Orange County
Master Aging Plan

Goals, Objectives, and Strategies
For
The Five-Year Period
January 1, 2007 – December 31, 2011

"Building Aging-Friendly Communities in Orange"

Adopted by
The Orange County Board of Commissioners
May 15, 2007

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CONTENTS

EXECUTIVE SUMMARY

I. INTRODUCTION

Recognizing that the aging process of its residents impacts all aspects of Orange County, including its governmental and community services, and in view of the future historic shift to a dramatically older community, on June 23, 2005, the Orange County Board of County Commissioners (BOCC) approved a process for updating Orange County's **Master Aging Plan** (MAP) for a five-year period, from 2007-11.

The **MAP goals** to guide the preparation of the plan by a commissioner-appointed task force were threefold:

(1) To develop and implement a Master Aging Plan (MAP) that provides a comprehensive and coordinated delivery of community services to older adults who have different levels of functional capacity throughout their life spans,
(2) To promote an aging-friendly community as part of a smart growth policy for all, and
(3) To develop a county-wide plan that integrates the resources of the many public and private community partners, including the Triangle United Way.

The BOCC goals are derived from the Advisory Board on Aging's **Mission Statement**: "To maintain and improve independence, functionality, and quality of life of older residents." Today, we continue to live chronologically longer lives (life expectancy of 49 years in 1900 to 76.9 years today). However, we have also seen more of these added years in declining function. MAP is designed to address the disparity between longevity and the quality of extended lives.

To achieve their goal of maximum function and quality of life, the County Commissioners appointed a Task Force in November 2005 that was composed of over ninety volunteer Orange County citizens, professionals in aging, and community service providers. The Master Aging Plan Task Force, comprised of a Steering Committee and three functional subcommittees, began the year-long **planning process** with an orientation in December, 2005 and completed their efforts in January, 2007. Each of the three **functional subcommittees**, the Well-Fit Subcommittee, the Disabled/Moderately Impaired Subcommittee, and the Institutionalized/Severely Impaired Subcommittee was responsible for identifying issues germane to their sub-group of older persons, developing and prioritizing objectives and recommending strategies to address the objectives.

As the subcommittees completed their work, the MAP Steering Committee, with the assistance of the functional subcommittees, identified four overarching priority issues that impacted all older adults regardless of their functional status. The **four identified broad issues** were Information/Access, Housing/Shelter, Transit/Mobility and

Transitional Care. Special Issue groups were formed from MAP Task Force members and resource consultants to finalize specific goals, objectives and strategies. The MAP Leadership team (consisting of the facilitators of all the subgroups) met to finalize goals, objectives and strategies for administration/planning and legislative/advocacy to be included in the MAP report.

During the year long process, the work of the subcommittees and special issue groups has been reviewed and approved by the MAP Steering Committee. Two MAP presentations were made to the Board of Commissioners on the priority issues (May 4, 2006) and on the preliminary goals and objectives, a bill of rights for older persons and new theme/initiative "Aging-Friendly Communities" (September 19, 2006).

The community input phase occurred during September through January of 2007, and began with the Board of County Commissioners' and Human Services Advisory Commission's annual September forum entitled "Communities Responding to an Aging Society." Approximately 30 public presentations and input sessions were held to address the preliminary goals and objectives and bill of rights at senior centers, community centers, town councils, agencies and county boards. In addition, citizens were asked to complete a short survey (hard copy or via internet) to share their views.

Once the Board of County Commissioners (BOCC) has approved the Master Aging Plan, the Department on Aging and Advisory Board on Aging will be responsible for monitoring, implementing the plan and making recommendations for revisions or improvements to the BOCC on an annual basis. However**, it is understood that the adoption of the MAP does not necessarily commit the BOCC to implement the specific strategies without review in the context of other County needs, commitments and priorities.**

During the work on the MAP the Steering recommended the adoption of a Bill of Rights for Orange County Older Persons, adapted from the Federal Council on the Aging's U.S. Bicentennial Charter of 1976. The Orange County Bill of Rights for Older Persons formed the basis for preparing the Master Aging Plan for 2007-11 and should be the basis for future MAP updates. The Nine Rights for Older Persons are as follows:

I. The Right to Freedom, Independence and the Free Exercise of Individual Initiative.
II. The Right to an Income to support an Adequate Standard of Living.
III. The Right to an Opportunity for Employment Free from Discrimination Due to Age.
IV. The Right to an Opportunity to Participate in the Widest Range of Meaningful Civic, Educational, Recreational and Cultural Activities.
V. The Right to Suitable Housing that is safe and affordable.
VI. The Right to the Best, Appropriate Level of Physical and Mental Health Services.
VII. The Right to Ready Access to Effective Social Services.
VIII. The Right to Appropriate Institutional Care When Required.
IX. The Right to a Life and Death with Dignity.

II. AGING-FRIENDLY COMMUNITIES

In the early planning stages, the Steering Committee, in conjunction with the subcommittees, realized that the Master Aging Plan should be more than implementing needed services by a group of agencies whose mission is to serve older persons. The Master Aging Plan should also promote and build aging-friendly communities that involve everyone, but starting with all departments and advisory boards of Orange County government. Thus, the Steering Committee approved and recommended to the County Commissioners the MAP's New Initiative: **"Building Aging-Friendly Communities in Orange,"** communities designed to be livable for all ages and to promote healthy aging for all. The central feature of aging-friendly communities is the incorporation of **active living features** such as sidewalks, parks, street lights, which are close to essential services. Five current community development facts identified were: (1) Most U.S. cities and counties do not have plans in place to meet the future needs of an aging community, (2) Most older adults desire to remain in their own homes and communities as long as possible, (3) Conventional urban design characteristics present obstacles to older persons' independence and social integration, (4) The building of Aging-Friendly Communities is based on active living principles and is good for all ages, and (5) County and town departments and advisory boards must critically assess their readiness for the "age boom" by evaluating and "rethinking" current public policies.

Based on the current development facts, the Master Aging Plan issues the following **Call to Action: Engage all departments of Orange County Government and towns, as well as the broader public and private community, in the process of improving the infrastructure and services to meet the needs of older adults who desire to age in place, especially those with functional disabilities and impairments.**

Some of the major **components of an aging-friendly community,** identified and recommended by the N.C. Division of Aging and Adult Services to promote improved quality of life are: Physical and Accessible Environment, Healthy Aging, Economic Security, Technology, Safety and Security, Social and Cultural Opportunity, Access and Choice in Services and Supports, and Public Accountability and Responsiveness. Six Dimensions of Community Evaluation for each component were Existence, Adequacy, Accessibility, Efficiency/Duplication, Equity, and Effectiveness/Quality.

III. PROFILE OF ORANGE COUNTY'S OLDER PERSONS

"If aging is not your issue, it will be!" For many residents this statement is becoming a reality very soon, either for themselves or family members. Orange County, as well as North Carolina and the United States, is facing a rapidly growing older population that is living longer lives. A profile of Orange County's older persons--who we are (key characteristics), our numbers (age growth) and where we live within Orange County (geographic distribution) -- is important in determining the needed services and opportunities for older adults.

The Orange County Aging Profile is organized around **five historic, never before seen, demographic conditions** affecting our county, state and nation. Orange County is experiencing:

Fact #1: <u>The Growth Factor</u> - An explosion in the numbers of older persons.

Orange County, like North Carolina and the United States, is facing the aging of the largest demographic cohort in its history. According to the 2000 U.S. Census, the number of persons age 60 or older in Orange County was 13,321 and is projected to grow to 18,916 in 2010 (42% increase), to 28,340 by 2020 (113% increase) and will skyrocket to 35,592 by 2030 (167% increase). By 2010, Orange County's 60+ population is projected to be equal to or larger than the school age (5-17) population by 2010.

Fact #2: <u>The Longevity Factor</u> - A dramatic increase in longer lives for older persons.

We are witnessing one of society's historic achievements - an extension of human longevity never before seen. Advancements in medicine, public health and technology will make it even more commonplace for people to live 80, 90, or 100 or more years. In Orange County, the projected growth is even more dramatic for the decade 2000 to 2010, with a 39% (109 to 151 older adults) increase of the 95+ population and will continue to grow another 62% from 2010 to 2020.

Fact #3: <u>The Distribution Factor</u> - An uneven distribution of older persons within the county with different key characteristics.

The towns of Chapel Hill, Carrboro, Hillsborough and part of Mebane will be most impacted by the age wave. Approximately 60% of all Orange County older persons live within the town boundaries. Because Chapel Hill is a university town with college students, older persons comprise only10% of the total town population, but has the highest concentration of older adults in the county.

Key characteristics of Orange County's older population and their distribution by township are described in the report. These were functionality, ratio of females to males, minority, live alone, veterans, poverty, education, employment, Home ownership and transportation.

Fact #4: <u>The Health/Chronic Care Factor</u> - More residents living more of their advanced years in declining health and limited function.

In the United States, most older Americans (65+) have at least one or more chronic conditions. The leading cause of death among older North Carolina adults 65+ is heart disease followed by, in ranking order, cancer, cerebrovascular diseases including stroke, chronic lower respiratory diseases and Alzheimer's disease. Since the 85+ age group (the "Oldest-Old") is the fastest growing in Orange County, many older persons may live with activity limitations as long as 20 years or more. Two social situations that best illustrate this are an increase in nursing home placements with age and an increase in Alzheimer's disease with age.

Fact #5: The Human Resource Factor - A large and growing number of older persons (retirees and un-retirees) who are a major human resource.

The Aging Boomers in Orange County and across the state will place increasing demands on health and retirement systems when they reach age 65, between 2011 and 2030. However, they will also be a major human resource with skills and talents that can be utilized by Orange County.

IV. MASTER AGING PLAN FOCUS AREAS AND GOALS

The Master Aging Plan update for 2007-11 covers 9 overall goals, 45 specific objectives and 173 strategies recommended to accomplish those objectives. The MAP objectives have all been prioritized under each goal with 1 being rated the highest. Once adopted, the MAP Implementation work groups that are formed would be responsible for clearly defining or re-defining the recommended strategies for implementation.

In order for the MAP goals, objectives and recommended strategies to move from adoption to implementation, a table has been developed that easily identifies over 100+ organizations, public and private, who will work on implementing the plan over a five year period. For easy identification and tracking during the implementation period, each objective has been given a unique priority number preceded by a specific letter code for the goal it addresses.

Over the next five years, the Orange County Department on Aging and Advisory Board on Aging will recommend MAP Implementation work groups for Board of County Commissioners approval. MAP work groups would be formed to address, in priority order, the objectives beginning with 1 and/or 2 under the goal areas. A MAP database (ACCESS) will be developed to track the progress of MAP implementation in order to provide annual reports to the BOCC.

The nine MAP goal statements addressed by objectives and strategies are delineated below:

FOCUS: ALL OLDER ADULTS – OVERARCHING GOALS

Goal A: Information/Access- Improve information & assistance options to all older persons and their families who need access to services, especially those most in need.
Goal B: Housing/Shelter - Promote an adequate supply of safe, affordable and suitable housing options for older residents to age in place.
Goal C: Transit/Mobility- Enhance mobility options for all older persons regardless of functionality, through a multi-modal vision that is acceptable, efficient, effective and affordable.
Goal D: Transitional Care- Improve the transition and maintenance of older persons in the most appropriate care provider setting.

FOCUS: SPECIAL POPULATIONS GOALS

Goal E: Well-Fit Older Population - Improve and/or maintain the health and well-being of Orange County's Well-Fit Older Adults for as long as possible, including future Older Persons.

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

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

FOCUS: LEGISLATION/ADVOCACY

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

FOCUS: COMMUNITY PLANNING AND ADMINISTRATION

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

V. CONCLUSION AND CHALLENGES

Orange County must be prepared to face the many challenges of an aging community. Government, city and county, as well as the broader community, must face major decisions related to the following: (1) Allocation of appropriate levels of private and public resources, (2) Provision of new or modified living arrangements in order to age in place, (3) Provision of innovative care giving arrangements in light of the change in family structure, (4) Adaptation and innovation of the health and human service system, including employment and education opportunities, to address the changing and growing needs and interests of older persons, (5) Adaptation and innovation of the business and faith communities to address the changing and growing needs and interests of older persons.

Orange County and its citizens must respond to two challenging questions:
Does Orange County have the political will and community support to implement the many creative, visionary ideas reflected in the Master Aging Plan's roadmap to the future? Will Orange County view its aging population as a human resource (rather than a liability) to improve the quality of life for its older adults as well as all its citizens?

Orange County is fortunate to have the creative minds, both young and old, to partner together and respond to the challenge of aging, now and the future.

ACKNOWLEDGEMENTS

The goal of updating the Master Aging Plan (MAP) for 2007 through 2011 is to provide a "revised roadmap" for the delivery of a better comprehensive and coordinated set of community services to older adults who have different levels of functional capacity. The goal is derived from the Orange County Advisory Board on Aging's Mission Statement of 1980: "To maintain and improve independence, functionality, and quality of life of older residents as long as possible." To achieve this goal many Orange County citizens, professionals, consultants and community service providers volunteered their time to work on the plan's update.

We would like to acknowledge the efforts of the individuals and organizations that assisted in the plan's development. Special recognition goes to the MAP Task Force members and resource consultants (see chart below) who committed their time and energy to the identification of issues facing older persons and to the development of goals, objectives and strategies to address the issues. A special thanks goes to MAP staff – Jerry M. Passmore, Project Manager and Director, Orange County Department on Aging, Bob Jones, Assistant to the Department on Aging Director and Ellen Ozier-Hayes, M.S.W., UNC School of Social Work. Department on Aging division/area managers Janice Tyler, Kate Barrett, Al Terry and Myra Austin also provided invaluable assistance in key areas. The Triangle J Council of Governments Area Agency on Aging staff-- Joan Pellettier, Jill Passmore, Bob Bacon and Paul Black also assisted with their unique talents in preparing the plan. Yoko Crume, formerly with the N.C. Division of Aging and Adult Services, contributed her demography expertise. Amy Gorely with the Carolina Center for Public Service contributed her editing and report development skills to this project.

Additional thanks go to the MAP Steering Committee and its co-chairs- Pat Sprigg, Florence Soltys, the Orange County Advisory Board on Aging and its chair- Jack Chestnut, the many county human service department heads identified below, the County Manager's Office representative Gwen Harvey, Assistant County Manager, and to the Orange County Board of Commissioners, especially Commissioners Alice Gordon and Barry Jacobs who served on the MAP Task Force, for their belief in, and support of this initiative. Without the dedication and expertise of the many Task Force members, resource consultants and staff, (over 110 persons) the development of this plan would not have been possible.

MAP Task Force

Master Aging Plan Steering Committee

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Kate Barrett (r)	*Ann Johnson*	*Jill Passmore (r)*	*Al Terry (r))*
Beverly Blythe (r)	*Bob Jones (r)*	*Jerry Passmore (r)*	*Linda Tuday (r)*
Jack Chestnut (r)	*Jerry Kruter*	*Joan Pellettier (r)*	*Janice Tyler (r)*
Nancy Coston (r)	*Katherine Leith (r)*	*Pamela Rich (r)*	*Janice Wassel*
Yoko Crume (r)	*Karen McCall (r)*	*Florence Soltys (c)*	*Don Willhoit*
Tara Fikes (r)	*Mariah McPherson*	*Adelaide Spitsbergen*	*Angie Welsh (r)*
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Disabled/Moderately Impaired Subcommittee

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Jan Gerard (r)	*Carol Ann Parr*	*Jeanne Suddarth*	*Marie Torain*
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Institutionalized/Severely Disabled Subcommittee

Patt Barnard	*Lynette Mappes*	*Gwen Phillips (r)*	*Wallace Travers (r)*
Sheila Benninger	*Biruta Nielsen*	*Jill Ridky Blackburn*	*Jack Vogt (r)*
Lucia Fischer Pap	*Julie Page*	*Cherie Rosemond*	*Peter Wehr*
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Paul Klever	*Mary Ann Peter*	*Patti Thompson*	*Sheryl Zimmerman*
			Debbie Zoller

All Older Adults – Special Focus Area Groups

Information/Access

Jan Busby-Whitehead	*Pamela Rich*
Katherine Leith	*Janice Tyler (f)*

Housing/Shelter

Leo Allison	*Jerry Kruter*
Jack Chestnut (f)	*Ellen Ozier Hayes*
Tara Fikes (r)	*Connie Mullinix*

Transit/Mobility

Beverly Blythe	*Gwen Harvey (r)*	*Mariah Mcpherson*
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Transitional Care

Kate Barrett (r)	*Katherine Leith (r)*	*Pat Sprigg*
Beverly Blythe (r)	*Jill Passmore (r)*	
Amy Gorely	*Florence Soltys (f)*	

Legend: (c) = Chairperson(s)
(f) = Facilitator(s)
(r) = Resource/consultant

I. INTRODUCTION

A. History and Need to Plan

Recognizing that the aging process of its residents impacts all aspects of Orange County, including its governmental and community services, and in view of the future historic shift to a dramatically older community, on June 23, 2005, the Orange County Board of County Commissioners (BOCC) approved a process for updating Orange County's **Master Aging Plan** (MAP) for a five-year period, from 2006-10. (The plan was later amended to include the years 2007-11.) The first MAP was developed and adopted by the BOCC on March 6, 2001, and covered the implementation period of 2000-2006. This MAP provided the vision and roadmap for implementing several important accomplishments, one being the establishment of two multi-purpose senior centers at highly visible service locations at the county's Homestead Road and Sportsplex campuses.

The **MAP goals** to guide the preparation of the plan by a commissioner-appointed task force were threefold:

(1) To develop and implement a Master Aging Plan (MAP) that provides a comprehensive and coordinated delivery of community services to older adults who have different levels of functional capacity throughout their life spans,
(2) To promote an aging-friendly community as part of a smart growth policy for all, and
(3) To develop a county-wide plan that integrates the resources of the many public and private community partners, including the Triangle United Way.

The BOCC goals are derived from the Advisory Board on Aging's **Mission Statement**: "To maintain and improve independence, functionality, and quality of life of older residents." Today, we continue to live chronologically longer lives (life expectancy of 49 years in 1900 to 76.9 years today). However, we have also seen more of these added years in declining function. MAP is designed to address the disparity between longevity and the quality of extended lives.

B. The Planning Process

To achieve their goal of maximum function and quality of life, the County Commissioners appointed a Task Force in November 2005 that was composed of over ninety volunteer Orange County citizens, professionals in aging, and community service providers. The Master Aging Plan Task Force, comprised of a Steering Committee and three functional subcommittees, began the year-long **planning process** with an orientation in December 2005 and completed their efforts in January, 2007 **(Attachment #1).** Each of the three **functional subcommittees**, the Well-Fit Subcommittee, the Disabled/Moderately Impaired Subcommittee, and the Institutionalized/Severely Impaired Subcommittee was responsible for identifying issues germane to their sub-group of older persons, developing and prioritizing objectives and recommending strategies to address the objectives.

The three functional subcommittees were instructed to **focus** on: (1) a continuum of care that promotes wellness, independence, and functionality; (2) the delivery of community-based, in-home care and institutional care services with attention given to the support and education of caregivers; and (3) consideration of socioeconomic status, race, ethnicity, gender, and geographic distribution of older adults.

As the subcommittees completed their work, the MAP Steering Committee, with the assistance of the functional subcommittees, identified four overarching priority issues that impacted all older adults regardless of their functional status. The **four identified broad issues** were Information/Access, Housing/Shelter, Transit/Mobility and Transitional Care. Special Issue groups were formed from MAP Task Force members and resource consultants to finalize specific goals, objectives and strategies. The MAP Leadership team (consisting of the facilitators of all the subgroups) met to finalize goals, objectives and strategies for administration/planning and legislative/advocacy to be included in the MAP report.

During the year long process, the work of the subcommittees and special issue groups has been reviewed and approved by the MAP Steering Committee. Two MAP presentations were made to the Board of Commissioners to:

(1) Update and seek their approval on the priority issues (May 4, 2006) and
(2) To seek their approval on the preliminary goals and objectives, a bill of rights for older persons and new theme/initiative-"Aging-Friendly Communities (Sept. 19, 2006).

The community input phase occurred during September through January of 2007, and began with the Board of County Commissioners' and Human Services Advisory Commission's annual September forum entitled "Communities Responding to an Aging Society." Approximately 30 **public presentations** and input sessions were held to address the preliminary goals and objectives and bill of rights at senior centers, community centers, town councils, agencies and county boards **(Attachment #2)**. The purpose was to inform, to generate support and to request each organization's involvement in attaining MAP goals and objectives over the next 5 years, aligning with each organization's mission and purpose. Input from those public sessions was included in the MAP report, where appropriate. In addition, citizens were asked to complete a **short survey** (hard copy or via internet) to share their views **(Attachment #3)**.

Once the Board of County Commissioners (BOCC) has approved the Master Aging Plan, the Department on Aging and Advisory Board on Aging will be responsible for monitoring, implementing the plan and making recommendations for revisions or improvements to the BOCC on an annual basis. However**, it is understood that the adoption of the MAP does not necessarily commit the BOCC to implement the specific strategies without review in the context of other County needs, commitments and priorities.**

C. A Bill of Rights for Older Persons

During the work on the MAP, the Task Force agreed on basic principles covering five areas: (1) Independence, (2) Participation, (3) Care, (4) Self-fulfillment, and (5) Dignity. These underlying principles led to the MAP Steering recommending the adoption of a Bill of Rights for Orange County Older Persons, adapted from the Federal Council on the Aging's U.S. Bicentennial Charter of 1976. **(Attachment #4)** The Charter delineated nine basic human rights based on the founding documents of this nation over 200 years ago. The following Orange County Bill of Rights for Older Persons formed the basis for preparing the Master Aging Plan for 2007-11 and should be the basis for future MAP updates**.**

Bill of Rights

For

Orange County Older Persons

X. The Right to Freedom, Independence and the Free Exercise of Individual Initiative.
XI. The Right to an Income to support an Adequate Standard of Living.
XII. The Right to an Opportunity for Employment Free from Discrimination Due to Age.
XIII. The Right to an Opportunity to Participate in the Widest Range of Meaningful Civic, Educational, Recreational and Cultural Activities.
XIV. The Right to Suitable Housing that is safe and affordable.
XV. The Right to the Best, Appropriate Level of Physical and Mental Health Services.
XVI. The Right to Ready Access to Effective Social Services.
XVII. The Right to Appropriate Institutional Care When Required.
XVIII. The Right to a Life and Death with Dignity.

II. AGING-FRIENDLY COMMUNITIES

A. Master Aging Plan: New Initiative

In the early planning stages, the Steering Committee, in conjunction with the subcommittees, realized that the Master Aging Plan should be more than implementing needed services by a group of agencies whose mission is to serve older persons. The Master Aging Plan should also promote and build aging-friendly communities that involve everyone, but starting with all departments and advisory boards of Orange County government. **(Attachment #5)** Thus, the Steering Committee approved and recommended to the County Commissioners the MAP's New Initiative: **"Building Aging-Friendly Communities in Orange."** In 2003 the North Carolina Division of Aging and Adult Services adopted a new initiative called "Livable and Senior-Friendly Communities." **(Attachment #6)** Rather than follow the state's lead and focus solely on the older population segment as implied in its initiative title, MAP has chosen the term "Aging-Friendly Community," since aging is a process beginning at birth and ending with death. Thus, Aging-Friendly Communities' designs should be **livable for all ages**. To promote healthy aging for all, a preventive approach must be used. The central feature of aging-friendly communities is the incorporation of **active living features** such as sidewalks, parks, street lights, which are close to essential services. (www.activelivingbydesign.org).

B. Current Community Development Facts

The theme reflects five current community development facts:

1. Most U.S. cities and counties do not have plans in place to meet the future needs of an aging community. This fact is based on a national survey study, "The Maturing of America" by the National Association of Area Agencies on Aging (online at www.N4A.org, Sept, 2006) in partnership with ICMA, NaCo, National League of Cities and Partners for Livable Communities.

2. Most older adults desire to remain in their own homes and communities as long as possible.

3. Conventional urban design characteristics present obstacles to older persons' independence and social integration.

4. The building of Aging-Friendly Communities is based on active living principles and is good for all ages. This concept is well stated in the ICMA report on "Active Living for Older Adults: Management Strategies for Healthy and Livable Communities," (online at www.icma.org, Sept. 2003)

5. County and town departments and advisory boards must critically assess their readiness for the "age boom" by evaluating and "rethinking" current public policies and practices with aging in mind, and make or recommend appropriate changes to elected officials.

C. Call to Action

Based on the current development facts, the Master Aging Plan issues the following **Call to Action: Engage all departments of Orange County Government and towns, as well as the broader public and private community, in the process of improving the infrastructure and services to meet the needs of older adults who desire to age in place, especially those with functional disabilities and impairments.**

D. Components of an Aging-Friendly Community

As stated, all aspects of communities will be affected by the county's demographic boomer cohort shift and a rapidly growing **number** of older persons living **longer lives.** Some of the major **components of an aging-friendly community**, recommended by the N.C. Division of Aging and Adult Services that promote improved quality of life are:

1. Physical and Accessible Environment
2. Healthy Aging
3. Economic Security
4. Technology
5. Safety and Security
6. Social and Cultural Opportunity
7. Access and Choice in Services and Supports
8. Public Accountability and Responsiveness.

(Online at www.dhhs.state.nc.us/aging)

The N.C. Division of Aging and Adult Services also recommends **Six Dimensions of Community Evaluation** for each component above and the specific areas of interest and concern within each component. (Example: Transportation concerns are listed under the Physical and Accessible Environment component.) They are:

1. **Existence-** Are services available to older and disabled adults in your community?
2. **Adequacy** – Are existing services in sufficient supply for those who need them?
3. **Accessibility** – How obtainable are existing services for those most in need?
4. **Efficiency/Duplication** – How reasonable are the costs of services? Are options for streamlining available?
5. **Equity –** How available are existing unbiased services to all who need them?
6. **Effectiveness/Quality** – How successful are these services in addressing consumers' needs?

III. PROFILE OF ORANGE COUNTY'S OLDER PERSONS

A. Aging Now and the Future

"If aging is not your issue, it will be!" For many residents this statement is becoming a reality very soon, either for themselves or family members. Orange County, as well as North Carolina and the United States, is facing a rapidly growing older population that is living longer lives. By the year 2020, just thirteen years from now, Orange County's older 60+ segment is projected to grow from an estimated 17,000 in 2007 to more than 28,000, a 72% increase compared to only a 17% in the total Orange County population and 14.9% of the school age (5-17) population. How old will you be? Is Aging an issue for you and your family? Are you part of this number? **(Attachment #7- Chart: Orange Co. Population Projections by Age, Gender, and Race, 2007-2030)**

Our community is planning for this historic change through the development of the Orange County Master Aging Plan, with specific goals, action objectives and strategies. Citizen input and community agencies' involvement are critical now and the future for building "Aging-Friendly Communities in Orange" and determining programs, services, and opportunities that should be provided to older adults and their families.

A profile of Orange County's older persons--who we are (key characteristics), our numbers (age growth) and where we live within Orange County (geographic distribution) -- is important in determining the needed services and opportunities for older adults.

The **2000 U.S. Census** is the basis for the Orange County Aging Profile. Future population projections were provided by the NC State Data Center, the demographic section of the NC Office of Budget, Planning and Management. The population projection methodology used is **Adjusted Migration Model** which is very sophisticated and provides the most conservative estimates in the growth of the county. The N.C. Division of Aging and Adult Services prepared an excellent overview entitled **Orange County Aging Profile 2002**, included in the appendices **(Attachment #8)**. In addition, Triangle J Council of Governments' Geographic Information Systems (GIS) prepared for the MAP Task Force several Orange County GIS maps of the older population covering the total county and the towns of Chapel Hill, Carrboro, Hillsborough, and Mebane. GIS maps were also prepared on key older population characteristics such as **live alone**, **poverty**, and **ethnicity/race** for both the county and towns. The GIS maps were helpful in the preparation of the MAP update and will be just as helpful in future implementation strategies targeting certain population groups in different locations in the county. **GIS map: Orange Co. Population 60+ Distribution by Townships, 2000 Census** has been included in the report to illustrate the effectiveness of new GIS mapping technology. **(Attachment #9)**

B. Five Historic Facts of Orange County's Older Population

The Orange County Aging Profile is organized around five historic, never before seen, demographic conditions affecting our county, state and nation. **Orange County is experiencing:**

Fact #1: The Growth Factor - An explosion in the numbers of older persons.

Orange County, like North Carolina and the United States, is facing the aging of the largest demographic cohort in its history. According to the 2000 U.S. Census, the number of persons age 60 or older in Orange County was 13,321 and is projected to grow to 18,916 in 2010 (42% increase), to 28,340 by 2020 (113% increase) and will skyrocket to 35,592 by 2030 (167% increase). By 2010, Orange County's 60+ population is projected to be equal to or larger than the school age (5-17) population by 2010. **(Attachments #7 & #10)**

This "Age Wave" (Age Wave, Ken Dychtwald, 1988) is attributed to the so called "Aging Boomers", or Post World War II generation, who were born between 1946 and 1964. On January 1, 2006 the first of the Boomers reached age 60 and will enter retirement age this decade. The oldest Boomers will become eligible to receive many federal and state public benefit services and to participate in Older Americans Act programs (Year 2006), draw early Social Security at a reduced rate (Year 2008), receive Medicare benefits and Medicaid assistance (Year 2011) and draw full Social Security at age 66 (Year 2012). By 2030, the youngest Boomers (born 1964) will have reached age 65 and Orange County will have felt the full impact of the "Aging High Tide". (Jerry Passmore, 2006)

In 2000 the proportion of Orange County older persons 60+ in the general population is 12% and will rise to 15% in 2010, to 19% in 2020 and to 22% in 2030. Based on these figures, in 2020 almost one out of every 5 people in the community will be a "senior" and by "Aging High Tide" in 2030, almost one out of every 4 will be an older adult.

Fact #2: The Longevity Factor - A dramatic increase in longer lives for older persons.

We are witnessing one of society's historic achievements - an extension of human longevity never before seen. "Advancements in medicine, public health and technology will make it even more commonplace for people to live 80, 90, or 100 or more years." (U.S. Administration on Aging, Fact Sheet: Life Course Planning, May 2000) According to the U.S. 2000 Census, the number of people aged 100 or above, "**centenarians**," increased dramatically to 50,545, a 35% increase since the U.S. 1990 Census. (U.S Administration on Aging, A Profile of Older Americans, 2001) In Orange County, the

projected growth is even more dramatic for the decade 2000 to 2010, with a 39% (109 to 151 older adults) increase of the 95+ population and will continue to grow another 62% from 2010 to 2020. **(Attachment #7&#10)**

Life expectancy in the United States in 1900 was only 49 years, as compared to 76.9 years in 2000. In North Carolina the life expectancy in 2000 was 75.6 years. A person who was 65 had an average life expectancy of 17.1 years, a little less than the national figure.

Longevity is more often a female experience. Females continue to outlive males. In 2000, Orange County's ratio of females to males at 75+years was approximately two females to every male (1.93) or 66% of county total, and increased to over three females to every male for the 85+ group (3.22) or 76%. (**Attachment #10 – Chart: Orange Co. Older Population Characteristics Distribution by Townships, 2000 Census)**

Fact #3: <u>The Distribution Factor</u> - An uneven distribution of older persons within the county with different key characteristics.

The towns of Chapel Hill, Carrboro, Hillsborough and part of Mebane will be most impacted by the age wave. Approximately 60% of all Orange County older persons live within the town boundaries. Because Chapel Hill is a university town with college students, older persons comprise only 10% of the total town population, but has the highest concentration of older adults in the county. In the 2000 Census, approximately 38% (5,015) of Orange County's total older 60+ population lived in Chapel Hill, 9% (1,150) in Carrboro, 7% (868) in Hillsborough and 8% (1026) in Mebane, with the remaining 40% residing in the outlying rural areas, primarily central and northern Orange. Approximately 74% of the total older persons 85+ live in one of the four towns. **(Attachment #11- Chart: Orange Co. Older Population, Towns and Rural Areas Distribution, 2000 Census)**

Orange County is subdivided into seven townships, with the Towns of Chapel Hill and Carrboro located in Chapel Hill Township, Hillsborough located in Hillsborough Township and Mebane located on the western edge of Cheeks Township. The remaining rural townships are Bingham, Eno, Cedar Grove and Little River. A GIS map is included in the appendices, illustrating the distribution of Persons 60 years of age and older by Orange County Townships. **(Attachment #9)**

The Key Characteristics of Orange County's Older Population and their Distribution by Township, 2000 (Attachment #10) are described below :

1. <u>Functionality</u> – Approximately 40% (41.7%) of the Orange County 65+ age group reported some kind of disability. The U.S. Census Bureau defines disability as "a long-lasting physical, mental, or emotional condition. This condition makes it difficult for persons to participate in activities such as walking, climbing stairs, dressing, bathing, learning or remembering." The highest township distribution is Cheeks (56.8%), followed by Bingham (53.5%) and Hillsborough (45.2%). The lowest disability was found Chapel Hill Township (36.7%).

As the population grows in age and magnitude, the percentage of disabilities and chronic conditions will increase sharply for Orange County, North Carolina and the U.S. For the 80+ age group in the United States, almost three-fourths (73.6%) reported at least one disability, over half (57.6%) indicated one or more severe disabilities, and over one-third (34.9%) needed assistance as a result of disability. 37.7% of Older Americans (65+) had at least one severe disability affecting their ability to carry out two types of activities:
(1) **Activities of daily living** (ADLs),- basic self-care activities such as bathing, dressing, eating, toileting and hygiene,
(2) **Instrumental activities of daily living** (IADLs)- includes tasks related to independent living, such as telephoning, shopping, preparing meals, doing housework, taking medications properly and handling money or managing finances. **(U.S. Administration on Aging, A Profile of Older Americans: 2001, Health, Health Care, and Disability, December 2001)**

2. Ratio of Females to Males – As to township distribution, the highest ratio of females to males is in Hillsborough with over 2 females to 1 male (2.29), with the lowest in Little River (1.32). Hillsborough and Cheeks Townships tie for the highest ratio of females to males for the 85+ age group with over 4 females to 1 male. (4.1).

3. Minority – The total county minority for the 60+ age group is 18.7%. The highest Township minority concentration was Cedar Grove with 40.4% of the total 60+ age group followed by Hillsborough Township (27.2%) and Cheeks (24.4%), having approximately 1 minority out of 4 older persons. The lowest minority percentage was in the eastern townships of Little River (4.9%) and Eno (8.3%).

4. Live Alone -- Approximately one-third (33.5%) of all the Orange County 65+ age group lives alone. The highest township concentration was in the urban areas of Chapel Hill township (37.9%) and Hillsborough Township (35.2%). The lowest "live alone" percentage was in Cheeks Township (17.9%) with less than 1 in 5 older adults 65+. The percentage living alone increases with advanced age, to as much as 40% of older adults 75+, and is especially true for women. The older person living alone (OLA) is more likely to need and/or benefit from home and community-based services.

5. Veterans -- A little over one-fourth (27.7%) of the Orange County 65+ age group is identified as veterans. The highest percentages identified were in the rural townships of Cheeks (35.0%) and Bingham (34.0%), representing one-third.

6. Poverty – The below poverty percentage for the County's 65-74 age group is 5.3% which is half the state percentage of 10.5%. However, the below poverty percentage increases with age. The 75+ age group below poverty percentage was 10.0%, which is still low compared to the State's 16.9%. The highest percentage townships **below poverty** for the 75+ age group were Little River (24.2%) and Bingham (17.8%) above the state average and Hillsborough (16.6%) closer to the state average.

7. Education – The percentage of Orange County 65+ age group without a high school diploma was 28.0%, well below the state average (41.6%). However, in the central and northern rural townships, the percentage without a high school diploma was above the state average, the highest being Cedar Grove (58.9%), Little River (50.8%), Hillsborough (47.7%), Eno (46.4%) and Cheeks (43.0%). Chapel Hill Township affected the overall county figures with only 15.4% without a high school diploma.

8. Employment - The percentage of Orange County's 65+ age group remaining in the labor force is 14.7%, slightly higher than the state average of 14.4%. The highest percentage of the 65+ age group remaining in the work force is in Bingham (19.3%) with approximately 1 out of 5, next are Cedar Grove (16.3%) and Cheeks (16.0%). The lowest percentage township below the state average is Hillsborough (11.5%).

9. Home Ownership – The percentage of Orange County's 65+ age group who own their home is 84.6%, which is slightly above the state average of 82.0%. The highest percentage of 65+ homeowners were in Bingham (93.1%), Little River (92.2%), Cheeks (88.7%) and Eno (88.0%). The lowest township below state average was Hillsborough (79.1%).

10. Transportation - The percentage of Orange County's 65-74 age group without a vehicle was 7.5%, below the state average of 9.0%. However, the 75+ age group without a vehicle went up with age to 19.0%, slightly below the state average of 21.3%. The highest percentages of the 75+ age group without a vehicle were in Little River (27.8%), Cedar Grove (25.8%), and Hillsborough (24.3%). The lowest townships were Cheeks (4.2%) and Eno (6.4%).

Fact #4: The Health/Chronic Care Factor - More residents living more of their advanced years in declining health and limited function.

Aging brings with it more illnesses, disabilities and chronic conditions that limit our independence and ability to perform ordinary tasks. In the United States, most older Americans (65+) have at least one or more chronic conditions. In a 1996 U.S. study, the most frequently occurring conditions per 100 elderly were: arthritis (49), hypertension (36), hearing impairments (30), heart disease (27), cataracts (17), orthopedic impairments (18), sinusitis (12), and diabetes (10)." **(U.S. Administration On Aging, A Profile of Older Americans: 2001, Health, Health Care and Disability, Dec. 2001)**

The leading cause of death among older North Carolina adults 65+ is heart disease followed by, in ranking order, cancer, cerebrovascular diseases including stroke, chronic lower respiratory diseases and Alzheimer's disease. (N.C. Center for Health Statistics, Leading Causes of Death -2004) In North Carolina the average years of healthy life remaining at birth (based on perceived health status) are 63.0. "This means that 12.6 of the 75.6 years of life expectancy will be spent in a state where health status is perceived to be fair or poor." (N.C. Center for Health Statistics, Jan. 2002)

Since the 85+ age group (the "Oldest-Old") is the fastest growing in Orange County, many older persons may live with activity limitations as long as 20 years or more. This has social and economic implications for Orange County and North Carolina now and dramatically more so in the future. Two social situations that best illustrate this are:

(1) An Increase in Nursing Home Placements with Age: A staggering 18.2% of the U.S. 85+ age group resides in a nursing home. Unless community-based alternatives are provided these placements will increase with the Boomer shift. **(U.S. Administration On Aging, A Profile of Older Americans: 2001, Living)**

(2) An Increase in Alzheimer's Disease with Age. U.S. estimates suggest that almost 30% of the 85+ population has Alzheimer's Disease (AD). When one looks at dementia, the broader diagnosis, in the 85+ category the numbers are estimated to be over 50%. From diagnosis to death, the range of care needed for those with AD is from 3 to 20 years. The financial and emotional impact on caregivers can be devastating. Medical advances have enabled us to live longer, but chronic care services remain fragmented, inappropriate, and difficult to obtain. **(U.S Administration On Aging, Fact Sheet: Older and Younger People with Disabilities: Improving Chronic Care Throughout the Life Span, May, 2000)**

The economic costs and social impact of this phenomenon on the health care system and society will be catastrophic unless Orange County focuses on chronic diseases through prevention, home health and rehabilitative services, rather than merely assisting with reimbursement for short-term acute care needs.

Fact #5: The Human Resource Factor - A large and growing number of older persons (retirees and un-retirees) who are a major human resource.

The Aging Boomers in Orange County and across the state will place increasing demands on health and retirement systems when they reach age 65 between 2011 and 2030. However, they will also be a major human resource with skills and talents that can be utilized by Orange County.

In 2030, Orange County's Boomers will total approximately 40,000 and North Carolina's Boomers will total 1.5 million. Like North Carolina, Orange County's older persons' profile will differ from that of today's older person. The aging Boomers are predicted to:

- Be a larger and more diverse population, with the need to provide more service/program options;
- Be better-educated, with greater volunteer opportunities;
- Be financially able to pursue retirement interests;

- Be the largest group of consumers, with the ability to sustain the local economy without the increased burden of providing costly schools for the young;

- Be less likely to be sedentary, but less likely to exercise regularly, resulting in the need for preventive health promotion programs to reduce rising health care costs;

- Be likely to volunteer and give to charities, resulting in the need for expanded volunteer recruitment and planned giving programs;

- Be in the work force for a longer period of time, resulting in the need to provide a variety of work opportunities to support the local economy.

(Adapted from NC Division of Aging and Adult Services, The Future of Aging in North Carolina,1997)

IV. MASTER AGING PLAN FOCUS AREAS AND GOALS

A. Introduction and implementation Process

The Master Aging Plan update for 2007-11 covers 9 overall goals, 45 specific objectives and 173 strategies recommended to accomplish those objectives. The MAP objectives have all been prioritized under each goal with 1 being rated the highest. In the previous MAP 2000-06 there were 12 overall goals and 127 objectives, some being strategies. In order to have a manageable plan, we reduced the number of goal areas and objectives, but increased the list of potential strategies for consideration during the five year implementation period.

In reviewing the MAP goals, objectives and strategies, keep in mind the following definitions that have been used:

1. **Goals** These are **broad vision statements** in areas in which we want to achieve something. Goals, described here, are open ended objectives that are not directly measurable.

2. **Objectives** These are specific statements that focus on having some result or outcome, expected to be achieved by one or several strategies. Objectives, described here, are **result/outcome objectives not process objectives.**

3. **Strategies** These are statements of recommended ways to achieve the results/outcome objective. Strategies that are well defined can be viewed as process objectives. **Process objectives,** as described here, deal with the How, Where, When and Whom to achieve results and usually apply the **S.M.A.R.T.** criteria: Specific, Measurable, Attainable, Reasonable, Time-limited.

The M.A.P taskforce subgroups developed their strategies to different degrees, some being well-defined to the point of being process objectives. However, **many strategies were not be well defined because the strategy clarification was beyond the time, scope or responsibility of the MAP subgroups or MAP Steering Committee**. Once adopted, the **MAP Implementation work groups that are formed** would be responsible for clearly defining or re-defining the recommended strategies (S.M.A.R.T.) for implementation.

In general, the MAP **goals and objectives will not likely change** over the five year period. However, in a dynamic community the **development of new strategies is inevitable,** and some of the **recommended strategies may be dropped** due to cost, staffing, the political climate, or may be seen as ineffective or inefficient at the time of implementation.

In order for the following MAP goals, objectives and recommended strategies to move from adoption to implementation, a Table **(Attachment #12)** had been developed that easily identifies over 100+ organizations, public and private, who will work on implementing the plan over a five year period. Organizations are cross referenced to specific objective work groups to which they are assigned. Letter code, denote whether the organization is a member (M) or Lead organization (L) in achieving the objective, or support (S) staff management. For easy identification and tracking during the implementation period, each objective has been given a unique priority number preceded by a specific letter code for the goal it addresses.

Over the next five years, the Orange County Department on Aging and Advisory Board on Aging will recommend MAP Implementation work groups for Board of County Commissioners' approval. MAP work groups would be formed to address, in priority order, the objectives beginning with 1 and/or 2 under the goal areas. A MAP database (ACCESS) will be developed to track the progress of MAP implementation in order to provide annual reports to the BOCC.

B. FOCUS: ALL OLDER ADULTS– OVERARCHING GOALS

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

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

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

Strategies:

A. Implement a community awareness campaign (esp. May- Older Americans Month each year) of the vital role of senior centers as information and services centers.
B. Implement new ways of advertising telephone assistance-Local –**Dept. on Aging Elder Helpline**; Region- **United Way 211** and **N.C. Care-Line** and evaluate use for changes.
C. Implement new ways with **N.C. Dept. of Insurance** to publicize specialized information, such as Seniors Health Insurance Information Program (SHIIP) and Medicare Part D to older adults. **(Social Security Office)**
D. Administer a community survey to measure the impact of existing marketing strategies to reach older persons and families and make necessary changes.

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

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

Strategies:

Printed Materials Approach:

A. Review and evaluate the *Senior Times* Newspaper (design, content, distribution) in informing older persons and make necessary changes.
B. Review and evaluate the Orange County Eldercare Community Resource Guide in providing Information on resources and services for all older adults from the well-fit to the severely impaired/institutionalized and make necessary changes.
C. Increase the number of local newspapers that print monthly feature articles pertaining to older persons, their contributions and accomplishments.
D. Evaluate the need for a multi-lingual, culturally sensitive version of the Orange County Eldercare Community Resource Guide and make necessary changes.**(O.C. Human Relations and Rights)**

E. Partner with Emergency Response Organizations (**EMS, DSS, Red Cross, Health Dept, RSVP)** to improve dissemination of disaster preparation information to all older adults on multi-hazard situations such as natural disasters and man-made ones.
F. Increase and monitor the availability of health and preventive information at all county health facilities, **libraries,** senior centers, and public facilities.
G. Review all older adults services materials for developing culturally appropriate educational flyers for those most in need and make necessary changes **(O.C Human Relations and Rights).**

Website Approach:
H. Redesign, maintain and evaluate (e.g. number of hits/ user comments on design and content) the County Aging web site for providing information and make necessary changes.
I. Improve access to the internet for the public at county senior centers with wireless internet connection and on site checkout computers.
J. Provide training **(SeniorNet)** at senior centers on internet access and use of key aging information websites such as Orange County's (www.co.orange.nc.us/aging), **Triangle J. Area Agency on Aging** (www.tjaaa.org), The Full Circle of Care for family caregivers (fullcirclecare.org) and The National Eldercare Locator Services (Eldercare.gov)
K. Explore the establishment of an E-Newspaper.

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

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

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

H. Investigate the development of internet List serves - weekly **Emails** of specialized information updates to seniors, **E-Newspaper** (electronic Senior Times), and **E-Tel**, an automated information telephone calling system for weekly updates and emergency/ disaster information instructions for seniors without computers.

Objective A-4: Increase educational and employment opportunities for older persons, and for current as well as future service providers (students).

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

Strategies:

A. Partner with service providers and university faculty to offer an annual forum on key issues impacting older persons, such as caring for parents, moving or aging in place, sexuality in later life, spirituality and aging, dealing with dementia/depression.
B. Investigate the implementation of a "senior jobs" program at the senior centers in partnership with businesses and **N.C Employment Security Office** to educate and promote "semi- retirement" options.
C. Develop increased opportunities for health professionals, university faculty and students to be exposed to aging issues through senior centers (student placements, UNC classes and special programs offered on site, etc.)

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

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

Strategies:

A. Expand and improve the local public access weekly television program-"In Praise of Age" to reach a larger viewing audience throughout the county.
B. Expand sponsorship funding of "In Praise of Age" show beyond the Dept. on Aging, **Carol Woods, the Friends of the Senior Centers and The Peoples Channel 8.**
C. Develop and seek funding for a new "Media and Aging" studio at the New Seymour Center that would provide on site show production with live audience participation.
D. Partner with radio and television to increase information and education programming on aging needs, services and issues.

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

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

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

Strategies:

A. Develop and distribute a listing of reliable/honest businesses who perform home repairs/renovations and maintenance. (**Chamber of Commerce, Homebuilders Assn.)**
B. Encourage the development of volunteer groups (**faith groups, clubs, youth, etc**.) to provide low cost/no cost home maintenance (outside repair, yard work, etc.) to low income older adults.
C. Monitor current use and need for expansion of the County's Urgent Repair and Comprehensive Housing Rehabilitation Program for older adult home owners, including those persons who are without indoor plumbing.
D. Implement programs in high school vocational education classes and community colleges that provide community service credit hours to older persons in Orange County.
E. Establish a volunteer pool of retired trades people willing to provide affordable home maintenance services on a sliding scale.

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

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

Strategies:

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

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

Lead Organization (s): **Dept. on Aging and Aging Advisory Board and others highlighted below.**

Strategies:

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

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

Lead Organization (s): Planning Departments (Orange County, Chapel Hill, Carrboro, Hillsborough, Mebane), OC Housing and Community Dev., Dept. on Aging and OC Aging Advisory Board.

Strategies:

A. Sponsor periodic forums on Senior Housing Options for older adults and families.
B. Consider incentives for builders to construct Aging in Place homes.
C. Sponsor periodic senior housing forums/workshops for developers/builders, realtors, and commercial rental property managers.

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

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

Strategies:

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

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

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

Lead Organization (s): BOCC with Partners – NC Dept. on Transportation, Rural Planning Organization (RPO), Metropolitan Planning Organization (MPO), Triangle Transit Authority (TTA), Orange Public Transportation (OPT), Human Services Trans. Board, OC Planning Dept.

Strategies:

A. Encourage local merchants to financially support specific public routes or transit services.
B. Solicit additional state and federal funds as well as private foundation grants.
C. Consider local legislation to enact levies/taxes for transportation purposes.
D. Review fare structures and donation programs to increase revenues.

E. Partner with adult day care, assisted living, nursing home facilities to provide additional transit funding.
F. Utilize Congestion Mitigation Air Quality (CMAQ) funds for bus shelters, bike racks, and park and ride lots

Objective C-2: **Improve Orange Public Transportation (OPT) transit services and the county 's emergency disaster transit provision for older adults.**

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

Strategies:
A. Expand OPT's hours and route configurations for the new Orange County Senior Centers.
B. Develop new OPT routes to connect with existing North-South route (Hillsborough to Chapel Hill) to include Hillsborough in-town route and East-West public route. - **(TTA)**
C. Expand **OPT**'s scope and hours from medical to include other life sustaining and life enriching services.
D. Require all future senior housing projects to have transit plans as a part of the approval process that is reviewed by the Transportation Services Board as well as the County Planning Board.
E. Establish an annual oversight review jointly by **EMS**, **OPT** and **DSS** of all Long Term Care facilities 's emergency disaster transit plan and assist, if needed, with service provider arrangements. This should be included in the County's multi-hazard plan.

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

Lead Organization (s): Orange Dept. On Aging (OPT), Triangle Transit Authority (TTA), NC Dept. on Transportation and Trans. Services Board and others highlighted below.

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

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

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

Strategies:

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

Objective C-5: **Improve awareness of existing transit services and offer input regarding additional services.**

Lead Organization (s): **Orange Public Trans. (OPT) with Partners – OC. Trans. Services Board, Orange Unified Trans. Board, TTA, Chapel Hill Transit and others highlighted below.**

Strategies:

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

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

Objective D-1: **Maintain older persons in the most appropriate setting through the development or expansion of innovative models of aging-friendly community programs.**

Lead Organization (s): **Dept. on Aging's Aging Transitions with Partners- Carol Woods, OC Dept. of Social Services, Senior Care of Orange County, Piedmont Health Services, UNC Hospitals and others highlighted below.**

Strategies:

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

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

Objective D-2: Improve the coordination of transitional care through increased contact and training of health care and community care providers.

Lead Organization (s): Dept. on Aging's Aging Transitions with Partners-Carol Woods, DSS-Adult Services Unit and others highlighted below.

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

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

Lead Organization (s): LTC Roundtable with Partners-Dept. on Aging's Aging Transitions, UNC Medical School-Program on Aging, Health Dept. and NC Div. Of Medical Assistance and other state and regional aging organizations.

Strategies:
A. Identify what health information is currently available, analyze how to best use the information, and explore how to coordinate and share information to enhance the transitions and care of older persons.

B. Consider reinstituting a "Transfer Information Sheet" for hospital, nursing home and community transitions.

C. FOCUS: WELL-FIT OLDER ADULTS

Goal E: Well-Fit Older Population - To Improve and/or Maintain the Health and Well-being of Orange County's Present and Future Well-Fit Older Adults. (Prevention focus)

Objective E-1: Provide preventive home-based community services which assist Older people in maintaining good health and to age in place.

Lead Organization (s): Dept. on Aging and County and Towns- Planning and Housing Departments Partners-Dept. on Aging Wellness Program and others highlighted below.

Strategies:

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

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

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

Strategies:

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

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

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

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

Strategies:

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

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

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

Strategies:

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

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

Lead Organization (s): Dept. on Aging Wellness Program with Partners- Durham Technical Community College and public and private groups highlighted below.

Strategies:

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

D. FOCUS: DISABLED/MODERATELY IMPAIRED OLDER ADULTS

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

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

Lead Organization (s): Dept. on Aging's Aging Transitions with Triangle J AAA and Partners highlighted below.

Strategies:

A. Develop brochures on care giving to distribute in medical settings.
Partners: National Family Caregiver Support Program, OC Dept. on Aging, **UNC Medical School- Program on Aging, Eastern NC Alzheimer's Association.**

B. Create a "Community Caregivers Alliance" in which caregivers can communicate With one another to share information, ideas, bartered services, social interaction, and emotional support. This group will be the voice of caregivers to county human services.
Partners: Existing OCDEPT. ON AGING support group members, **Dept. on Aging, Dept. of Social Services, Health Dept., Caring Family Network, faith communities, UNC Medical School-Program on Aging.**

C. Create a group respite program at senior centers for impaired family members who are unable to navigate the senior centers independently but are too independent to accept adult day care programs.
Partners: **Dept. on Aging, Dept. of Social Services, Health Dept., UNC Medical School- Program on Aging, JOCCA, Charles House**

D. Develop issue-specific support groups as the need is identified by caregivers.
Partners: **Care giving clients, physicians, and local mental health providers, OCDEPT. ON AGING, Dept. of Social Services, Health Dept.,, Caring Family Network (formerly OPC).**

E. Work with community partners to learn the cultural factors which affect care giving in minority communities.
Partners: **UNC Institute on Aging, African Community Outreach Program at Duke, Eastern NC Alzheimer's Association, JOCCA, Dept. on Aging, Dept. of Social Services, Health Dept., NC Cooperative Extension Services, A Helping Hand.**

F. Offer culturally specific classes/presentations to church pastors, informal community leaders, and church members to enable them to recognize that dementia is much more than memory loss so church members can begin to comprehend the stresses experienced by caregivers and mobilize support for them.

Partners: **Dept. of Social Services, Health Dept., African-American Community Outreach Program at Duke, NC Extension Services, Eastern NC Alzheimer's Association, A Helping Hand, IFC, OCIM, JOCCA, local churches, primary care physicians, Piedmont Health Systems, Caring Family Network (formerly OPC)**

G. Hire professional staff to function as liaison with faith communities and county human services to enable families to reduce their stress level while postponing institutional placements.
Partners: **OC Government, Triangle J Area Agency on Aging, faith communities**.

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

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

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

Strategies:

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

Partners: **UNC Geriatric Psychiatry, UNC Medical School- Program on Aging, Primary physician practices, Dept. on Aging, licensed clinicians, Dept. of Social Services, Caring Family Network (formerly OPC).**

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

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

Strategies:

A. Design workshops for seniors on "How to be a Friend to a Person with Memory Loss."
B. Create a post-rehabilitation program in each senior center, in which impaired seniors can continue to increase or maintain functional ability after Medicare rehabilitation services have been discontinued.
C. Design spaces to meet the needs of individuals with an array of impaired vision.
D. Design the floor to assist people with impaired vision to walk safely from one area to another.
E. Provide equipment to assist low vision readers.
F. Make the facility acoustically favorable.
G. Provide equipment to enable hearing impaired people to participate in lectures, activities, and support groups.
H. Design bathrooms with floor-to-ceiling doors for maximizing privacy.
I. Make incontinence supplies and disposal clearly visible while enabling their use in a private and dignified manner.
J. Purchase chairs that make sitting for 2+ hours comfortable and that facilitate easy sit→ stand transfers.
K. Make all furniture easy care in case of spills.
L. Consider wheelchair placement in all rooms.
M. Have wheelchairs available for emergency use.
N. Use name tags to reduce anxiety associated with memory loss.

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

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

Strategies:

A. Expand the Dept. on Aging's Frail Elderly Fund through a campaign of private Donations for funding of safety and care needs of at-risk seniors.
   Partners: **Dept. on Aging, Dept. of Social Services, Friends of Senior Centers, AARP, local businesses, civic groups. Junior League of Orange and Durham, Advisory Board on Aging, local long-term care facilities, local media, faith community, and local residents**
B. Work with local community members to help identify home-bound, isolated seniors to offer a home visit/assessment, telephone reassurance, emergency list inclusion, and other appropriate services.
C. Work with l**ocal police, sheriff's department and community watch groups** to develop Orange County Community Cares Networks to establish friendly, not investigative, check- ins on homebound, at-risk seniors.
   Partners: **Police departments, sheriff departments, Dept. of Social Services, Dept. on Aging, utility meter readers, Postal Service. OPT, Chapel Hill-Carrboro Transit, neighborhood watch programs, Meals on Wheels volunteers, local faith community**.

D. Work with churches to identify practical ways of assisting chronically ill, isolated seniors, such as paying for emergency response systems (e.g. Health Watch.), providing transportation and escort service to physician appointments that compliments the involvement of social service agencies.
Partners: **Dept. on Aging, Dept. of Social Services, Health Dept. local churches, OCIM, retired health professionals, RSVP and A Helping Hand.**

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

Lead Organization (s): Dept. on Aging's Aging Transitions, Dept. of Social Services Adult Services Unit, Health Dept. and Faith Community

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

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

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

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

E. FOCUS: INSTITUTIONALIZED/SEVERELY IMPAIRED OLDER ADULTS

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

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

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

Strategies:

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

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

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

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

Strategies:

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

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

Lead Organization (s): Dept. on Aging partner with TJAAA Long Term Care Ombudsman Program, Nursing Home and Adult Care Home Community Advisory Committees and others highlighted below.

Strategies:

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

Objective G-4: Increase the number of adult care homes that accept special assistance monies in order for more residents to be placed in county facilities.

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

Strategies:

A. Develop creative incentives approved by County Commissioners.

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

Lead Organization (s); UNC Hospitals and UNC Medical School-Program on Aging

Strategies:

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

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

Lead Organization (s): OC Long Term Care Facility Roundtable and Durham Technical Community College, Dept. of Social Services Adult Services Unit with staff support from the Dept. on Aging and others highlighted below.

Strategies:

A. Pursue training partnership with **Durham Technical Community College**, local facilities, and other identified health professionals.
B. Provide food and Continuing Education Units (CEU) to invite attendance at training programs.
C. Partner with Roundtable, Community Advisory Committees, **TJCOG AAA Ombudsman** Program, Dept. on Aging, Dept. of Social Services.
D. Study the needs of local facilities and work to address these needs.

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

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

Strategies:

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

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

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

Strategies:

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

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

Lead Organization (s): Dept. on Aging's Central Adm.

Strategies:

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

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

Lead Organization (s): Dept. on Aging's Central Adm. with OC Information Systems

Strategies:

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

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

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

Strategies:

A. Provide technical assistance to residents and family councils by way of the TJAAA LTC Ombudsman Program, Community Advisory Committees, the Roundtable and long term care facilities.

B. Collaborate with Friends of Residents in Long Term Care for technical assistance and public policy issues.

F. FOCUS: LEGISLATION/ADVOCACY

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

Objective H-1: Establish a legislative/advocacy mechanism to involve older persons, local county boards, officials and the public in improving the lives of older persons.

Lead Organization (s): Aging Advisory Board, LTC Roundtable with Dept. on Aging, Triangle J Area Agency on Aging, Triangle United Way, UNC Hospitals and partners highlighted below.

Strategies:

A. Partner with **Aging Advocacy groups** to offer training at senior centers for older adults on the legislative process and procedures to impact legislation, including the internet to key information websites such as legislators, advocacy groups, and monitoring bills.
B. Enhance participation in the **N.C Senior Tar Heel Legislature** by Orange County with county representatives reporting back to the County Aging Advisory Board and **BOCC.**
C. Prepare an annual Orange County Aging legislative/advocacy agenda updated by the Aging Advisory Board for BOCC approval. This to be done in partnership with other county committees with special areas of concern such as **the Human Services Transportation, Affordable Housing Committee, Nursing Home Community Advisory Committee, Adult Care Home Community Advisory Committee, Retired Senior Volunteer Council, Dept. of Social Services and Health Dept. boards.**
D. Participate as a member of the **N.C Coalition on Aging, the TJAAA Advisory Council on Aging** and the **Coalition for Continuity of Care for the Geriatric Community** by the County Aging Advisory Board and reporting back to the BOCC.
E. Establish legislative monitors on key aging issues by TJ Area Agency on Aging and the Dept. on Aging in order to keep the County Advisory Board on Aging and BOCC currently informed.
F. Support legislation that protects the rights of older persons, especially employment without discrimination.

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

Lead Organization (s): Advisory Board on Aging, the Dept. on Aging/s Central Adm., Triangle United Way and other partners highlighted below.

Strategies:

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

G. FOCUS: PLANNING AND ADMINISTRATION

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

Objective I-1: Planning/Coordination - Improve the County's planning and coordination efforts for the growing aging population.

Lead Organization (s): Dept. on Aging's Central Adm with the Aging Advisory Board and partners highlighted below.

Strategies:

A. Monitor the progress of the five year Master Aging Plan by the Advisory Board on Aging and Dept. on Aging for the Board of County Commissioners that would include annual updates on accomplishments and recommended priority changes as well as providing period reports to town elected officials (Carrboro Request).

B. Continue holding joint meetings between the Advisory Board on Aging and the **United Way Senior Issues Team** for improved public-private service coordination, planning and funding.

C. Increase staff support for existing planning and advocacy bodies, specifically, the **Advisory Board on Aging, the Long Term Care Facility Roundtable, the Nursing Home Community Advisory Committee, the Adult Care Home Advisory Committee.**

D. Create a Technical Advisory Committee to the Dept. on Aging Director, consisting of staff representatives from public and private agencies whose purpose is joint planning. The committee's mandate would be contract /agreement negotiation for cooperative service provision and joint pursuit of funds.

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

Lead Organization (s): Dept. on Aging (all Divisions), Health Dept., Dept. of Social Services, OCIM, Chapel Hill Meals on Wheels, Senior Care-Adult Health Center, JOCCA and United Way Senior Issues Team and partners highlighted below.

Strategies:

A. Conduct community surveys (developed by Federal Adm. on Aging) to measure performance of county aging services in the areas of information/assistance, case management, senior centers, congregate nutrition, home-delivered nutrition, and transportation and recommend necessary changes.

B. Review the organizational staffing patterns of the Dept. on Aging and other county departments for the appropriate placement of aging services and to recommend necessary changes.

C. Provide increased staff and volunteer leadership training to consistently improve their performance levels. (i. e. N.C. Div. on Aging conferences/workshops, and National Aging Conferences)
D. Enhance the operations of Orange County Senior Centers as recognized state funded "Centers of Excellence" by pursuing and maintaining national certification from the National Council on Aging's National Institute for Senior Centers.

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

Lead Organization (s): Dept. on Aging's Central Adm, County Managers Office, OC Budget, Carol Woods, Triangle United Way, UNC Hospitals, TJ COG-AAA and partners highlighted below.

Strategies:
A. Analyze the past and current funding of aging services by the county, towns and Triangle United Way comparing it with the projected growth of the older population and recommend necessary funding changes based on service needs.
B. Review the process for allocating and administering the Community Block Grant Funds from the **State Division of Aging** for various aging programs within the county and recommend necessary changes.
C. Investigate the feasibility of establishing a Dept. on Aging public information/ development officer to expand the marketing and community awareness of county aging services as well as seek additional private funds
D. Expand county funding for Dept. on Aging Wellness program staffing that includes Wellness Program Coordinator, Wellness Program Tech I and Office Assistant/Clerical.
E. Expand county funding over time for staff support (receptionist and staff) to extended operational hours at the new senior centers as needed.
F. Expand county funding for Dept. on Aging information services and program evaluation such as a database, listserves, evaluation surveys, and uniform software coordination with other county agencies.
G. Request increased subsidy from the **Friends of the Senior Centers** and **Triangle United Way** for wellness/health promotion classes for participation by low income older persons. (Scholarship Program for full use of the center)
H. Expand, through a bond and private funds, the expansion of the Seymour Center (15,000 sq. ft) serving the growing older active population.
I. Expand, through a bond and private funds, the expansion of the Central Orange Senior Center ((7,000 sq. ft.).
J. Co-locate a southern Adult Health Center (7,000 sq. ft.) with the Seymour Center on the Homestead Campus for the frail older adults and for transitional care service. (This would create the same co-location Well-Frail Service continuum model as established at the Central Orange Senior Center on the Sportsplex campus.)

V. CONCLUSION AND CHALLENGES

Orange County must be prepared to face the many challenges of an aging community. Government, city and county, as well as the broader community, must face major decisions related to the following:

1. Allocation of appropriate levels of private resources and public resources from the local tax base,

2. Provision of new or modified living arrangements in order to age in place.

3. Provision of innovative care giving arrangements in light of the change in family structure,

4. Adaptation and innovation of the health and human service system, including employment and education opportunities, to address the changing and growing needs and interests of older persons,

5. Adaptation and innovation of the business and faith communities to address the changing and growing needs and interests of older persons.

(Adapted from N.C. Division of Aging and Adult Services, Aging North Carolina: The2006 Profile, 2006)

Orange County and its citizens must respond to two challenging questions: **Does Orange County have the political will and community support to implement the many creative, visionary ideas reflected in the Master Aging Plan's roadmap to the future? Will Orange County view its aging population as a human resource (rather than a liability) to improve the quality of life for its older adults as well as all its citizens?**

Orange County is fortunate to have the creative minds, both young and old, to partner together and respond to the challenge of aging, now and the future.

APPENDICES