

Orange County Master Aging Plan



Work Plan Annual Report **Period: May, 2007 to June, 2008** **and** **Priorities for 2008-09**

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(Short Version)

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I. AGING-FRIENDLY COMMUNITIES INITIATIVE

A. Introduction to New MAP 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 common mission is to serve older persons. The Master Aging Plan should also promote and build aging-friendly communities that involve everyone, starting first with all county departments and advisory boards of Orange County government and expanding outward to towns and community groups. 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." Rather than follow the state's lead and focus solely on the older population segment as implied in its initiative title, MAP chose 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, and street lights, which are close to essential services. (www.activelivingbydesign.org). The new initiative provides an over arching vision of where we want to be in the future that transcends the MAP's strategic five-year plan.

B. Call to Action

Based on the county's demographic shift to a much **older community** and the rapid growth in older persons **living longer lives**, the Master Aging Plan issued 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.**

C. An Aging-Friendly Community Assessment Tool

While the new initiative was adopted by the County Commissioners on May 15, 2007 and endorsed by towns as a principle, no formal workgroup structure has been formed to develop a community assessment tool covering the **major components of an aging-friendly community** that impact quality of life. Those components, identified by the N.C. Division of Aging and Adult Services, 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. In developing such a local assessment tool the N.C. Division of Aging recommends the assessment of each component on six dimensions: existence, adequacy, accessibility, efficiency/duplication, equity and effectiveness/quality. (www.dhhs.state.nc.us/aging).

Recommendation for 2008-09: The Aging Advisory Board recommends that we begin with the development of such a community assessment tool, in consultation with the International City/County Management Association (www.icma.org) and other professional organizations who have identified health and livable communities as an important management strategy for older adults. In subsequent years, the adopted assessment tool would be administered first by the county and then expand participation to local town governments and community groups.

II. MAP Work Plan for 2007-08

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 order to have a manageable plan, the updated MAP 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 and objectives, the following definitions 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 obtaining a result or outcome, expected to be achieved by one or several strategies. Objectives, described here, are **result/outcome objectives not process objectives**.

Over the next four years, new objectives or modification of existing ones will be recommended annually by the County Aging Advisory Board and County Department on Aging. MAP workgroups would be formed to address, in priority order, the objectives beginning with 1 and/or 2 under the goal areas for 2007-09. A MAP annual progress report will be provided to the BOCC, the Towns and other community groups. This MAP report covers the first year's activities, accomplishments and recommendations for 2008-09.

B. Work Plan Activities and Accomplishments

1. Focus: All Older Adults

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. (Broadly defined)

Lead Organization (s): Department on Aging with Triangle United Way 211

Activities, Accomplishments and Recommendations:

1. Orange County has worked in 2007-08 with NC CareLink in providing local resource/ service information for the creation of a statewide database for agency and individual citizen access.
2. Orange and Chatham Counties prepared a joint grant in 2007-08 to simplify access to information and services for seniors and adults with disabilities. The three-year grant was funded and is called Community Resource Connections (CRC). More CRC description is under Goal D: Transitional Care.

Recommendation for 2008-09: To continue the database improvement project with NC CareLink by promoting local agencies' participation and begin the CRC joint project with Chatham County.

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

Lead Organization (s): Department on Aging with County Information Systems

Activities, Accomplishments and Recommendations:

1. The Department on Aging printed the Community Resource Guide for 2007-08, a valuable desk resource for agency personnel assisting older adults. The updated guide is available on the County Department on Aging website. (www.co.orange.nc.us/aging)
2. Due to budget reductions, the *Senior Times* was reduced from a bi-monthly publication to a quarterly one. The *Senior Times* was redesigned to make it more user-friendly and also an effort to extend its shelf life. A new full-page column in the *Herald Sun* was negotiated and is printed the months that the *Senior Times* does not print in order to keep the public better informed of senior activities and services. A direct link from the Department on Aging Website to the *Herald Sun* website has been established for easier public access to the current *Senior Times* on the web.

Recommendation for 2008-09: Continue to print the Community Resource Guide annually, with updates available January 2009. Print the *Senior Times* quarterly under its new format. Both publications will be made available on the County Department on Aging Website for easy access.

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): Department on Aging with County Housing and Community Development

Activities, Accomplishments and Recommendations:

1. A number of volunteer groups assisting older adults with home retrofitting, repair and maintenance has increased. These include:
 - Rebuilding Together of the Triangle: They have completed several projects in Orange County and expect to increase their activity here.
 - First Baptist Church of Hillsborough: This church has 2 weekends every year (spring and fall) when several volunteer groups work on homes.

- Hillsborough Presbyterian Church: Small group of volunteers will build ramps and railings. In the last year they completed 1 ramp and 1 railing.

This is just a partial list of the volunteer groups as faith communities frequently assist their members in need of home repair/retrofitting.

2. Government programs include:

- Orange County Housing
- USDA grants and loans for homeowners in rural communities.
- OC Dept. on Aging has a small budget to install ramps and grab bars. 2 ramps were completed last year.

During 2007-08 new senior housing in Hillsborough received local approval, specifically, Eno Haven and Corbinton Commons. The BOCC awarded \$1,000,000 in housing bond funds to Eno Haven LLC to assist in construction of a 76-unit multi-family rental complex on US 70 West to provide much needed housing for low-income elderly and disabled individuals. The Town of Hillsborough approved Corbinton Commons' request to develop on US 70 By-Pass 47 single-family dwellings and a Continuing Retirement Community (CCRC) that would include 193 independent living apartments, 12 independent living duplex units, 23 independent living cottages, a 54 bed Healthcare center and a Wellness Center. Both project were reviewed by the Orange County Advisory Board on Aging.

Recommendation for 2008-09: Retrofitting, repair and maintenance needs continue to exceed resources. The livability of a home impacts the older adult's ability to remain safely in the home and limited resources may have the unintended effect of increasing the number of older adults seeking assisted living and nursing home care. Therefore, it is recommended that a workgroup seek support from local businesses, faith communities, civic groups and others to increase funds and volunteer manpower for this task.

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

Lead Organization (s): County Board of Commissioners with supporting County Departments

Activities, Accomplishments and Recommendations:

1. The Orange County Revenue Collector assists individuals with monthly payment plan options and accepts credit card payments toward property tax.
2. The state Homestead Exemption program has been modified to provide tax reduction on permanent home to elderly (65+) and disabled whose income does not exceed \$25,600. Qualified persons are excluded from tax that is greater of \$25,000 or 50% of the appraised value of their home. In addition, state has established a property tax Homestead Circuit Breaker Deferral program for elderly and disabled whose income is less than \$38,400.
3. The Orange County Tax Assessor allows for late applications for property exemption requests completed through December rather than June, subject to BOCC approval.

Recommendations for 2008-09: Promote the availability of new expanded Homestead Exemption and Deferral Programs for low-income elderly and disabled. Research further tax assistance strategies for elderly to aging in place.

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): Department on Aging- Public Transportation Div. with Board of County Commissioners

Activities, Accomplishments and Recommendations:

1. A Cross Town Senior Shuttle application by Chapel Hill Transit and OPT for New Freedom Funds was prepared, submitted, and funded in 2008. The proposed shuttle would pickup seniors in high density areas and transport them directly to high demand service areas such as the senior center, library, shopping centers, etc. This would be a third tier between bus stop/transfer service which some seniors find difficult and the specialized, expensive EZ Rider door-to-door pickup for certified handicapped seniors.
2. During 2008 a TTA and OPT partnership promoted the use of the existing Hillsborough to Chapel Hill 420 route with much success in increased ridership.

Recommendation for 2008-09:

1. Begin implementation of the Chapel Hill/Carrboro Cross Town Senior Shuttle by the Chapel Hill Transit, in partnership with Orange Public Transportation.
2. Improve route 420 (Hillsborough to Chapel Hill public route) by coordinating with Chapel Hill transit to operate a larger capacity bus during the route peak hours. OPT would continue to operate route 420 during mid-day service. Since the public Hillsborough to Chapel Hill hourly route would leave from the two Senior Centers between 9:00 a.m. – 3:00 p.m. each day, citizens would be able to ride to hospital clinics and travel between senior centers for different activities, and to the new Orange County Durham Tech campus for classes.
3. All rural transportation for senior trips would be merged with the two new Senior Centers which will serve as connector hubs for transporting out to other necessary services such as weekly shopping, banking, etc., and periodic medical trips when possible. In January, 2009, OPT would begin senior transportation from the Efland and Cedar Grove community centers to the new Central Orange Senior Center.

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

Lead Organization (s): Department on Aging- Public Transportation Div. with Emergency Management Services.

Activities, Accomplishments and Recommendations:

North Carolina Department of Transportation has implemented a state wide evacuation plan for all transit systems. Orange County Emergency Management and Orange Public transportation have arrangements to provide essential transportation during inclement weather conditions. Orange Public transportation has also arranged to assist with Animal Control to move pets to shelters as needed.

Recommendation for 2008-09: Review multi-hazard transit plan and arrangements with institutional facilities for patient transport in advance.

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): Department on Aging- Aging Transitions Div. with Board of County Commissioners with Carol Woods-Community Connections for Seniors Project.

Activities, Accomplishments and Recommendations:

1. Orange and Chatham Counties prepared and received a grant to create Community Resource Connections (CRC) formerly called ADRC (Aging and Disabilities Resource Connections) to simplify the access to a variety information and services for seniors and adults with disabilities within both counties. This model is designed to break down individual service silos, which create fragmentation of services and frustration with the system. The CRC should result in information sharing among agencies within the CRC. As a result, the consumer should receive access to a full array of services with reduced paperwork and reduced wait time.
2. Carol Woods has awarded the CRC a \$10,000 award for its first implementation year from its Community Connections for Seniors' Duke Endowment.
3. The CRC (Orange County and Chatham County) agreed to participate in a Nursing Home Modernization Grant submitted by the N.C. Division of Aging and Adult Services to the federal government. If funded, the grant would create an Orange County pilot program in which persons who exceed poverty level can be granted limited federal funds to create an individualized in-home long-term care plan. The goal is to design programs that cost less than placement in a nursing home while providing greater personal freedom and satisfaction.
4. A group respite demonstration program called "Caregivers Day Out", which provides a one day per week break for caregivers, continues to be held at the Seymour Center. The goal is to have local faith groups visit the program and consider replicating in their faith communities.

Recommendation for 2008-09: Begin the three-year CRC project and continue the group respite program as a demonstration expansion project.

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

Lead Organization (s): Department on Aging- Aging Transitions Div. with Carol Woods-Community Connections for Seniors Project.

Activities, Accomplishments and Recommendations:

1. The CRC project will significantly improve the communication and cross training of health care providers in the aging and disability fields.
2. Volunteers in the group respite demonstration program are being trained to re-create this weekly caregiver respite program in their churches.
3. Three MSW students and one Johnston Intern are working at the Seymour Center this year. the three MSW students are all participating in a program designed to create practitioners in the field of aging.

4. The Mood, Memory, and Mobility Clinic, (3M clinic) a model project funded under the UNC Hospitals Futures Grant, is a joint Department on Aging and UNC program that provides a multi-disciplinary screening clinic that includes: medicine, pharmacy, occupational Therapy, physical therapy, and social work. This “3M Clinic”, offered at the Seymour Center, provides a user-friendly approach in dealing with inter-related aging issues for older adults and cutting-edge training for future aging practitioners.

Recommendation for 2008-09: Assist Carol Woods in sponsoring a Transitional Care Community meeting at the Central Orange Senior Center on Nov. 13 -14, 2008, with the purpose of identifying critical transitional care issues and recruiting agencies and consumers willing to work on them.

2. 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 community-based services which assist older adults in maintaining good health and to age in place.

Lead Organization (s): Department on Aging- PAC with the Senior Centers’ Wellness Program Div.

Activities, Accomplishments and Recommendations:

1. New Facility for Wellness: The new 15, 000 sq. ft. Central Orange Senior Center is in construction and scheduled to open in early January 2009. It will be co-located with the county-owned SportsPlex and a partnership will be developed to expand wellness services with the use of the pool, fitness studio, classes, ice rink for seniors. The announcement of special senior fees will be in the Dec-Feb issue of *Senior Times*.
2. Wellness Activities: A large number of services are provided in the community for citizens to help maintain health and contribute to aging in place. 62-health education programs/lectures were offered throughout the county, at different sites in 2007-08. Examples include: “Ask the ...Health Care Professionals”, 7 new exercise classes, hearing workshops, healthy cooking demos, Feldenkrais workshops, Aging 101 Series.
3. Fitness Activities: In 2007-08, 2629 individuals participated in fitness and exercise classes in the past year (50% increase from 2006), provided by 17 contracted providers who provided an array of services that appealed to a wide variety of client interests and functional levels. Examples of new classes are:, Inspired Movement, Boomer Yoga, Pilates, NIA, Balance Class, Fit & Fun, Stretch & Tone, and Qi-Gong.
4. Walking for Health: The University Mall walking group has continued to grow, averaging 28 walkers per monthly event and added an outdoor walking club at the Seymour Center in 2007. The Central Orange Senior Center has promoted a walkers group with weekly program led by volunteers.
5. Functional Screening: More than 350 participants completed a free required physical assessment functional screen to use the new fitness room at the Seymour Center in 2007-08. Before beginning a fitness program, the screen provides valuable personal information for health and safety on key functional elements- flexibility, balance, agility, strength and

endurance. Since the screen is part of a national study, each participant receives comparable fitness data to other persons of the same age and gender. Part-time personal trainers have been added to assist clients in the Fitness Studio at selected hours.

6. Health Immunizations and Screenings: In 2007-08, 2882 older adults participated (duplicate) in immunizations/screening programs. In addition, blood pressure screenings occurred weekly at both Senior Centers, and bimonthly at 2 Community Centers. Volunteer nurses monitored an average 10-15 people per week per site. Examples of screening areas include: Vision, Hearing, Glucose/Cholesterol, Flu Shots, Fit Feet clinics, and massage therapy. "Ask the Pharmacist or Nutritionist", dental hygienist services are also provided at nominal charge or no charge to clients. 720 Flu shots were administered on 9 different clinical dates at four different locations. (150 more shots were administered than 2006). Monthly Foot Care Clinics served an average of 547 clients in 2007-08. (That's 5,470 toes ☺ - up by 40 clients over 2006).

Recommendation for 2008-09:

1. Complete negotiation with the SportsPlex management for a special Central Orange Senior Center fee for use of their fitness studio, pool and classes by older adults. Goal is to have fees comparable to those offered at the Seymour Center Fitness Center.
2. Offer additional Chronic Disease self-management classes such as diabetic prevention, but in other areas like arthritis.
3. Continue to utilize and expand use of university health care staff and post-graduate student providers for health education and screening programs. Disciplines include: Physical Therapy, Medical Students, Nursing, Pharmacy, Dental Hygiene and Public Health.

Objective E-2: Improve access to affordable healthcare for all older persons.

Lead Organization (s): Health Department with the Department on Aging's Aging Transitions and Senior Centers' Wellness Program Divisions.

Activities, Accomplishments and Recommendations:

1. The Department on Aging in cooperation with the UNC Medical School Program on Aging established in 2007 at the Seymour Center the "Mood, Memory and Mobility Clinic", a free of charge health service funded by the UNC Hospitals Futures grant.
2. The Aging Transitions division of the Department on Aging collaborated in 2007-08 with Piedmont Health Services on increasing the senior use of Piedmont Health whose mission is to serve individuals with limited incomes.

Recommendation for 2008-09: Continue these strategies on affordable healthcare access and develop other partnerships.

3. 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): Department on Aging- Aging Transitions Div.

Activities, Accomplishments and Recommendations:

1. An initial meeting of the Community Caregiver Alliance was held. Caregivers have been incorporated into the community engagement task force.
2. Support Groups: The Aging Transitions staff has promoted the value of self-help and group support by offering several support groups, such as weekly group respite at the Seymour Center, a Parkinson's Support Group in Central Orange Senior Center, three supports groups for Caregivers of people with dementia, and a weekly group for individuals with mild dementia.
3. Dementia Outreach: A part time coordinator of African American caregiver outreach conducted research of the literature and met with many minority community leaders to prepare culturally sensitive presentations for use in minority communities. Over 25 formal presentations in 2007-08 were delivered in minority churches, to increase awareness of dementia symptoms and management.
4. Caregiver Class/Workshops: "The Powerful Tools for Caregivers" class was presented in early 2008 and will be replicated in fall 2008. The workshops are a joint endeavor between the NC Cooperative Extension Service and the Department on Aging. Three new community workshops were designed and implemented in 2008 for family caregivers by the Department on Aging's Transitions/Eldercare Division.

Recommendation for 2008-09: To continue the support groups, classes, and dementia outreach, involve other community groups and to establish a new column in the *News of Orange* to educate the community and empower family caregivers.

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

Lead Organization (s): Department on Aging- Aging Transitions Div.

Activities, Accomplishments and Recommendations:

1. Mental Health Planning: Meetings were held with OPC Mental Health, a UNC geriatric Psychiatrist, a representative from the N.C. Division of Aging and Adult Services, and the Department on Aging to create a plan to implement the IMPACT program at local physicians' offices. The program focuses/treats clients with depression. Based on national research in the difficulty of gathering primary care physicians' support, a decision was made to implement IMPACT in a user-friendly senior center setting. To explore this new approach, the UNC Program on Aging paid for Kate Barrett, Aging Transitions Administrator, and Jan Gerard, MSW at the Seymour Center to attend *Effective Programs to Treat Depression in Older Adults: Implementation Strategies for community Agencies* on May 19-20, 2008. This conference was sponsored by the Centers for Disease Control (CDC), the Healthy Aging Research Network, Preventions Research Centers Program, the University of Washington, and the Carter Center for Mental Health. A local coalition attended including: 2 social workers from OCDOA; Lea Watson, MD, geriatric psychiatrist; Rebecca Hunter, MPH, UNC Geriatric Education Center and Mary Edwards, NC Division of Aging and Adult Services. The University of Washington presenters have researched and written extensively about the IMPACT depression management program and other evidence-based programs for depression in older adults. This community coalition of

OCDOA, UNC, and the NC Division of Aging and Adult Services returned from the conference with a plan to implement a geriatric depression treatment program at the Seymour Center. The Department on Aging's Transitions staff attended a follow-up IMPACT training in Seattle, funded by the Robert Wood Johnson Foundation and UNC.

2. Community Mental Health Education: The Aging Transitions Staff presented best practices in mental health for the NC Healthy Aging Network in September 2008, conducted a workshop for Piedmont Health Services social workers on diagnosing and treating geriatric depression and taught UNC medical students on a) recognizing geriatric depression and b) evidence based best practices for geriatric depression.

3. A Model Mental Health Clinic: The UNC Mood Memory and Mobility Screening clinic that began in 2007 is being staffed by a UNC geriatrician, physical therapist, and a pharmacist. The Department on Aging provides an occupational therapist and a social worker. When a patient is screened in for depression, if appropriate, follow-up sessions are scheduled with a clinical social worker.

Recommendation 2008-09:

1. Cognitive Impairment Support Group- To begin at the Seymour Center in January 2009 a support group for individuals who are newly diagnosed with mild cognitive impairment or early stage dementia. This group generally experiences significant depression and anxiety. The group's purpose will be educational, supportive, and activity based, facilitated by two second year MSW students from UNC-Chapel Hill.

2. Continue the planning to implement the IMPACT Program in the user-friendly senior center setting.

4. 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): Department on Aging-PAC with TJAAA Ombudsman Program, Nursing Home and Adult Care Home Community Advisory Committees.

Activities, Accomplishments and Recommendations: NONE

Recommendation for 2008-09: The Department on Aging would re-establish regular meetings of the Long term Care Facility Roundtable.

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.

Lead Organization (s): TJAAA Ombudsman Program and Access Dental Coalition with the Department on Aging.

Activities, Accomplishments and Recommendations:

1. Dental Activities: This objective is a continuation of the previous MAP in 2001-06 designed to develop a mobile access dental unit for severely impaired and institutionalized older adults/disabled in long term care facilities and the homebound in Orange County, as well as Chatham and Durham counties.

The Regional Access Dental Coalition, chaired by Jill Passmore, Lead Regional LTC Ombudsman, last met on Oct 18, 2007 at the Seymour Center with Access Dental, a non-profit organization that operates mobile dental units out of Greensboro. With a recent \$200,000 allocation of state funds to expand access dental services, the Coalition confirmed its interest with Access Dental to expand service in Orange, Durham and Chatham counties. The Coalition is comprised of representatives from the three counties. Orange County representatives included Jack Chestnut (Carol Woods), the late Florence Soltys (Aging Board), Angela Cooke (Health Dept.), Laura Deloye (Adult Care Home Community Adv. Com.), Gwen Phillips (DSS), Myra Austin (Dept. on Aging Wellness Program), Mary Ann Peter (Nursing Home Community Adv. Com.), and Betty Stevens (Brookshire Nursing Center).

Bill Milner, Dentist and Director of Access Dental, supported expansion in to Orange County, and applied necessary state funds. Plans are to operate the mobile dental van out of Greensboro, with a possible need for storage space in Orange County for dental supplies.

Accomplishment: Funding was secured in January, 2008 and program operations began in May, 2008.

5. 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): Orange County Advisory Board on Aging and Board of County Commissioners with the Department on Aging.

Activities, Accomplishments and Recommendations:

1. To date no activities or accomplishments have occurred due to a "short session" of the N.C. General Assembly in 2008.

Recommendation for 2008-09: Convene a local O.C. Aging Legislative Workgroup, headed by the Orange County Senior Tar Heel Delegate and Alternate, to identify, prioritize and recommend legislation action (studies, bills, implementation, enforcement) to address aging issues and submit to the BOCC for consideration. This should occur by January 2009 when the N.C. General Assembly convenes.

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

Lead Organization (s): Orange County Advisory Board on Aging with the Department on Aging.

Activities, Accomplishments and Recommendations:

1. An Aging Legislative Update Forum was held June 16, 2008 which was sponsored by the Orange County Advisory Board on Aging, the Triangle J Area Agency on Aging, the TJAAA Ombudsman Program, AARP's Chapel Hill Chapter, and the Orange County Nursing Home and Adult Care Home CACs. Arrangements were made by the Department on Aging with over 50 participants. The purpose was to educate the public to advocacy issues, organizations, and specific legislation.
2. The Legislative Forum was taped, edited and broadcast on the *In Praise of Aging TV Show* in a two part series – Advocacy, Sept. 13, 2008 and Bills and Issues, Sept.20, 2008.

Recommendation for 2008-09: To hold an annual public Aging Legislative Forum by February 2009 to present advocacy issues and any recommended legislative priorities per the BOCC and other aging advocacy groups.

6. 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): Orange County Department on Aging with the Advisory Board on Aging and the Triangle United Way.

Activities, Accomplishments and Recommendations:

1. Several Planning initiatives occurred in 2007-08. The United Way established a Orange County Profile Committee to identify issues to fund through a new funding plan. Carol Woods received a three-year Community Connections for Seniors Project grant that focuses on aging transition issues and the County Comprehensive Planning was undertaken. All of these major planning initiatives impact older adults. The Department on Aging Director and staff participated on various committees in an effort to coordinate them with the MAP.

Recommendation for 2008-09: To continue planning efforts with various groups.

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

Lead Organization (s): Orange County Department on Aging and the Orange County Advisory Board on Aging with the County Manager's Office.

Activities, Accomplishments and Recommendations:

1. In 2007-08, a catered food model project of a soup/salad option began at Seymour Center, underwritten by the Friends. This led to further discussion of food service improvement and the Dept. on Aging taking leadership in a major food service initiative.
2. In 2007-08, construction of the new Central Orange Senior Center including the Day Health Program was begun, providing over 19,000 sq. ft. of service space, adjoining the SportsPlex.

Recommendation for 2008-09:

1. To consolidate central and northern Orange aging services at the new Central Orange Senior Center when completed in January, 2009.
2. To improve the overall food service for seniors, beginning with the development of a meal service luncheon plan for FY2009-10.

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

Lead Organization (s): Orange County Department on Aging and the Orange County Advisory Board on Aging with the County Manager's Office.

Strategies for 2007-08:

- 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.

Activities, Accomplishments and Recommendations:

1. In 2007-08, no work was done on this strategic objective.

Recommendation for 2008-09: The Department on Aging Director and Aging Advisory Board would establish a workgroup to begin the analysis of senior service funding by various sources and prepare a report for local funding agencies.

III. New Priorities for 2008-09

In addition to the recommendations identified throughout the MAP Interim report for FY2008-09, the following are new priorities to be incorporated in the five-year MAP Plan which will require the Department on Aging and Advisory Board on Aging attention. The overall purpose of the new priorities is to improve the efficiency and effectiveness of aging services in Orange County with a holistic and preventive approach to meeting the needs of older adults. The following new priorities will not require any additional county funds. However, the food service improvement priority will require the re-deployment of existing JOCCA county funds to the Department on Aging's operation of the nutrition program through the Seymour Center kitchen.

1. Develop a local aging-friendly community assessment tool. (graduate student project)
2. Improve food service at Senior Centers in conjunction with supporting the local economy and environment.
3. Consolidate Central/Northern Aging Services to the new Central Orange Senior Center (COSC) adjoining the SportsPlex.
4. Initiate program leadership and planning in geriatric mental health care.
5. Begin the three-year Community Resource Connection (CRC) project for improved access to services for older adults and persons with disabilities.