather and environmental emergencies.

Indicator 4.1.3a: Development of a buddy system between older adults and their neighbors to ensure safety during weather emergencies, especially for rural area residents.

Indicator 4.1.3b: Provision of informational resource to Orange County residents on caring for older adults during weather emergencies.

Indicator 4.1.3c: More older adults referred to the Department on Social Services Special Needs Registry for help in weather emergencies and disasters.

Indicator 4.1.4d: Portable generators located at the Senior Centers.

Agencies Responsible: Department on Aging, Emergency Management Services (EMS), Department of Social Services, Asset Management, Sheriff's Department

Objective 4.2: Improve the quality of programs and services provided to residents of long-term care facilities, nursing homes, assisted living facilities, and family care homes in Orange County.

- Strategy 4.2.1:** Activate the Department on Aging's Long-term Care Round Table to develop a partnership among the leaders of Orange County long-term care facilities and the regional long-term care Ombudsman to implement a model of person-centered care within long-term care facilities.

Indicator 4.2.1a: Long-term Care Round Table sponsored meeting with long-term care facility administrators, staff, and advocates focused on person-centered care.

Indicator 4.2.1b: A model of patient-centered care adopted and promoted by Long-term Care Round Table members.

Indicator 4.2.1c: Evidenced-based and enriching activities that meet individual needs and provide a purpose in life and cognitive stimulation implemented in Orange County long-term care facilities.

Indicator 4.2.1d: Meals within long-term care facilities include more fresh foods and vegetables and are provided in a home-like manner.

Indicator 4.2.1e: On-site continuing education and exercise classes provided at long-term care facilities.

Indicator 4.2.1f: Expansion of the OCDOA Friend-to-Friend program to include long-term care residents who have no family members nearby.

Agencies Responsible: Department on Aging, in collaboration with the Triangle J Area Agency on Aging and Long-term Care Round Table

- Strategy 4.2.2:** Support the provision of palliative and end of life care for residents living in long-term care facilities, their families, and staff, including a formalized program for bereavement.

Indicator 4.2.2a: Long-term Care Round Table meeting held to discuss the development and implementation of palliative care and end of life care programs in long-term care facilities.

Agencies Responsible: Department on Aging, in collaboration with the Triangle J Area Agency on Aging and Project Compassion

Objective 4.3: Increase older adults' ability to protect themselves from exploitation, abuse, and neglect.

- Strategy 4.3.1:** Coordinate efforts with other organizations to market existing programs on frauds and scams and promote Scam Jams and Shred-A-Thons.

Indicator 4.3.1a: Ads and articles on existing scams and frauds program advertised in print media, radio, and locations frequented by older adults.

Indicator 4.3.1b: Classes held on frauds and scams at the Senior Centers.

Indicator 4.3.1c: Scam Jams and Shred-A-Thons advertised in print media, radio, and locations frequented by older adults.

Indicator 4.3.1d: North Carolina Department of Justice Consumer Scams and Fraud booklet translated into multiple, locally relevant languages and written at lower levels of literacy.

Agencies Responsible: Department on Aging, law enforcement agencies, North Carolina Department Of Justice, North Carolina Secretary of State Securities Division, and Victim Assistance Network

- Strategy 4.3.2:** Help older adults access needed social service programs.

Indicator 4.3.2a: Food stamp, energy assistance, and Medicaid applications explained and processed at the Senior Centers and other places frequented by low-income older adults.

Indicator 4.3.2b: Information about how to report abuse and neglect of an older person distributed by the Orange County Department on Aging, Orange County Department of Social Services, and other local agencies.

Agencies Responsible: Department on Aging, Department of Social Services

Goal 5: Empower older adults to engage in the community through volunteerism, lifelong learning, and civic activities.

Objective 5.1: Promote lifelong learning of older adults through increased access to continuing education classes and programs throughout the community.

- Strategy 5.1.1:** Advertise lectures, continuing education classes, and resources offered at the Senior Centers, libraries, and other community locations.

Indicator 5.1.1a: Ads and articles for upcoming continuing education classes published in Senior Times.

Indicator 5.1.1b: Articles on continuing education classes and resources published in local newspapers such as Raleigh News & Observer, Chapel Hill News, The Herald Sun, Burlington Times and Mebane Enterprises.

Agency Responsible: Department on Aging

- Strategy 5.1.2:** Develop relationships with faith-based community in hopes of coordinating education at their sites.

Indicator 5.1.2a: Meeting with local coalitions of faith-based organizations held to discuss the unique opportunities of faith based organizations to promote older adult lifelong learning.

Indicator 5.1.2b: Continuing education classes held at faith-based organizations.

Agencies Responsible: Department on Aging, in collaboration with faith-based community

Objective 5.2: Encourage the participation of older adults and their advocates in housing and transportation planning efforts in Orange County.

- Strategy 5.2.1:** Sponsor forums to discuss the types of housing and transportation services that older adults want and need and promote attendance at public meetings.

Indicator 5.2.1a: Forums on housing and transportation needs sponsored annually.

Agencies Responsible: Department on Aging; Orange County Housing, Human Rights and Community Development Department; Orange County Planning Department; Towns of Chapel Hill, Carrboro, and Hillsborough

- Strategy 5.2.2:** Maintain volunteer recruitment services through the RSVP program.

Indicator 5.2.2a: Volunteer services through RSVP prioritized based on unmet needs and focus areas as identified by federal RSVP sponsor.

Indicator 5.2.2b: No decline in number of RSVP volunteers engaged.

Agency Responsible: Department on Aging

Goal 6: Prepare Orange County for an aging population.

Objective 6.1: Promote aging preparedness so that the Orange County community and its residents may be better able to transition to senior living.

- Strategy 6.1.1:** Create an Aging Preparedness campaign to encourage citizens to plan for their retirement years and to challenge negative stereotypes of aging.

Indicator 6.1.1a: Aging Preparedness campaign planned and implemented.

Agencies Responsible: Department on Aging, North Carolina AARP, Triangle J Area Agency on Aging, UNC Institute on Aging, UNC Center for Aging and Health, Carol Woods Retirement Community

Objective 6.2: Develop advocacy efforts for local, state, and federal programs, which will support older adults.

- Strategy 6.2.1:** Designate a member of the Department on Aging Advisory Board to participate in town and county housing and transportation planning efforts.

Indicator 6.2.1a: Orange County Advisory Board on Aging representative appointed to County Housing Planning body and to the Orange County Unified Transportation Board.

Agency Responsible: Orange County Advisory Board on Aging

- Strategy 6.2.2:** Support Complete Streets policies at the state, county, and local levels that address the needs of older adults.

Indicator 6.2.2a: Meeting with towns that have existing Complete Streets policies to ensure they are accounting for the needs of older adults and to determine how to support the creation of polices in other towns and at the state level.

Agencies Responsible: Department on Aging; Orange County Planning Department; Towns of Chapel Hill, Carrboro and Hillsborough; NCDOT

- Strategy 6.2.3:** Support increasing the number of handicapped parking spaces required in public developments.

Indicator 6.2.3a: Advocacy for legislation that would increase the number of handicapped parking spaces in public developments.

Agencies Responsible: Board of County Commissioners, Orange County Senior Tar Heel Legislature Delegates

- Strategy 6.2.4:** Partner with the UNC Highway Safety Research Center and AARP to advocate for increasing the national standard for crosswalk time.

Indicator 6.2.4a: Meetings with the UNC Highway Safety Research Center and a representative from AARP held to discuss possibility of partnership for advocacy.

Indicator 6.2.4b: Creation and implementation of an advocacy plan to increase the national standard for crosswalk time.

Agencies Responsible: Department on Aging, Triangle J Area Agency on Aging, UNC Highway Safety Research Center, North Carolina AARP

Objective 6.3: Maintain existing and seek new revenues for services and programs that serve the aging needs of Orange County.

- Strategy 6.3.1:** Seek available funding for navigation and transportation services and housing initiatives.

Indicator 6.3.1a: New funding applications for Section 5310, Section 5317, Section 5316 state funds and grants from the National Center for Senior Transportation, etc.

Indicator 6.3.1b: Funding sustained for pilot projects, such as the Hillsborough Circulator and EZ Rider Senior Shuttle.

Indicator 6.3.1c: Meetings held between transportation providers and planning departments to determine feasibility of innovative revenue mechanisms, such as but not limited to allocating funds from the developing Orange County half cent transportation tax to older adult services and modifying rider fees for public transportation services.

Indicator 6.3.1d: Increases secured in housing subsidies, such as but not limited to rental assistance, tax credits, local home ownership assistance.

Agencies Responsible: Department on Aging; Orange County Planning Department; Orange County Housing, Human Rights and Community Development Department; Chapel Hill Transit; Triangle Transit

Objective 6.4: Increase the capacity of the Department on Aging to expand activities available for older adults living in Orange County.

- Strategy 6.4.1:** Expand the Senior Centers to include more open communal space, public computers, and add adult day health center at the Robert and Pearl Seymour Center.

Indicator 6.4.1a: More communal space available at both Senior Centers.

Indicator 6.4.1b: More public computers available at both Senior Centers.

Indicator 6.4.1c: Plan created for an adult day health center at the Robert and Pearl Seymour Center.

Agency Responsible: Department on Aging

Goal 7: Promote an adequate direct care workforce for an aging population and opportunities for older workers.

Objective 7.1: Promote increased opportunities and rewards for professional training in aging issues relevant to Orange County.

- Strategy 7.1.1:** Promote opportunities for professional healthcare providers (nurses, pharmacists, social workers, physician assistants, etc.) and students to learn more about aging-related issues.

Indicator 7.1.1a: Area Health Education Centers (AHEC) sponsored continuing education trainings offered for health professionals related to aging issues, such as end of life care, fear of reporting falls, how to work with patients with dementia, etc.

Indicator 7.1.1b: Aging program and services information distributed to health professionals in the county, especially primary care physicians.

Indicator 7.1.1c: Resources and class announcements about UNC Certificate in Aging made available to public health, allied health, and social work students at UNC.

Indicator 7.1.1d: Outreach conducted to high school, technical school, and college faculty to raise awareness of aging-related careers and training opportunities.

Agencies Responsible: Department on Aging, in collaboration with Chapel Hill and Durham Eldercare Resources; AHEC; UNC Schools of Public Health, Medicine, Nursing and Social Work; UNC Institute on Aging; UNC Center for Aging and Health; Carol Woods Retirement Community

- Strategy 7.1.2:** Promote increased recognition for direct services workers and employers providing services to older adults.

Indicator 7.1.2a: Establishment of a countywide recognition program for direct care workers.

Indicator 7.1.2b: Establishment of a countywide recognition program for supportive employers of direct care workers who pay them a living wage and advocate for their involvement in patient care decision-making.

Indicator 7.1.2c: Provision of educational workshops and support groups for direct care workers.

Agencies Responsible: Department on Aging, Triangle J Area Agency on Aging, Department of Social Services, AHEC, community colleges, Direct Care Workers Association of North Carolina

Objective 7.2: Increase work support opportunities for older adults in Orange County.

- **Strategy 7.2.1:** Create a Job Development Office at the Department on Aging that will create partnerships with businesses to develop and coordinate job opportunities and provide job search training for older adults in Orange County.

Indicator 7.2.1a: Creation of Job Development Officer position.

Indicator 7.2.1b: More job opportunities available for and marketed to older adults.

Indicator 7.2.1c: Classes and programs on job search training for older adults held at both Senior Centers.

Indicator 7.2.1d: Collaborative plan developed with Senior Corp of Retired Executives (SCORE), the Chapel Hill/Carrboro and Hillsborough Chambers of Commerce and the Economic Development Department to provide more jobs.

Agencies Responsible: Department on Aging, NCBA Title V Senior Worker Program, Chambers of Commerce, Orange County Economic Development, SCORE

Goal 8: Maintain good stewardship of publicly funded services.

Objective 8.1: Monitor the Orange County Department on Aging’s fulfillment of the 2012-2017 Master Aging Plan so that county resources are used wisely.

- Strategy 8.1.1:** Develop an evaluation plan to assess achievement of the 2012-2017 MAP’s goals, objectives, strategies, and indicators.

Indicator 8.1.1a: MAP evaluation plan created.

Indicator 8.1.1b: Identify objectives and strategies that have not been achieved and address them.

Agency Responsible: Orange County Advisory Board on Aging

- Strategy 8.1.2:** Develop a process to make adjustments to objectives, strategies, and indicators that are not being achieved as planned or to incorporate newly identified needs and opportunities.

Indicator 8.1.2a: MAP monitoring data reviewed by the Department on Aging Advisory Board on a quarterly basis.

Indicator 8.1.2b: MAP Steering Committee meets twice a year to review monitoring data and to propose solutions to implementation problems.

Indicator 8.1.2c: Members of original 2012-2017 MAP work groups meet as needed to propose solutions to MAP implementation problems.

Agency Responsible: Orange County Advisory Board on Aging

- Strategy 8.1.3:** Present an annual MAP update to the BOCC.

Indicator 8.1.3a: Report provided to the BOCC on MAP successes and barriers each year.

Agency Responsible: Department on Aging

CONCLUSION

Orange County's population is aging, meaning that the importance of the 2012-2017 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. **The goals and objectives listed in this plan represent a comprehensive vision for the future of Orange County as an ideal place to grow older. Only through working together, and recognizing that the 2012-2017 MAP affects all of us, will this vision be achieved.**

ACKNOWLEDGEMENTS

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GLOSSARY

Adult Protective Services (APS)	A program housed at all county Departments of Social Services that helps older adults (age 65+) and dependent adults (ages 18-65 who are disabled), when these adults are unable to meet their own needs, or are victims of abuse, neglect, or exploitation. ²²
Assisted living facilities	Facilities that provide support services and supervision to residents in order to ensure their safety and wellbeing.
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. ²³
Congregational nurses	Congregational or parish nurses who serve as practicing nurses within a faith community.
Direct care workers	Professionals and paraprofessionals who provide direct support and services as home health aids or to residents of long-term care facilities and their families.
Door-through-door transportation	When a rider is physically assisted from within their home to a vehicle, given a ride, and assisted from the vehicle into their place of destination. ²⁴
Door-to-door transportation	When a rider is physically assisted from their door to a vehicle, given a ride, and assisted from the vehicle to the door of their destination. ²⁴
Escorted transportation	When a rider receives assistance in and out of a vehicle, including help fastening seat belts, etc. Escorts may also accompany a rider to their destination, such as the grocery store, in addition to providing transportation. ²⁴
EZ Rider	This is the door-to-door Paratransit service provided by Chapel Hill Transit to eligible riders with physical and/or mental disabilities. ²⁵
Family care homes	An adult care home that provides housing and services and has no more than six residents.

GIS map	GIS stands for Graphical Information System, and is a system used to store and represent data geographically.
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. ²⁶
Health marketing campaign	A public health technique that combines traditional commercial marketing approaches, health behavior theory, and evidence-based strategies to promote healthy behaviors.
Healthy IDEAS program	Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors) is an evidence-based program that integrates depression awareness and management into existing case management services provided to older adults. ²⁷
Hillsborough Circulator	A new public transit service that is free for riders. It is considered a pilot project and is currently funded for three years by NCDOT, the Town of Hillsborough, and Orange County. ²⁸
Home ownership assistance	A variety of services that can include planning and saving, determining affordability, acquiring financial assistance (e.g. first-time homebuyer grants), loan application and negotiation for fair loan terms, and other pre-purchase counseling for home-ownership.
Hospital transition programs	Programs typically housed at hospitals that reduce patient readmission rates by having a patient navigator, nurse, or other health professional follow-up with patients, schedule check-up appointments, and offer other support services.
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. ²⁶
LGBTQIA	Lesbian, gay, bisexual, transgender, questioning, intersex, asexual.

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.
Mobility manager	An employee who coordinates transportation services across providers and consolidates information about services for users. ²⁹
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. ²⁶
PACE program	PACE stands for Program of All-Inclusive Care for the Elderly, and provides long-term care services and supports to Medicaid and Medicare enrollees. ³⁰
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.
Secular chaplain	A minister who offers non-denominational, religiously-appropriate spiritual counseling to individuals in a secular setting.
SeniorNet	SeniorNet is a 501(c)3 nonprofit organization of computer-using adults, age 50 and older. SeniorNet's mission is to provide older adults education for and access to computer technologies to enhance their lives and enable them to share their knowledge and wisdom.
Scam Jams	A seminar designed to educate older adults in how to recognize and avoid fraud.

Shred-A-Thons	A community event that allows individuals to safely dispose of personal and business documents in order to protect their identity.
Stephen Ministry	Stephen Ministry, also called The Stephen Series, provides congregations with the training, resources, and ongoing support to organize and equip a team of lay caregivers – called Stephen Ministers – in the congregation. ³²
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). ²⁶
Universal design	A design approach that produces buildings, products, and environments that are usable and effective for everyone, not just people with disabilities.

WORK GROUP AND STRATEGY ALIGNMENT CHART

	Aging in Place	Community Engagement	Health & Wellness	Housing	Navigation & Transportation
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	Aging in Place	Community Engagement	Health & Wellness	Housing	Navigation & Transportation
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