Capstone Summary Report: Development of the 2012-2017 Orange County, North Carolina Master Aging Plan

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We have neither given nor received unauthorized assistance while preparing this Capstone Summary Report.
Acknowledgements

We students would like to thank our community partners at the Department on Aging, our Capstone teaching team, faculty advisors, work group and Community Forum participants, the Master Aging Plan (MAP) Management Committee, the MAP Steering Committee, and the Orange County Department on Aging staff members for providing us with a rich learning experience. All parties have provided invaluable input, expertise, and assistance in the development of the 2012-2017 Orange County Master Aging Plan. It is our sincere hope that this final Master Aging Plan will support the health and wellbeing of older adults in Orange County over the next five years.
List of Acronyms

AARP – formerly American Association of Retired Persons, a national non-profit organization that serves older adults

HB – Department of Health Behavior

GDP – Gross Domestic Product

MAP – Master Aging Plan

OC BOCC – Orange County Board of County Commissioners

OCDOA - Orange County Department on Aging

PCP – Primary Care Physicians

UNC – University of North Carolina at Chapel Hill
Abstract

Background: Adults 65 years and older currently constitute roughly 10% of the total population in Orange County, North Carolina (U.S. Census Bureau, 2010a). With the aging of the Boomer population (e.g. people born between the years 1946-1964), and the desirability of Orange County as a retirement destination, this proportion is only expected to increase (Herzog, Wilson, & Rideout, 2010). This presents numerous challenges for Orange County. Among these challenges are a higher demand for health and human services, accessible transportation, affordable housing options, caregiver support systems, and information dissemination strategies. Methods: In order to address these issues, the Orange County Department on Aging (OCDOA), in collaboration with a Capstone team from the Department of Health Behavior (HB) at the University of North Carolina (UNC) Gillings School of Global Public Health, along with other aging services stakeholders, developed a five-year strategic plan called the 2012-2017 Master Aging Plan (MAP). Methods for the MAP development process included a formative assessment over the summer of 2011, a Community Forum, a public comment period, meetings with MAP Management and MAP Steering Committees, and a four-month work group process to develop objectives and strategies in five areas: 1) Health and Wellness, 2) Housing, 3) Navigation & Transportation, 4) Community Engagement and 5) Aging in Place. Results: 113 participants attended the Community Forum. Work group participants were recruited from the Community Forum, publicity, and recommendations from the MAP Steering Committee and MAP Management Committee. Each of the five work groups met five times between November and February, and had between 13-25 participants. Each work group produced a list of objectives and strategies related its subject area, and the Capstone students compiled these recommendations after the completion of the work group process to create the draft MAP. The draft MAP was reviewed several times by the MAP Management Committee and MAP Steering Committee and made public for a two-week public comment period in mid-March. After incorporating changes and feedback from these stakeholders, the Capstone team presented the final 2012-2017 MAP to the Orange County Board of County Commissioners on May 1st. Discussion: Engaging stakeholders from the beginning of the MAP development process allowed our team to create more feasible and targeted recommendations for improving programs, services, and policies to support older adults in Orange County. To ensure the sustainability and continued implementation of the 2012-2017 MAP, we recommend that an interdisciplinary monitoring board review county progress annually, OCDOA staff job positions and evaluations are based upon the indicators set out in the plan, and an effort be made throughout the next five years to educate the public on MAP progress and its role in their daily lives.

Major Deliverables of Capstone Project
Deliverable 1: Orange County Master Aging Plan Process Presentations
Deliverable 2: Orange County Master Aging Plan Community Forum Report
Deliverable 3: Orange County Master Aging Plan Community Engagement Toolkit
Deliverable 4: Master Aging Plan for Orange County
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Introduction

Adults 65 years and older currently constitute roughly 10% of the total population in Orange County, North Carolina (U.S. Census Bureau, 2010a). With the aging of the Boomer population (i.e., people born between the years 1946-1964), and the desirability of Orange County as a retirement destination, this proportion is only expected to increase (Herzog, Wilson, & Rideout, 2010). This presents numerous challenges for Orange County. Among these challenges are a higher demand for health and human services, accessible transportation, affordable housing options, caregiver support systems, and information dissemination strategies. In order to address these issues, the Orange County Department on Aging (OCDOA) has developed a five-year strategic plan in collaboration with a Capstone team from the Department of Health Behavior (HB) at the University of North Carolina (UNC) Gillings School of Global Public Health and other aging services stakeholders.

In the second year of the HB program, students are required to complete a Capstone project, replacing the prior curriculum requirement of a master’s paper. The Capstone projects are conducted by groups of students that work with community organizations to produce deliverables that advance the mission of the organizations. Capstone is designed to provide students with real-world learning experiences, provide public service to local community organizations, and produce deliverables that have real public health impact. Fitting with this charge, the OCDOA’s strategic plan, called the 2012-2017 Master Aging Plan (MAP), establishes five-year goals, objectives and indicators to improve the quality of life for older adults in Orange County. The MAP was accepted on May 1st, 2012 by the Board of County Commissioners (OC BOCC), and will be used to guide the work of the OCDOA, other county departments, and private sector providers.

The OCDOA is a local government entity responsible for providing an array of aging services and programs, as well as connecting older adults with information and resources to improve their quality of life. It is one of 24 departments in Orange County, and the director of OCDOA, Janice Tyler, reports directly to the County Manager. Some examples of the OCDOA’s services are: administering an aging
hotline, providing Mood, Mobility and Memory\(^1\) clinics; consultations with social workers; support groups; and opportunities for social and physical activity. The bulk of these efforts are concentrated at Orange County’s two senior centers: the Central Orange Senior Center in Hillsborough and the Robert and Pearl Seymour Center in Chapel Hill. While the senior centers are intended to be a one-stop shop model for aging services for older adults, the OCDOA is committed to the idea of senior centers “without walls” (OCDOA, 2011). This means that the OCDOA recognizes that their work does not stop at the centers and needs to reach older adults who cannot easily access them, such as residents in the more rural Northern part of the county and those in long-term care facilities.

The goals of this Capstone project were to 1) obtain community input in the creation of the MAP, 2) involve other county officials and community organizations in the MAP development process, 3) build in an evaluation plan, and 4) author the MAP. This summary report will describe in more detail how these goals were achieved. We begin with a literature review to provide background information on the pertinent issues affecting older adults in Orange County. We then present our logic model as a display of the inputs and activities that led to our outputs, outcomes, and intended impacts. Next, we discuss in more depth our methods for developing the 2012-2017 MAP, including our community engagement process and how we plan to sustain the efforts and results of our Capstone project. The next part of the report focuses on the main deliverables of our project, followed by a description of the impacts and benefits of our project. We then conclude our paper with a discussion of our challenges, key findings, lessons learned, and recommended next steps for the Master Aging Plan process.

**Background**

To identify the most important topics to address in the writing of this plan, the OCDOA and two HB students (My-Linh Luong and Rebecca Woodruff\(^2\)) conducted a formative assessment over the summer of 2011. This formative assessment included focus groups with citizens from the county’s seven townships and 22 county department directors. Because the summer project primarily used non-

\(^{1}\) A clinic that provides free screenings to older adults related to depression, dementia, and physical health.

\(^{2}\) Rebecca Woodruff became a part of the OCDOA Capstone team after the summer of 2011.
representative samples of people, the Capstone team identified the need to further solicit citizen input. As such, we planned and executed a Community Forum, which was publicized as the Community Kick-off Event and attended by over 110 people who generated additional topics for the MAP to address.

All Community Forum attendees voted on the topics, which resulted in the formation of five work groups: 1) Health and Wellness, 2) Housing, 3) Navigation and Transportation, 4) Community Engagement, and 5) Aging in Place. The Health and Wellness work group addressed a broad range of topics, including access to appropriate medical care, emphasizing healthy lifestyles and prevention, mental health services, long-term care programs and services, and physician education. The Housing work group primarily addressed the availability and affordability of appropriate housing stock for aging adults in Orange County, and the Navigation and Transportation work group focused on issues for older adults and individuals with disabilities related to public transportation, walkability, and driving. The Community Engagement work group discussed topics related to technology and information sharing, work and retirement support, and ways to prevent older adults’ social isolation (i.e. lack of contact with others), and the Aging in Place work group focused on programs, services, and supports that would help Orange County adults stay in their own homes as they age. As the efforts of the five work groups formed the basis for the recommended objectives and strategies for the final MAP, these topic areas will serve as the framework for the following literature review that uses national, state, and local data to describe the needs of older adults and their families.

Health and Wellness

As America’s Boomer cohort ages, there are numerous issues that must be addressed in order to provide adequate care and prevent poor health among older adults. The formative assessment and Community Forum revealed several subtopics important to include in the Health and Wellness work group: affordability of healthcare, finding appropriate care, mental health, and caregiving support

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3 In addition to these five work groups, a collection of OCDOA staff, volunteers, and the Capstone team called the MAP Management Committee identified several topics from the community forum as crosscutting issues for all work groups to address, including affordability and economic concerns, geographic equity, attention to under-represented groups, workforce preparation, and information dissemination.

4 i.e., how safe, comfortable, or feasible it is to walk to a destination of choice in the community.
In the last thirty years, healthcare expenditures in the U.S. have grown at more than twice the rate of the Gross Domestic Product (GDP), resulting in higher out-of-pocket payments and reduced affordability for those on restricted incomes (Fierro, 2006). As individuals age, they are more likely to develop chronic diseases, which often translates into expensive medical care (NCOA, n.d.). Compounding this issue is the fact that adults aged 50 and over are more likely to have inconsistent healthcare coverage and those with low incomes or poor insurance coverage spend a substantial proportion of their incomes on healthcare costs (Collins, Davis, Schoen, Doty, & Kriss, 2006). While access to primary care physicians (PCPs) can reduce medical costs, the shortage of PCPs in some regions of the country and overall lack of PCPs trained to work with older adults may limit their access to appropriate primary care, especially those on Medicaid and Medicare (Scheffler & Spetz, 2011). In Orange County, citizens identified the challenges of finding aging-appropriate medical care and understanding public or private insurance coverage as barriers to their quality of life.

In addition to physical health, mental health is a major contributor to quality of life. Poor mental health among older adults has been tied to increased risk behaviors, slower recovery from illnesses, and the development of new physical or mental health problems (CDC, n.d.a). National data also indicate that older adults are at increased risk for depression and are often misdiagnosed or undertreated due to providers’ incorrectly viewing depression as a natural part of aging (CDC, 2009). Based on the number of days in the last month an older adult felt poor mental health due to “stress, depression, and problems with other emotions”, the CDC’s State of Aging and Health report ranked North Carolina as 7th worst in the nation for “frequent mental distress” among seniors (CDC, n.d.b). Though county-level data on the mental health of older adults is unavailable, these facts illustrate the importance of including mental health issues in the 2012-2017 MAP in order to maximize Orange County citizens’ quality of life.

Of note, the 2012-2017 MAP is meant to address the needs of Orange County’s older adults as well as their families, supporting the inclusion of caregivers in the plan. Older adults’ health needs often require them to rely on family members, which creates wellness burdens on those providing caretaking
services. While local data is not available on caregivers, 65% of caregivers nationally report increased anxiety and stress, and 54% of caregivers in America are over 50 years old, compounding the already-present health issues of an aging population (Evercare and National Alliance for Caregiving, 2007). As almost one in five Americans are currently providing caretaker support for an older adult, it was essential for the MAP to provide support services to those who are filling a large need in Orange County (Evercare and National Alliance for Caregiving, 2007).

**Navigation and Transportation**

Also contributing to quality of life for older adults and their families is the area of Navigation and Transportation (Cvitkovich & Wister, 2001; Ritter, Straight, & Evans, 2002). Here, the terms navigation and transportation are considered together to indicate attention to multiple modes of travel, including walking, driving, and other means, in creating a holistic transportation system.

The formative assessment and Community Forum preceding the development of the 2012-2017 MAP showed continuity with previous MAP objectives, indicating, in part, the need for system expansion into rural areas and further alignment of the county’s several transportation services and plans (OCDOA, 2007; Woodruff & Luong, 2011). Particularly for older adults with limited functional ability (i.e., having mental or physical disabilities that hinder independent movement), effective navigation and transportation are critical for staying engaged in the community, and maintaining health and the ability to age in place (Cvitkovich & Wister, 2001; Ritter et al., 2002). A national study conducted by AARP found that 86% of adults over age 50 drive, while 13% use ride sharing and 5% use public transportation (Ritter et al., 2002). The same study found that some problems related to ride sharing and public transportation include feeling a lack of independence and not being able to reach desired destinations (Ritter et al., 2002). Still, Cvitkovich and Wister (2001) emphasize the importance of strong and varied social networks in addition to structural and formal systems in meeting the transportation needs of older adults, both of which can be supplemented by senior center activities and services. In Orange County, 30.5% of older adults age 65 and over live in rural areas and 16% of adults report inadequate social support (U.S. Census Bureau,
2010b; County Health Rankings, 2012). These statistics suggest that residents in all parts of the county may not have access to the transportation they need, particularly among the elderly.

One citizen-identified priority new to this 2012-2017 MAP was Orange County’s walkability, or the ease and safety with which pedestrians can travel, for older adults and those with disabilities (Woodruff & Luong, 2011). Walkability is a critical topic for the health and wellness of older adults. Sidewalks, curbs, and streets are often problematic areas for the elderly, with outdoor falls among adults commonly caused by uneven surfaces and tripping (Li et al., 2006). By including key agencies and examining local and national evidence, the Navigation and Transportation work group was able to address the issues of system expansion and alignment, walkability, and more in their recommendations for the 2012-2017 MAP, and thereby support the objectives of the other work groups as well.

Aging in Place

The term aging in place refers to an older adult’s ability to live the rest of his/her life in his/her home (or other non-healthcare environment of choice) as long as possible. Aging in place has significant benefits to one’s wellbeing and quality of life: a comfortable environment, proximity to family, a sense of community and familiarity, and feelings of independence (Endres, Freedman, Fried, & Wasik, 1997; Wagner, 2010). There are a number of clinical, social, and environmental factors that influence an older adult’s ability to age in place safely and confidently. Appropriate and accessible support services, assistive technology (technology or devices that provide greater independence to individuals with physical or mental disabilities), strong social networks, and universal community design (design of buildings, products, and environments to be usable by all people, without adaptation or specialized design) are all examples of facilitating factors that extend the livability of one’s home into old age (Fielo & Warren, 2001).

A cross-sectional study reported that as many as 89% of adults over the age of 50 prefer to age in their own homes, apartments, or condominiums (AARP Public Policy Institute, 2006). This same desire to age in place was echoed in the results of the OCDOA’s summer formative assessment (Woodruff & Luong, 2011). Citizens identified several aging in place related issues that are particularly important to
Orange County residents: promotion of planned and naturally occurring continuing care retirement communities, home modifications and repairs, home-based personal care and healthcare services, safety and security, falls prevention, long-term care insurance, nutrition, and social isolation. Evidence suggests that home-based care services, which address many of the aforementioned concerns, are cost-effective and have a positive impact on physical and mental health (Rantz et al., 2011). Additionally, studies have found that older adults who utilize home repair services, another need identified through the formative assessment and Community Forum, are less likely to relocate from their homes (Tang, 2010).

Neighborhoods can play a large role in determining one’s ability to age in place, especially as older adults become more reliant on their immediate environments as they age (Burns, Lavoie, & Rose, 2011). Community Forum participants and OCDOA staff expressed interest in the Village model (Woodruff & Luong, 2011), which relies on a more informal network of community members to provide volunteer and paid assistance to aging populations within a specific geographic community. Villages may develop through grassroots efforts or through existing social service agencies that use formal services (McDonough & Davitt, 2011). Villages and other naturally occurring retirement communities are a low-cost, community-level approach to facilitating healthy aging (Masotti, Fick, Johnson-Masotti, & MacLeod, 2006). The OCDOA and other organizations participating in the MAP process may have the combined capacity to organize and promote the creation of Villages in Orange County, as recommended in the 2012-2017 MAP.

The physical environment can present additional barriers related to aging in place: separation of residential and commercial spaces, inadequate or inaccessible transportation, and limited accessible housing. The literature suggests that advocacy strategies, such as facilitating the involvement of older residents, targeting key decision makers within government, and emphasizing the financial benefits to the town, can be effective in influencing local government in adopting innovative aging in place friendly policies (Lehning, 2012). This knowledge was taken into account as the Capstone team developed objectives and strategies for the 2012-2017 MAP that will help allow older adults remain in their homes, with the ultimate goal of increased wellbeing and quality of life.
Housing

Meeting the demand for high-quality, available, and affordable housing options is also necessary for ensuring a high quality of life for adults as they age. As discussed above, older adults report a preference for aging in their own homes or in the communities with which they are familiar (AARP Public Policy Institute, 2010; Woodruff & Luong, 2011). However, for a variety of reasons, such as the burden of household maintenance to those with declining health status, many adults choose to live in places that are not single-family dwellings. As such, the 2012-2017 MAP focuses on ensuring a high-quality housing stock in Orange County to meet the varied needs of older adults.

Many independent housing models exist, including continuing care retirement communities, co-housing, shared housing, senior retirement communities, family care homes, and multilevel communities (Herzog et al., 2010). These housing models are well suited to adults who are able to live safely alone or in small groups, and can contract with providers for assistance with activities of daily living, such as dressing, bathing, and cooking. In addition to independent living options, the County must provide housing options for older adults who require or anticipate needing more support over the course of their lives through a variety of long-term care options, including assisted living, nursing homes, and continuing care retirement centers. Although housing reform in the current MAP focuses largely on housing availability and facilitating an entrepreneurial business environment, the formative assessment showed that this approach may not be appropriate for the more rural, Northern area of the County. In this region, older adults may be more likely to stay in their homes as they age and rely on extra-familial social networks, such as churches, for the care they need (Woodruff & Luong, 2011). Consequently, the particular needs of this group were addressed in the Aging in Place work group.

Fortunately, there has been some advocacy and public awareness around housing options in Orange County. Within the past year, there has been a call to action for Orange County to reconsider the housing stock’s suitability to meet the needs of its older residents (Herzog et al., 2010), and to turn to alternative models that have shown promise elsewhere, including those mentioned previously with regards to aging in place (Wardip, 2010). However, ensuring a robust housing stock to meet the varied
needs of older adults in Orange County comes with many accompanying concerns. Among these concerns are educating adults to make informed decisions about housing, the high cost of living in Orange County, shortening the wait lists for long-term care facilities, high taxes as a barrier to entrepreneurship, and the fact that many supported living facilities are not covered by Medicaid or other insurance providers (AARP Public Policy Institute, 2006). By increasing the availability of housing options, creating a business climate supportive of building new developments, and ensuring the affordability and quality of housing options, the 2012-2017 MAP supports the housing-related quality of life goals of Orange County.

Community Engagement

The 2012-2017 MAP also addresses quality of life issues related to community engagement in Orange County. As older adults retire and leave the workforce, the reduction in the amount of time they are occupied each day presents opportunities for more and varied engagement with the community. In Orange County, 82% of adults 65 and older are not part of the workforce (U.S. Census Bureau, 2010c). Additionally, citizens who participated in the formative assessment and Community Forum identified community engagement as a primary concern for wellbeing and quality of life (Woodruff & Luong, 2011). Research has demonstrated that social engagement is positively associated with physical health, meaning that adults who are more engaged typically have better health and less disability (Cherry et al., 2011; de Leon, Glass, & Berkman, 2003). Furthermore, engagement is also linked with increased mental health and protection against loneliness (Croezen, Haveman-Nies, Alvarado, Van't Veer, & De Groot, 2009). Two of the most important subtopics identified in the formative assessment and Community Forum to address these community-engagement needs of Orange County citizens were isolation and information sharing (Woodruff & Luong, 2011).

Social isolation for older adults refers to limited interactions with other individuals, as well as a complete or relative lack of meaningful social relationships (House, 2001). Social isolation has a significant negative impact on human health, as well as quality of life (House, 2001). The OCD OA formative assessment revealed that Orange County citizens believe social isolation can be prevented by the existence of senior centers as a place for gathering, but more so by providing older adults with diverse
opportunities for involvement with the community as their social networks naturally begin to decrease (Woodruff & Luong, 2011). Orange County’s two state of the art senior centers are significant achievements in the area of community engagement from previous MAPs, and more engagement can be facilitated in these centers (OCDOA, 2010).

Orange County community members also highlighted information sharing as a priority. Specifically, older adults were concerned about the increasing use of technology to disseminate information because many have a hard time accessing and using e-mail or the Internet (Woodruff & Luong, 2011). The OCDOA (2010) has developed training resources, such as SeniorNet,5 to help older adults utilize technology more effectively, as this issue has increasing prominence as technology permeates more aspects of daily life. In addition, studies have shown that once trained, computer and Internet use has led to decreased depression and loneliness as well as increased life satisfaction in older adults (White et al., 2002). The significance of these topics for older adults’ health and quality of life led the Community Engagement work group to develop objectives and strategies to address these issues, along with others, in the 2012-2017 MAP.

**Methods**

The Capstone team used a variety of methods to fulfill the four goals of the Capstone project, and to ultimately create a MAP that addresses the issues described in the literature review. After explaining the logic model behind this Capstone project and discussing our overall methods around planning for sustainability and community engagement, we will describe in detail the main activities that contribute to the development of the 2012-2017 MAP.

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5 SeniorNet is a 501(c)3 nonprofit organization of computer-using adults, age 50 and older. SeniorNet’s mission is to provide older adults education for and access to computer technologies to enhance their lives and enable them to share their knowledge and wisdom.
Capstone OCDOA Logic Model

Logic models are graphic, systematic presentations of the relationships between the resources invested, the planned activities, and the expected results of the project (W. K. Kellogg Foundation, 2004). Logic models also assist in identifying critical elements in a project and provide the foundation for evaluation questions (W. K. Kellogg Foundation, 2004). The Capstone OCDOA logic model in Figure 1 outlines the critical activities of the MAP planning process, as well as the short-term and long-term expected outcomes. The inputs are the resources invested in the project, which includes the expertise of students, staff, and consultants on call, as well as formative research conducted by practicum students. The activities listed in the OCDOA logic model involve actions such as research, development, and facilitation that contributed to our first three preliminary deliverables (highlighted in bold), and resulted in the fourth, main deliverable stated in our work plan, which is shown in the outputs column. Outcomes are the expected short-term results of the project, such as increased awareness and communication. The impacts listed are the Capstone project’s expected long-term results. These long-term impacts align with the goals set forth in the 2012-2017 MAP, which are based on the state of North Carolina’s State Aging Services Plan (DAAS, 2011).

Planning for Sustainability

The Capstone project’s intended long-term impacts will be best achieved if the materials and processes created for this project are sustained by the OCDOA after the project’s completion in May 2012. Because the OCDOA and other community leaders will carry out the implementation of the 2012-2017 MAP without the involvement of the current Capstone students, it is critical for the MAP planning process to include elements that promote sustainability. For the purposes of this document, we define sustainability as the MAP’s institutionalization within the OCDOA, continued quality of life benefits for Orange County’s older adult population, and continued capacity building in Orange County related to programs and services offered to older adults (Shediac-Rizkallah & Bone, 1998).

\[\text{The OCDOA will have a new Capstone team for the 2012-2013 academic year. These students will work to implement several specific objectives of the 2012-2017 MAP.}\]
### Figure 1: Logic Model

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<th>Inputs</th>
<th>Activities</th>
<th>Outputs</th>
<th>Outcomes</th>
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<tr>
<td>• Knowledge &amp; skills developed from HB training &amp; past experiences</td>
<td>• Review past MAPs, state plan, and interview stakeholders to create Baseline Reports on 2007-2011 MAP achievements.</td>
<td>• Final MAP</td>
<td>• Increased awareness and commitment to MAP process and goals among the Steering Committee, OCDOA staff, community members, and other stakeholders</td>
<td>• Older adults and their families make informed decisions and easily access available services and supports</td>
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<td></td>
<td>• Research, develop, and deliver <strong>Process Presentations</strong> on Aging in Context, Community Forum results, Work Group Structure, and the MAP to the Steering Committee and Governor’s Advisory Council on Aging.</td>
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<td>• Increased community participation in MAP planning process</td>
<td>• Older adults age in place with appropriate services and supports</td>
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<td></td>
<td>• Plan, publicize, facilitate, and execute Community Forum</td>
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<td>• Enhanced relationships and increased communication among community members, the Steering Committee and OCDOA staff</td>
<td>• Older adults enjoy optimal health status and a healthy lifestyle</td>
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<td>• Analyze Community Forum results and generate <strong>Community Forum Report</strong></td>
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<td>• Increased collaboration among OCDOA and other county departments</td>
<td>• Safety and rights of older and vulnerable adults are protected and their abuse, neglect, and exploitation is prevented</td>
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<td>• Research and develop the work group structure</td>
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<td>• Increased understanding of needs of older adults in Orange County</td>
<td>• Older adults engage in community through volunteerism, learning, and civic activities</td>
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<td>• Identify and recruit work group members, facilitate work groups  Adam 9 6 10 11 1 2 3 4 5 8 7</td>
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<td>• Improved process and outcome evaluation of MAP goals and objectives</td>
<td>• County is prepared for an aging population</td>
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<td>• Write draft MAP including narrative, goals, strategies, objectives, and indicators to contribute to evaluation</td>
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<td>• An adequate direct care workforce for an aging population</td>
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<td>• Plan and facilitate MAP public comment sessions</td>
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<td>• Good stewardship of public funds</td>
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<td>• Compile Community Forum, work group, and public comment materials into <strong>Community Engagement Toolkit</strong></td>
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<td>• Incorporate public and Steering Committee input into final MAP</td>
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<td>• Mentorship &amp; expertise from Community Partner, Faculty Adviser, and Teaching Team</td>
<td>• <strong>Community Assessment &amp; Government Readiness Reports from Practicum team</strong></td>
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<td>• Expertise from Consultants on Call</td>
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<td>• $100 from HB</td>
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<td>• Community Assessment &amp; Government Readiness Reports from Practicum team</td>
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<td>• 2007-2011 Master Aging Plan and OCDOA Annual Reports to the BOCC</td>
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<td>• 2011-2015 NC Aging Services Plan</td>
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<td>• MAP Management Committee, Steering Committee, and OCDOA staff expertise</td>
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To assess these outcomes, the Capstone team followed Shediac-Rizkallah and Bone’s (1998) sustainability framework, which requires consideration of factors related to the OCDOA organizational setting, broader community, and MAP design process to ensure that the final plan will be appropriately implemented (Shedia-Rizkallah & Bone, 1998). Due to this unique and broad county process, we focused on all three sustainability factors to ensure the plan is implemented thoroughly in the future. Discussion of how the Capstone team included these factors in the MAP planning process is described later in the Results section.

**Engagement and Assessment Activities**

The importance of community engagement in developing and implementing health behavior interventions is well documented, yet it also has important applications for the strategic planning of government services. One of the goals for the 2012-2017 MAP was to incorporate more and better quality community engagement activities than had been included in the development of past MAPs. The 2011-2012 Capstone team was charged with helping to realize this goal. Our team referred to McCloskey et al.’s (2011) *Principles for Community Engagement*, a handbook that describes the philosophy and practice of community engagement, to design and evaluate the community engagement activities related to the development of the MAP.

Similar to other county-level government strategic plans, the MAP is intended to be representative of the needs of Orange County consumers and providers of aging services. The primary intended beneficiaries of the MAP are older adults residing in Orange County, but in this context, community can be understood more broadly to include the families and caregivers of older adults, Orange County government department staff, in-home care providers, and long-term care providers. In order to ensure that the final 2012-2017 MAP was representative, our Capstone deliverables provided opportunities for Orange County citizens to voice their needs and concerns, identify community leaders whose insight is valuable, prioritize the topics for the MAP to address, propose strategies and solutions, and offer feedback on the final draft of the plan.
The benefits of community engagement extend beyond increasing representativeness, as the MAP’s ultimate purpose is to respond to the quality of life needs and concerns articulated by older adults. To confirm that the issues included in the MAP are salient to the community, we used Arnstein’s Ladder (1969) to guide community engagement in the research and development of the MAP. Arnstein (1969) demonstrates the importance of citizen empowerment when planning programs or interventions. The 2012-2017 MAP planning process was not as participatory as it could have been because of the limited extent to which some stakeholder groups were successfully involved, but it was an improvement on past MAP processes in that we attempted to balance and incorporate the input of all those community beneficiaries as listed above who did participate (Arnstein, 1969).

Earlier MAP processes engaged the public through one-way communication efforts between OCDOA staff and community members. Previous MAP authors educated the public on the purpose, content, and rationale behind MAP goals and objectives, soliciting the public’s approval through presentations and public relations campaigns. For the 2012-2017 MAP, the Capstone team and the OCDOA staff sought to engage the public, county agencies, and aging stakeholders in meaningful, two-way communication. Community members were able to set the agenda for the work group process by prioritizing salient issues at the Community Forum. Through the work group process, OCDOA staff, community members, and the Capstone team worked hand-in-hand to develop objectives and strategies that addressed the priorities identified through the Community Forum. Capstone students facilitated the process, but the content of the MAP came directly from work group participants, who represented a cross-section of Orange County residents and professionals. The public had additional opportunities to provide feedback on the MAP through public comment sessions, which were held seven locations across the County. These activities are described in greater detail below.

Nonetheless, there is always room for improvement. A more citizen-controlled planning process (i.e. one in which community members have the power to decide the priorities, methods, and activities) could have a number of benefits for Orange County residents, OCDOA staff, and the county as a whole (Arnstein, 1969). Citizens could become more involved with ongoing decision-making at the county
government level and use their collective knowledge, experiences, and connections to effect change. Citizens would also learn more about the barriers associated with funding and program implementation at the county level and thereby be better-informed advocates and supporters of county programming. Likewise, OCDOA staff would be more aware of issues, as well as assets, within the local community and be able to incorporate this into program planning. Lastly, involving citizens in planning for future MAPs would increase accountability for the plan’s subsequent monitoring and evaluation.

Having described why engaging the community is important, we will now review in more detail our specific steps in doing so. The following community engagement activities are listed in chronological order as they were done in the development of the work plan deliverables.

Community Forum

The first method that the Capstone team and the OCDOA used to engage Orange County residents was a community forum. The Community Forum was advertised in local newspapers, through the OCDOA and other county agency listservs, at the two Senior Centers, and by flyers placed at various locales throughout the county (e.g. supermarkets, community organizations, businesses, etc.). The Community Forum took place on October 5, 2011 at the Seymour Center in Chapel Hill, with 113 community members in attendance. The Capstone team and OCDOA staff planned it with four main goals in mind: 1) identify specific issues within the topics identified in the formative assessment during the summer of 2011, 2) generate additional topics that community members would like to be included in the MAP, 3) prioritize the topics that would be addressed in-depth in work groups, and 4) identify community members willing to serve in work groups or as resources for the MAP development process. Participants were first divided into discussion groups of about ten people for 45 minutes. Prioritizing the work group topics then involved a voting process in which participants were given five rank-ordered cards that they passed to staff members as each aging issue was called out. Each vote was then weighted by the rank of the card, such that votes with first-ranked cards (i.e. of highest importance to participant) were worth five points and votes with fifth-ranked cards (i.e. of least importance to participant) were worth one point. Finally, participants filled out a work group interest form, indicating if they wanted to continue to be
involved as either a work group member or as a resource. The Community Forum’s activities thus allowed community members to have their concerns heard and responded to immediately, and allowed them to decide which topics would be the focus of the 2012-2017 MAP.

MAP Work Groups

The five MAP work groups were collectively the second major community engagement activity included in our Capstone project. Each Capstone student and two OCDOA staff members were assigned to one of the five work groups. The student and staff were responsible for holding five work group meetings from November 2011 – February 2012, delegating homework assignments\(^7\) and facilitating the prioritization of objectives, strategies, and indicators for each of the eight MAP goals. In addition to community members and professionals who were recruited through their participation in the summer formative assessment and the Community Forum, the student-staff triads also recruited a core group of five to ten individuals identified by the Steering Committee and Advisory Board on Aging. This core group was expected to provide direction and guidance to the work group due to their professional experiences and expertise. Across the five work groups, the date, time, and location of each meeting were made publicly available in an effort to encourage participation from as many community members as possible. The output of the five work groups was a prioritized list of objectives, strategies, and indicators for each of the eight MAP goals. The five Capstone students used this list to write the draft MAP in March 2012.

MAP Public Comment Period

The third community engagement activity of this Capstone project was public comment, in the form of seven in-person sessions and paper/electronic surveys that were created by the Capstone team and made available to citizens in March 2012. The purpose of the public comment period was to give the broader Orange County community an opportunity to read and critique the draft MAP before it was presented to the Board of County Commissioners in May 2012. Responding to feedback from the

\(^7\) Homework assignments included researching existing and potential services and facilitators and barriers to their implementation, evaluating the lists of problems and solutions, and prioritizing them through a survey.
Community Forum, the OCDOA intentionally scheduled these sessions for both the Central Orange Senior Center in Hillsborough, the Seymour Center in Chapel Hill, and several other community centers in an attempt to increase participation from residents in rural Northern Orange County. Each Capstone team member facilitated a session and recorded comments for the OCDOA to process and use to make changes to the MAP.

**Steering Committee Meetings**

The Capstone team and OCDOA staff also presented the MAP development process and draft to the Steering Committee throughout the year to obtain further input. The MAP Steering Committee was comprised of over thirty upper-level managers and directors of organizations that were directly affected by the strategies proposed in the MAP, such as county agencies, local healthcare organizations and nonprofits, UNC research institutes, and other agencies that provide aging-related services. A complete Steering Committee roster can be found in Appendix B. The Steering Committee members and their respective organizations were key stakeholders in the planning process as they shared responsibility with the OCDOA in implementing and evaluating the goals, objectives, and strategies outlined in the MAP. The OCDOA and Capstone team engaged Steering Committee members early on in the process. Prior to the start of the Capstone project, the OCDOA invited members to participate in the Committee, which met quarterly over the course of the year. Through presentations at the meetings and electronic communication, Steering Committee members were kept abreast of the MAP planning process and asked to give feedback on the content of the plan. The members were asked to commit to objectives and strategies outlined in the MAP that were relevant to their organizations. The Steering Committee also assisted throughout the planning process by recommending participants for and publicizing the work group process and providing support at the presentation of the final plan to the OC BOCC.

**Governor’s Advisory Council on Aging**

In April 2012, Dennis Streets, director of the North Carolina Division on Aging, invited the Capstone team to present the MAP development process to the Governor Bev Purdue’s Advisory Council on Aging. Not only did this presentation highlight Orange County’s innovative strategies in the
development of the MAP and highlight the County’s role as leader in MAP development, but it also sparked interest among the Board’s members to implement the MAP development process elsewhere in North Carolina. By sharing this process with leaders at the state level, as well as thoroughly documenting the process, the Capstone team is hopeful that this experience will lead to more participatory and collaborative MAP planning processes throughout the state of North Carolina.

**Work Plan Deliverables**

The four deliverables for this Capstone project include Orange County Master Aging Plan Process Presentations, the Orange County Master Aging Plan Community Forum Report, the Orange County Master Aging Plan Community Engagement Toolkit, and the Master Aging Plan for Orange County. As shown in the logic model (Figure 1), each of these was developed through the community engagement activities described above. Some of the deliverables were set by the community partner at the outset of the project, such as the Master Aging Plan for Orange County. Other deliverables were created in partnership with the Capstone team and teaching team, such as the Orange County Master Aging Plan Community Engagement Toolkit. The Capstone faculty advisors provided support by attending several of the Orange County Master Aging Plan Process Presentations and the Community Forum itself. The deliverables’ collective purpose was to create a utilization-focused strategic plan through a structured process that could be replicated and improved upon in years to come. Through the partnerships among the community partner, OCDOA staff, Capstone students, faculty advisors, and teaching team, we were able to document our process for future users.

**Results**

**Sustainability Findings**

In the development of the final MAP, our Capstone team found several organizational, community, and MAP design factors that will promote the use and sustainability of the MAP after its completion in May 2012. These factors are described in detail below.
Organizational Factors

The first organizational factor that will contribute to OCDOA implementation of the MAP is its institutional strength. The OCDOA is one of the largest and oldest Departments on Aging in the state of North Carolina, with well-equipped programs and services focused at two county senior centers. The 2012-2017 MAP will be the OCDOA’s third five-year strategic plan, indicating a well-established organizational basis for the process. While a new OCDOA director, Janice Tyler, oversaw this MAP, the Capstone group viewed this leadership change as a strength given the Director’s long history at the OCDOA and her openness to new ideas in the MAP development process.

Individual champions of the MAP and the level of community engagement via committee membership by the OCDOA will also contribute to the sustainability of the MAP over time. The two most notable committees overseeing the MAP planning process were the Steering Committee and the MAP Management Committee. Because the OCDOA will be the center of implementation for the MAP, this collaboration between the Capstone team and the OCDOA committees prevented segregation of knowledge and expertise during the planning process. This collaboration also allowed the Capstone team to repeatedly consult with OCDOA staff and county leaders to ensure the usefulness and effectiveness of the MAP as it was being developed.

Finally, a strength of this MAP is that it will be heavily integrated into the institutional planning of the OCDOA and other county departments after May 2012. OCDOA leadership has voiced dedication to the idea of a living document that will be referenced repeatedly to evaluate progress. By building strategies and indicators into the MAP, the OCDOA will be able to structure their programs, services, job descriptions, and budgets accordingly to meet specific benchmarks of success. Additionally, by using the Steering Committee comprised of other department officials and key stakeholders in the county, the MAP will be horizontally integrated into the programs and services of county departments and community organizations beyond the OCDOA.
Community Factors

The participatory nature of the MAP planning process and its integration into the broader political, social, and economic environment of the county will allow the MAP to avoid sustainability issues that typically beset other community-based initiatives. Older adults in Orange County, the intended beneficiaries of the MAP, have been directly involved with the identification of issues to be addressed by the MAP, as well as the design of objectives and action steps to address these issues. This involvement took place through the Community Forum and the MAP work groups.

The Community Forum, as previously described, sought a wide range of community participation among older adults, members of county departments, and organizations that have a hand in influencing the quality of life of older adults. Of the 78 attendees who provided their age, 63% were over 50 years old. The Capstone team invited Community Forum attendees to join work groups that addressed the themes that were prioritized by attendees at the event.

The MAP work groups brought together various community stakeholders, which enhanced the MAP’s potential to have a widespread and lasting impact. The work group process helped to create a sense of ownership among committee members, thereby compelling members to feel responsible for ensuring that the objectives set forth in the MAP are closely monitored throughout the five-year implementation period. Ultimately, the work group process strengthened the community’s capacity to engage with county government and understand political and economic environments impacting aging. Ideally, the MAP planning experience has inspired community participants to become more involved with county government in the future through Advisory Board on Aging membership and policy advocacy.

Not only did the work group process increase sustainability by engaging the MAP stakeholders, it also did so by producing realistic objectives and strategies that are responsive to the County’s current budget constraints. This was partly accomplished by identifying financial and economic security as a crosscutting issue that all five work groups must consider when developing recommendations. Additionally, appropriate staff and county leaders were engaged to shed light on financial resources available to support objectives put forth by the MAP process, as well as to assess the political feasibility
of moving forward with MAP goals and strategies. Including socioeconomic and political considerations in the MAP planning process helped to ensure the sustainability of the MAP. Budgets for County agencies will not be increased in the upcoming fiscal year and it is difficult to predict whether any increases in funding allocations will occur in upcoming years. Work group members were creative in determining ways to leverage existing staff and resources, as well as in seeking outside funding sources to add to existing programs and services under the current County budget constraints.

MAP Design Factors

A major contribution of the Capstone team was the inclusion of an evaluation process into the structure of the MAP, to be used throughout implementation. Despite the OCDOA’s limited capacity to conduct close monitoring and evaluation of the MAP implementation, the Capstone students worked with OCDOA staff to define a monitoring and evaluation plan that will be feasible given the agency’s staff and resource constraints. One example of this work was the Capstone team’s recommendation that the OCDOA create a summer practicum position to assist with creating an implementation plan and building the capacity of OCDOA staff to monitor and evaluate the MAP. Another example of this work was including strategies and indicators of success for every objective listed in the plan. Measuring the effectiveness of the strategies outlined in the MAP will allow the OCDOA to not only make course corrections over the next five years, but to demonstrate that MAPs are a useful tool for other local governments to adopt.

In addition to the MAP itself, the Capstone team has documented the MAP planning process through the creation of a Community Engagement Toolkit so that it may be replicated for the 2018-2023 MAP and adopted in other North Carolina counties. This deliverable will greatly enhance the sustainability of the MAP by increasing the OCDOA’s capacity to replicate this process in future years, but it may also facilitate the development of MAPs across the state of North Carolina.
**Engagement and Assessment Findings**

*Community Forum*

Engaging with the community through a forum helped the Capstone team to understand what issues are salient to older adults in Orange County. The small-group discussions allowed community members voice their concerns and issues that were most important to them, which were recorded and brought forward to the larger group for prioritization. Because the Capstone team had limited prior experience with aging-related issues in Orange County, the Community Forum participants were valuable sources of knowledge. The community members are experts by virtue of living in Orange County and using its aging services and programs. The Community Forum was a novel component of the MAP development process, and as such, the Capstone team collected feedback on the event through satisfaction surveys. Two areas for improvement emerged from this feedback. First, the small-group discussions tended to spend more time expounding on negative aspects of aging in Orange County without identifying potential solutions to these problems. Additionally, survey respondents valued the prioritization process as a method to determine the work group topics, but they also thought that the logistics of the voting and prioritization process could be improved in future MAP cycles.

The Community Forum had a large impact on the Capstone project primarily because it built on the formative assessment to determine which topics would be addressed in work groups and which specific issues within those topics would be examined in depth (Woodruff & Luong, 2011). In addition, Community Forum participants who indicated their interest in participating in a work group served as the basis for work group recruitment. Another outcome of the event was identifying topics that became crosscutting issues, such as geographic location, underserved populations, and cost, which all work groups considered.

While the Community Forum was important for helping to lay the foundation for the work group process, it had limitations. In particular, the short timeframe for publicity leading up to the event and its location meant that some populations and areas of Orange County were underrepresented, particularly
minority groups, young people, and individuals from the Northern part of the County. Our recommendations for discussing these limitations are discussed below.

**MAP Work Groups**

The work groups were instrumental to the bottom-up creation of the 2012-2017 MAP, as the five meetings strategically led community members to develop a list of prioritized objectives and strategies to include in the plan. After the first meeting, each work group created a comprehensive list of the issues that needed to be addressed within that group. The result of the second meeting was the identification of which services should be added, protected, expanded, or improved in Orange County (DAAS, 2011). In the third meeting, work group members used the information gathered in the first two meetings to identify countywide problems and potential solutions to those problems. Meeting four was spent evaluating the solutions across a number of dimensions, including feasibility, efficacy, reach, and others, as well as prioritizing both the problems and solutions, based on the evaluations. Finally, in meeting five, work group members translated the list of prioritized problems and solutions into objectives and strategies, organized under the eight goals of NC’s Aging Services Plan. The Capstone team combined and streamlined these objectives and strategies into the first iteration of the MAP.

The major strength of the work group process was the presence of community members, county officials, and other professionals in the field of aging at one table. This led to discussions that balanced the actual needs of community members with county and aging professionals’ knowledge of existing services and feasibility of implementation of new services. In many cases, work group members were even willing to indicate their agencies as responsible for carrying out strategies outlined in the MAP.

While this collaboration was imperative to the development of the MAP, holding work group meetings with a variety of stakeholders did present some logistical challenges. For instance, completing each meeting’s agenda in the space of two hours often meant that discussions needed to be cut short and disagreements were left unresolved. However, we addressed this issue by recording each person’s idea and creating a prioritization process for both the problems and solutions. Another limitation of the process was that not every individual we invited to join the work groups attended, meaning that some important
agencies, like the Department of Social Services and faith-based organizations, were not represented. The OCDOA recognizes this as a limitation and will pursue further contact to ensure the involvement of these agencies in the implementation of the current MAP and the development of the next.

*MAP Public Comment Period*

The MAP public comment period served as a supplement to the work group process, in that it provided reinforcement that the topics already identified were important to the community and indicated gaps in the MAP. In large part, public comment participants provided positive feedback on the MAP development process as well as the content of the draft for public comment. However, the public comment period also brought to light two important issues that had been overlooked. The first of these was attention and sensitivity to LGBTQIA individuals and the second was the need for non-denominational spiritual services at the senior centers. These issues were discussed in different work groups, but there was no explicit mention of them in the MAP itself. After reviewing the public comment period responses, the Capstone team and MAP Management Committee revised the MAP to ensure these concerns were addressed.

The strengths of this approach centered on the fact that, in response to feedback from the formative assessment and Community Forum, public comment sessions were held at a variety of times and locations around Orange County, including the two senior centers, libraries, and churches. This allowed for the ability to obtain feedback from a wider variety of community members. Additionally, as many of these community members had not been involved in the development process previously, they provided us with new insights and identified which parts of the MAP needed additional clarification. Although we improved the MAP as a result of the public comment period, our response rate for both the survey and the sessions was low, pointing to a need for more publicity and awareness in future MAPs.

*Steering Committee Meetings*

The most important and overarching results of the four Steering Committee meetings were 1) buy-in from upper level personnel from agencies around Orange County about the importance of the 2012-2017 MAP, and 2) commitment from these individuals to assist in implementing specific strategies
in the MAP. However, the Steering Committee meetings also guided the Capstone team and the OCDOA throughout the development process by identifying work group members, listing duplications of effort and potential partners across Orange County, providing feedback on the feasibility of MAP objectives after the work group process, and finally, endorsing the revised draft of the MAP after the public comment period.

The benefit of engaging this group was partnering with stakeholders with the ability to implement the objectives and strategies identified by community members. Without the support and commitment of these individuals, implementing the MAP as a countywide plan, as desired by the community, would be near impossible. One of the challenges was balancing having a document that Steering Committee could feel comfortable endorsing while remaining true to the wishes of our work groups. To address this, we often had to break the loftier strategies down into manageable steps for implementation, which will help allow for the continued involvement of the Steering Committee over the next five years.

Governor’s Advisory Council on Aging

While the Steering Committee will help increase the sustainability of the MAP, it is our hope that our presentation to the Governor’s Advisory Council on Aging will contribute to the dissemination of the MAP’s development process. Following the presentation, the Governor’s Advisory Council on Aging members expressed interest in having the OCDOA speak with other county aging departments on participatory and collaborative strategic planning. In fact, our community partner, Janice Tyler, has proposed the idea of holding a conference on this topic for aging department staff across the state.

The strengths of this group lie in their ability to spread word about Orange County’s 2012-2017 MAP development process to other counties and influence them to be more inclusive in their planning efforts. However, one potential challenge with relying on the Governor’s Advisory Council to increase awareness could be the upcoming gubernatorial transition, which may lead to changed priorities or the involvement of different individuals. Regardless, we believe the OCDOA will continue to be viewed in North Carolina as a leader in strategic planning as aging issues become increasing salient.
Summary of Deliverables

The table below summarizes this Capstone project’s major deliverables, including methods used, key findings, and lessons learned. These deliverables were chosen in partnership with the OCDOA and Capstone faculty advisers. The fourth deliverable, the final MAP, was the culminating product of our Capstone project. The other major deliverables listed relate to the MAP planning process and will be especially useful in future MAP planning cycles conducted by the OCDOA and also in helping to disseminate the results of the MAP process to other stakeholders and interested communities. These deliverables outline the MAP development process, identify challenges and lessons learned, share the results and tools of specific components of the planning process, and allow for improved future planning processes rooted in community engagement.

Table 1. Summary of Major Deliverables

<table>
<thead>
<tr>
<th>Deliverable 1: Orange County Master Aging Plan Process Presentations</th>
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<tbody>
<tr>
<td><strong>Purpose:</strong> 1) Inform and update high-level county and state stakeholders on the MAP Process; 2) Gain input and guidance during MAP development process from diverse county organizations; 3) Gain commitment, resources, and support from high-level stakeholders to carry out MAP goals and objectives over the next five years.</td>
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<tr>
<td><strong>Timeline:</strong> Steering Committee Presentations: September 14th, October 26th, February 29th, April 10th; Presentation to Governor’s Advisory Council on Aging: March 27th</td>
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<tr>
<td><strong>Methods</strong></td>
</tr>
<tr>
<td>Presentations:</td>
</tr>
<tr>
<td>1. PowerPoint Presentation to Steering Committee summarizing formative assessment (9/14/11)</td>
</tr>
<tr>
<td>2. PowerPoint Presentation to Steering Committee summarizing results of the Community Forum (10/16/11)</td>
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<tr>
<td>3. PowerPoint Presentations summarizing the work group process and draft MAP (2/29/12)</td>
</tr>
<tr>
<td>4. PowerPoint Presentation summarizing Orange County’s 2012-2017 MAP development process for Governor’s Advisory Board on Aging (3/27/12)</td>
</tr>
<tr>
<td>5. PowerPoint Presentation to Steering Committee summarizing the final draft of the MAP (4/10/12)</td>
</tr>
<tr>
<td><strong>Key Findings</strong></td>
</tr>
<tr>
<td>• Existing partnerships are essential to recruiting work group members.</td>
</tr>
<tr>
<td>• In future MAPs, there should be a more concerted effort to reach out to minority populations, residents of rural areas, and younger adults.</td>
</tr>
<tr>
<td>• Finding more interactive ways to incorporate Steering Committee members into the planning process could help to increase the commitment of agencies outside the OCDOA to MAP goals.</td>
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<tr>
<td>• Community engagement in strategic planning requires substantial staff commitment and resources, but makes for a more comprehensive and relevant final plan.</td>
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<tr>
<td>• It is important to solicit staff buy-in and ownership of the planning process prior to beginning the work group process.</td>
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</tbody>
</table>
Discussions:
Steering Committee small-group discussions (2/29/12): Steering Committee members reviewed the objectives, strategies, and indicators for 3 of the 8 goals, and offered comments on duplication of existing programs or services in Orange County, feasibility, and resources their organizations could offer.

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**Deliverable 2: Orange County Master Aging Plan Community Forum Report**

**Purpose:** 1) Provide demographic data on participants of Forum, 2) Summarize findings of the prioritization process, 3) Summarize participant evaluations.

**Timeline:** Forum development, implementation, and analysis: September – October 15th, 2011 (~ 1½ months)

<table>
<thead>
<tr>
<th>Methods</th>
<th>Key Findings</th>
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</thead>
<tbody>
<tr>
<td><strong>Recruitment</strong></td>
<td>Participants</td>
</tr>
<tr>
<td>1. Publicity: including a press release, article in Senior Times, email announcement, and posters placed around Orange County by volunteers.</td>
<td>• 110 participants came to the Community Forum</td>
</tr>
<tr>
<td>2. Participants received a packet of information including an evaluation form, a work group sign-up form, and a summary of the important aging issues created from the formative assessment.</td>
<td>• 64% were from Chapel Hill, 20% were from Hillsboro and Carrboro</td>
</tr>
<tr>
<td>3. Participants were randomly split into small groups and tasked with adding any aging issues that were missing from the formative assessment findings.</td>
<td>• Percent of participants who were aged 50-59 was 11%; 60-79 (14%); 80-89 (14%); 90-99 (2%); 1-40 (8%)</td>
</tr>
<tr>
<td>4. All aging issues were explained to forum participants, and participants were asked to prioritize the issues by importance. Votes were weighted such that the 1st place cast five points, and the 5th place card cast one point for an issue.</td>
<td>Participant Evaluation Results</td>
</tr>
<tr>
<td></td>
<td>• Participant evaluations were mostly positive, but identified the following areas for improvement:</td>
</tr>
<tr>
<td></td>
<td>o more experienced facilitators,</td>
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<tr>
<td></td>
<td>o larger font on PowerPoint Slides</td>
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<td></td>
<td>o longer small-group discussions</td>
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<tr>
<td></td>
<td>o including a description of MAP planning and implementation process</td>
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</tbody>
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**Aging Issues Prioritization Results (with points)**

1. Health & Wellness (212)
2. Housing (147)
3. Navigation & Transportation (145)
4. Information Sharing (135)
5. Financial & Economic Security (92)
### Meeting Analysis

5. Capstone team members scored each aging issue based on the weighted votes.
6. Capstone team members created a report, including a description of attendance, the prioritization process, and summary of participant evaluations.

### Deliberable 3: Orange County Master Aging Plan Community Engagement Toolkit

<table>
<thead>
<tr>
<th>Methods</th>
<th>Key Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Work Group Formation</strong></td>
<td>Participants</td>
</tr>
<tr>
<td>1. Five work group topics: Health &amp; Wellness, Navigation &amp; Transportation, Aging in Place, Housing, and Community Engagement.</td>
<td>Each work group had 13-25 participants.</td>
</tr>
<tr>
<td>2. All 13 aging issues prioritized at the Community Forum were split among the five work group topics.</td>
<td>Comprised of interested citizens, professionals working in related topic areas, and representation from county departments.</td>
</tr>
<tr>
<td>3. Participants were recruited from Summer Community Assessment, Community Forum, publicity in Senior Times, and recommended by MAP Steering Committee and MAP Management Committee members.</td>
<td>Results</td>
</tr>
<tr>
<td>4. Each Capstone student led one work group.</td>
<td>Each work group produced a prioritized list of objective and strategies to be included in the draft MAP.</td>
</tr>
<tr>
<td><strong>Work Group Process Overview</strong></td>
<td>Addition of LGBTQIA concerns and spiritual needs of older adults into the MAP, as a result of the public comment period.</td>
</tr>
<tr>
<td>1. Each work group held 5 meetings between November 2011 and February 2012.</td>
<td>Recommendations for Improvement</td>
</tr>
<tr>
<td>2. Each work group had between 13-25 participants</td>
<td>Work groups would benefit from highly skilled facilitation.</td>
</tr>
<tr>
<td>3. Work group meeting times were decided using a free, online poll (Doodle.com). The meeting time with most participants available was chosen.</td>
<td>Small groups (within work groups) help to elicit feedback from more reserved work group members.</td>
</tr>
<tr>
<td>4. Homework assignments were given to all participants after each meeting to prepare for the next discussion.</td>
<td>Staff buy-in is key to a successful and productive work group process.</td>
</tr>
</tbody>
</table>
5. Each work group used slightly different methods to address the issues outlined below, including small-group and large group discussions.

6. A prioritization survey was created by each Capstone student after Meeting 4 and sent to her respective work group. Participants were asked to rank each objective created in their work group by importance, as well all strategies for each objective.

Work Group Meetings:

1. **“Where We’ve Been and Where We’re Going”**
   - Introduce work group process.
   - List existing programs and services in Orange County.
   - Suggest how to improve, expand, protect, or implement new programs and services.

2. **“Barriers and Facilitators to Success”**
   - Discuss barriers and facilitators that may hinder or help progress.
   - Recommend solutions for how to improve, expand, protect, or implement new programs and services.

3. **“Focus on Solutions”**
   - Review all problem areas and solutions proposed in work group to-date.
   - Add any recommended solutions that were missing and delete duplicated ideas.

4. **“Drilling Down to Objectives”**
   - Detail evaluation and editing of objectives and strategies to make them more feasible.

5. **“Finalizing Objectives and Strategies”**
   - Review prioritization results.
   - Finalize wording of objectives and strategies to submit to MAP Management Committee.

Community Engagement Toolkit

1. Compilation of draft agendas, presentations, homework exercises, and worksheets from work group process.
2. Compilation of community forum publicity, planning, and facilitation materials.
3. Public comment period questionnaire.

- Fewer yet longer work group meetings are recommended.
- In the future, a website to share documents and updates on the work group process is strongly recommended. This would be useful in sharing information between members, as well as allowing for a more transparent work group process to the wider public.
- Holding work group meetings in the evening may allow for greater involvement from community members, but may limit the involvement of professionals.
- Facilitators should ensure that the viewpoint of professional work group members not overshadow the perspectives of community members.
- Some of the homework assignments, especially the one related to barriers and facilitators, were confusing to work group members. Future MAPs should eliminate or revise problematic homework assignments.
- More online survey exercises would ensure that more reserved participants have a voice in the process.
- More publicity for a longer period of time leading up to community forum and public comment to obtain a greater variety of citizen involvement.
**Deliverable 4: Master Aging Plan for Orange County**

**Purpose:** 1) Outline recommendations and strategies for Orange County to support its aging population over the next 5 years; 2) Provide indicators and an evaluation plan for the OCDOA and other county organizations to evaluate progress; 3) Obtain buy-in and cooperation from other county agencies by naming them as collaborators in the plan.

**Timeline:** August, 2011 – May 1st, 2012 (~ 7 ½ months)

<table>
<thead>
<tr>
<th>Methods</th>
<th>Key Findings</th>
</tr>
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</table>
| 1. Executive Summary of Goals and Objectives for Steering Committee (2/22/12) | What went well:  
  - Facilitated alignment with the NC Division on Aging and Adults Services (NC DAAS) plan by adopting the state plan structure (e.g., the eight guiding principles).  
  - Included specific strategies to achieve each objective in the plan.  
  - Included indicators to measure the success or achievement of each objective in the plan.  
  - Identified agencies responsible for implementing each objective in the plan.  
  - Included comprehensive discussion of the methods used to develop the plan to promote dissemination and sustainability in future MAP cycles.  
  - Created a user-friendly, attractive plan. |
| a. Capstone students combined all work groups’ objectives and strategies. |                                                                                               |
| b. MAP Management Committee and Capstone students included indicators and agencies responsible for each objective. |                                                                                               |
| 2. Draft Master Aging Plan (2/29/12)                                   | What should be improved:  
  - Create a website or a file-sharing resource to improve communication within work groups, between work groups, and make the MAP development process transparent to the general public.  
  - Some strategies and indicators in the plan may require further development. |
| a. Capstone students drafted the narrative of the draft MAP, including an overview of the development process and aging demographics of Orange County. |                                                                                               |
| 3. Public comment sessions (3/13/12 – 3/22/12)                         | Sustainability Recommendations for 2012-2017 MAP  
  1. OCDOA should implement an interdisciplinary monitoring board to review county progress toward goals and objectives annually.  
  2. OCDOA staff job positions and process evaluations are based upon the indicators set out in the plan.  
  3. Efforts should be made throughout the next five years to educate the public on MAP progress and its role in their daily lives. |
| a. 7 Public Comment Meetings held throughout county between 2/13/12 and 3/22/12. |                                                                                               |
| b. Draft MAP made available online, sent out through listservs, and hard copies available at Senior Centers. |                                                                                               |
| c. Public comment collected through online survey and paper surveys attached to the back of the draft MAP. |                                                                                               |
| 4. Draft Master Aging Plan after public comment period (4/3/12)         |                                                                                               |
| a. Public input comments compiled and summarized for MAP Management Committee by Capstone team. |                                                                                               |
| b. Initial edits and comments incorporated into draft MAP. |                                                                                               |
| c. Public comments summarized and presented to MAP Steering Committee on 4/10/12. |                                                                                               |
| 5. Final Master Aging Plan (4/15/12)                                   |                                                                                               |
| a. Edits made to draft MAP incorporating public comments and Steering Committee recommendations. |                                                                                               |
| 6. Presentation to Orange County Board of County Commissioners for Master Aging Plan approval – 5/1/12 |                                                                                               |


**Discussion**

**Strengths and Limitations of Engagement & Assessment Activities**

Overall, the Capstone team succeeded in increasing the number and quality of community engagement events included in this MAP planning cycle as compared to previous efforts. However, there are major areas for improvement, including reaching and involving populations outside of the predominantly white, middle class residents of Chapel Hill and Carrboro. One suggestion is that the OCDOA collaborate with other non-profits and community groups whose membership is comprised of the target population for community engagement (such as minority residents and younger adults). The OCDOA should begin cultivating these relationships during the implementation phase of the 2012-2017 MAP so that these partnerships are in place in time for the next MAP planning process in 2017. For example, the OCDOA should develop a partnership with the Chapel Hill-Carrboro chapter of the NAACP, local PTAs, and neighborhood associations.

A major limitation of the MAP work group process was the lack of a website to facilitate communication within and between work groups and to make the whole process available to the general public. In future cycles, the Capstone team recommends that the OCDOA create a MAP-specific website (linked through the OCDOA website) to share documents with work group members, provide resources and useful links, upload work group homework and examples, and share updates on the planning process. This website could also assisted with better information sharing among work group members, the Capstone team, and OCDOA staff. Members of the greater public would also have been able to stay updated on the process and participate when able through online forums or discussions. Additionally, work group members who were only able to attend one or two work group meetings would have been able to follow the work group process and contribute without attending meetings in person. The OCDOA website is managed by Orange County and as a result, the Capstone team faced difficulties in navigating the ownership, privacy, and technological issues related to creating a MAP-specific section of the OCDOA website. In the future, it is essential that these issues be addressed early on, so that the creation of a MAP-specific website is possible.
Despite the limitations and those described in the results and discussion section of this document, the community engagement process was successful in many ways. The work group membership was a particularly successful component of the Capstone project’s community engagement efforts. The work groups were comprised of both professionals who work in aging-related fields and older adults. This allowed for greater interaction between professionals and community members, enhancing the quality of the content of the MAP while also creating a forum for dialogue between working professionals and the intended beneficiaries of their programs. Some Capstone team members noted, however, that the work group conversations tended to be dominated by those with more technical expertise, or in some cases were lacking in professional guidance. In future MAP planning, facilitators should both design work group activities that acknowledge and highlight the unique perspectives that community members bring to the work group process and ensure that all relevant organizations are represented.

**Potential Impact & Benefits**

The development of the MAP presents the opportunity for countywide collaboration that transcends levels of government and crosses professional sectors to support a common goal of creating a community that is responsive to the needs of older adults. Ideally, the MAP supports the OCDOA’s overarching goal of creating an ideal place to grow old, which is best defined by the eight guiding principles of the MAP itself:

- **Empower** older adults, their families, and other consumers to make informed decisions and to easily access available services and supports.
- **Enable** older adults to age in their place of choice with appropriate services and supports.
- **Empower** older adults to enjoy optimal health status and to have a healthy lifestyle.
- **Promote** the safety and rights of older and vulnerable adults to prevent their abuse, neglect, and exploitation.
- **Empower** older adults to engage in the community through volunteerism, lifelong learning, and civic activities.
- **Prepare** Orange County for an aging population.
- **Promote** an adequate direct care workforce for an aging population and opportunities for older workers.
- **Maintain** good stewardship of publicly funded services.

The 2012-2017 MAP engaged its stakeholders in more and higher quality ways than previous MAPs; documented the development process to enhance sustainability; and used a standardized process to
research and recommend goals, objectives, and indicators. Thanks to the UNC Capstone program and the OCDOA’s governing bodies, this comprehensive planning process supports the overall vision of creating a County that supports a high quality of life and improved health outcomes for all older adults.

**Lessons Learned & Challenges**

The Capstone team faced several significant challenges through the course of the MAP planning process. One of these obstacles involved the standardization of work group activities. In planning for the work group process, the Capstone team put forth its best effort to ensure that the work group process was standardized across all five work groups. The team felt that this would allow for a more effective monitoring and evaluation of the work group process. The Capstone team also hoped that standardization would ensure that all work groups had the same outputs, and as a result the draft MAP would be easier to compile at the end of the work group process. By our second work group meeting, the Capstone team realized that standardization was possible only to a point. Each work group had varying dynamics, membership, and wildly different subject areas. As a result, it was necessary that some work groups deviate from the standardized process. The team agreed that following the same overarching structure was important in getting similar final outputs from the process, but how individual work groups chose to apply that structure depended largely on group dynamics.

Another challenge the Capstone team faced was the lack of buy-in from OCDOA staff (outside of our community partner). The Capstone team was responsible for designing, recruiting, publicizing, and facilitating the entire work group process in partnership with the OCDOA community partner and an additional staff member who was actively involved throughout the Capstone project. Other OCDOA staff, however, would ultimately be responsible for implementing the goals, objectives, and strategies that were a result of the work group process. In the weeks leading up to the work group process, two OCDOA staff were assigned to a work group based on their role in the organization and their own expertise. The relevance and expertise of OCDOA staff varied according to work group. Capstone team members did not interact with OCDOA staff until directly prior to the start of the work group process, and it was difficult to develop a working relationship with OCDOA staff while implementing a multi-level work group
process. It was clear that all parties involved (work group members, Capstone team, and OCDOA staff) were unclear of the role of staff in the work group process. Staff members were expected to represent the OCDOA and assist in guiding the work group process, but since they were not involved in its design, this role was often marginalized during meetings and as a result, staff contributed to the process in the same way that a work group member would. Some OCDOA staff expressed their frustration at the process. Specifically, they would have preferred to be more involved with the MAP planning process at the outset and would have liked to have more clearly defined roles. The Capstone team recognizes that it was difficult to involve OCDOA staff because of the short timeline of the MAP process but recommends that the OCDOA engage staff at the outset in future MAP processes. This would enhance work group facilitation, increase the usefulness of the plan, and ensure OCDOA staff ownership of the plan.

**Considerations for Sustainability**

Sustainability for our project means the successful implementation of the MAP over the next five years and creating planning resources for the next MAP. We recommend that the OCDOA refer to the MAP on a regular basis for their own work, but also communicate with other stakeholders and partnering lead agencies to ensure they are doing the same. We also suggest that those involved in the creation of this MAP through the MAP Management Committee document their insights about the planning process soon after the MAP has been finalized. These insights could be captured at a meeting facilitated by the OCDOA Director, Janice Tyler, after the May 1st OC BOCC meeting. These ideas and lessons learned will then be shared at the start of the 2018-2023 MAP planning period to ensure continuity. To promote the continued involvement of these MAP champions and committees after May 2012, the Capstone team strongly recommends the appointment of a MAP Evaluation Committee. This committee will bring together OCDOA staff and community leaders annually to evaluate MAP progress and will ensure continued quality of life benefits for Orange County older adults. As a strategic plan, the MAP is only intended to be sustained for five years, but following these recommendations can enable each consecutive MAP to build upon past success and experiences.
Conclusion & Recommended Next Steps

As described in this Capstone summary report, the 2012-2017 MAP is a necessary document preparing Orange County to support its growing population of older adults. In collaboration with the OCDOA, our Capstone team created the goals, objectives, strategies, and indicators of the 2012-2017 MAP through engaging stakeholders on many levels. The Capstone team’s efforts in the development process included a Community Forum for Orange County citizens to voice and prioritize important aging issues, a four-month work group process, a public comment period, and meetings with the MAP Management Committee, MAP Steering Committee, and the Governor’s Advisory Council on Aging. Engaging these stakeholders from the beginning allowed our team to create more feasible and targeted recommendations for improving programs, services, and policies in the county. Finally, this report includes our Capstone team’s identification of areas in the MAP development process that need improvement and recommendations so that future MAPs include a greater diversity of citizen input and achieve institutionalization within private and public county functions.

In order to continue the progress made during the 2012-2017 MAP, we believe the OCDOA should create an interdisciplinary monitoring body that meets yearly to review progress toward the MAP goals and objectives. Because there are several responsible agencies mentioned by name in the MAP who will aid in implementing the goals and objectives, this evaluating body should include representation from these agencies, as well as other businesses, organizations, and individuals who participated in the work group process. On an organizational level, the OCDOA should evaluate its progress quarterly based upon the indicators set forth in the plan, and use the indicators as a template for OCDOA staff job descriptions and performance evaluations. Lastly, to ensure the broadest possible citizen participation in implementing the MAP, the OCDOA should publish articles in the Senior Times and local newspapers to update the public on progress towards the 2012-2017 MAP goals and objectives, and raise awareness among Orange County citizens of the MAP’s existence and how it affects their daily lives.
References


Cvitkovich, Y., & Wister, A. (2001). The importance of transportation and prioritization of environment needs to sustain well-being among older adults *Environment and Behavior, 33*(6), 809-829.


Social Indicators Research, 99(3), 405-412.

Wardip, K. (2010). Strategies to meet the housing needs of older adults. AARP Public Policy Institute - Center for Housing Policy.


Aging & Mental Health, 6(3), 213-221. doi:10.1080/13607860220142422


Appendix A

Orange County Department on Aging
Capstone Work Plan
December 2011

A. Capstone Team Members

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B. Working Title

Please provide a working title that describes the population, setting, health topic(s), and major deliverable(s) you will be working on.

Development of the 2012-2017 Orange County, North Carolina Master Aging Plan

C. Capstone Project Description

In narrative format, please describe the significance of the health problem(s) the Capstone project aims to address. Describe the population that will benefit from the Capstone project work. Describe the setting that will be impacted by the Capstone project work. Describe the methods that the Capstone team will use to address the health problems. (1-2 paragraphs)

North Carolina’s older adult population (persons aged 65 or older) is projected to more than double from 2000 to 2030. The state’s population of residents aged 85 and older is also expected to more than double by 2030, with a projected increase of 150% (UNC Institute on Aging, 2009). Since Orange County has become a desirable retirement destination and already has a sizable older adult population, the coming growth of the over-65 population is expected to be even more dramatic in this area (Herzog, B, Wilson, G, Rideout, N, 2010). This rapid increase presents numerous challenges for Orange County with respect to higher demand for health and human services, issues surrounding care giving and long term care, as well as the unique housing and transportation needs of this population. An increase in this population also presents opportunities for the County to utilize the wealth of experiences and knowledge that older adults bring to our community and promote an environment that facilitates intergenerational engagement (Herzog, B, Wilson, G, Rideout, N, 2010). Several questions need to be addressed in Orange County to prepare for the growth of the older adult population:

- How best can county government prepare for these demographic changes?
- How many and what kind of existing and new services will be needed?
What sort of housing and transportation system should be planned?
What aging friendly policies should be put into place so that older adults can live independently as long as they desire?
What sort of long-term care supports will be needed to care for those who can no longer live on their own?

In order to prepare for and respond to the needs of older adults, the Orange County Department on Aging (OCDOA), in collaboration with our Capstone team, will develop a five year strategic plan, the Master Aging Plan (MAP). The OCDOA was the first department of its kind in the state of North Carolina to initiate this process in 2000. Recognizing the need for a collaborative response across county government departments and the importance of community engagement, the Capstone team will bring together a diverse group of stakeholders to identify and prioritize aging-related needs. The MAP planning process will involve several steps: 1) a community forum to identify key issues and encourage community participation, 2) the creation of Work Groups to address specific topics prioritized through the forum, 3) the development of a draft plan based on the work of the MAP Work Groups and 4) the solicitation of community input on the draft plan through a public comment period. The MAP process culminates in a final written document, which will be submitted to the Board of County Commissioners in May of 2012. The goals, objectives, and strategies outlined in the MAP will be used to dictate departmental activities and to allocate resources over the next five years. In addition to coordinating the MAP strategic planning process, the Capstone team will develop a process evaluation plan for the MAP process and an outcome evaluation plan to be used throughout its five-year implementation.

D. Deliverables & Activities

Please list all Capstone deliverables and their purposes; the activities necessary to complete them; and the timeline for completing them.

Deliverable I: Presentations to Steering Committee

The Steering Committee, which is comprised of various stakeholders, oversees the MAP strategic planning process. The Committee includes key leaders in county government and program administration. With the assistance of the Capstone team, the OCDOA hopes to actively engage Committee members in order to create cooperation and accountability across county departments and other stakeholders, such as long term care providers, at the outset and throughout the planning and implementation process. The Capstone team will develop and deliver a presentation for the Steering Committee that will provide a context for the demographic shift occurring in Orange County. The presentation will include relevant demographic data about Orange County’s older adult population, projections of future needs based on a literature review, and an overview of the importance of MAP. The Capstone team will also compile materials and resources for a MAP resource using the Dropbox program, which will be maintained by the Department on Aging.
After completion of the Work Group phase of the Capstone project (described under Deliverable IV), the Capstone team will develop an additional presentation for the Steering Committee. This presentation will describe the Work Group process and activities and provide the results of the Work Group process: a set of objectives and strategies aligned with the state aging plan goals. The Capstone team will incorporate the Steering Committee’s feedback on these objectives and strategies into the MAP final plan.

<table>
<thead>
<tr>
<th>ACTIVITIES</th>
<th>DUE DATES</th>
<th>STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research and develop presentation</td>
<td>September 12ᵗʰ, 2011</td>
<td>Complete</td>
</tr>
<tr>
<td>Deliver presentation</td>
<td>September 14ᵗʰ, 2011</td>
<td>Complete</td>
</tr>
<tr>
<td>Compile materials for MAP webpage</td>
<td>September 19ᵗʰ, 2011</td>
<td>Complete</td>
</tr>
<tr>
<td>Develop second presentation</td>
<td>February 29ᵗʰ, 2012</td>
<td>Complete</td>
</tr>
<tr>
<td>Deliver second presentation</td>
<td>February 29ᵗʰ, 2012</td>
<td>Complete</td>
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</table>

Deliverable II: Community Forum

The Community Forum will serve as the formal kick-off event for the MAP planning process. During this event, which is open to the public, participants will discuss and prioritize focus areas that will determine the direction of MAP Work Groups (discussed in more detail under Deliverable IV). The Forum is open to all members of the community, and participants will be encouraged to remain involved in the planning process through Work Group attendance and/or public comment on the draft plan. The Capstone team will design and execute a plan to publicize the event, with special attention to marginalized and underserved aging populations. The Capstone team will also research, plan, and facilitate interactive ways to engage participants during the Forum, keeping in mind the mobility challenges of some participants. In addition, the Capstone team will design and execute an evaluation tool to assess the Forum’s success in meeting its objectives and reaching its intended audience. After the Community Forum, the Capstone team will synthesize information collected and assist the MAP Steering Committee in determining focus areas for Work Groups.

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<tr>
<th>ACTIVITIES</th>
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<tbody>
<tr>
<td>Develop and execute a plan to publicize the Forum</td>
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<td>Complete</td>
</tr>
<tr>
<td>Research and plan activities to engage Forum participants</td>
<td>September 26ˢᵗ, 2011</td>
<td>Complete</td>
</tr>
<tr>
<td>Research and develop a process evaluation plan for the Forum</td>
<td>September 30ˢᵗ, 2011</td>
<td>Complete</td>
</tr>
<tr>
<td>Facilitate Community Forum</td>
<td>October 5ᵗʰ, 2011</td>
<td>Complete</td>
</tr>
<tr>
<td>Analyze Forum evaluation results and generate report</td>
<td>October 19ᵗʰ, 2011</td>
<td>Complete</td>
</tr>
<tr>
<td>Synthesize information learned from Forum and</td>
<td>October 19ᵗʰ, 2011</td>
<td>Complete</td>
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</table>
Develop a proposal outlining the Work Group structure, process, and key stakeholders

Deliverable III: Evaluation Plan

The Capstone team will develop a plan to evaluate the goals and objectives outlined in the 2012-2017 MAP. This is a new addition to the MAP process. The Capstone team will assess prior MAPs to determine if and to what extent previously identified objectives were fulfilled. The team will rely on OCDOA reports to the Orange County Board of County Commissioners (BOCC) and interviews with relevant OCDOA staff. The evaluation of prior plans will inform the work of the MAP Work Groups (Deliverable IV) and will set the stage for future outcome evaluations. This evaluation plan will be available to other counties who undergo MAP processes.

<table>
<thead>
<tr>
<th>ACTIVITIES</th>
<th>DUE DATES</th>
<th>STATUS</th>
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<tbody>
<tr>
<td>Review 2006-2011 MAP</td>
<td>September 16(^{th}), 2011</td>
<td>Complete</td>
</tr>
<tr>
<td>Review OCDOA reports and interview staff</td>
<td>October 5(^{th}), 2011</td>
<td>Complete</td>
</tr>
<tr>
<td>Generate a report evaluating progress on 2006-2011 MAP goals and objectives</td>
<td>October 19(^{th}), 2011</td>
<td>Complete</td>
</tr>
<tr>
<td>Develop and refine an outcome evaluation plan for 2012-2017 MAP goals and objectives</td>
<td>November 2011 – April 2012</td>
<td>Complete*</td>
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</table>

*Note, developing the evaluation was done in partnership with the OCDOA MAP Management Committee and took the form of the indicators in the 2012-2017 MAP.

Deliverable IV: Form Work Groups and act as Work Group Facilitator

Through assessment of the information gathered at the Community Forum, the Steering Committee and the Capstone team will determine the focus areas of the Work Groups. The Capstone team will then assist in developing a structure for the Work Group activities to ensure that there is a standardized process across all groups. The Capstone team will also be involved in recruiting key stakeholders and Forum participants to serve on these Work Groups. Each Capstone member will serve as a facilitator for a specific Work Group and will meet with this group five times from October to early February 2012. Depending on the focus area of the group, the facilitator will take on a variety of duties, including but not limited to: conduct literature reviews; research existing programs and policies; call on faculty expertise; invite guest speakers; and prepare reports and presentations on topics of interests. The facilitators will ensure that the Work Groups develop overarching goals related to its focus areas as well as objectives that are specific, measurable, achievable, relevant, and time-bound (SMART).

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<th>ACTIVITIES</th>
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<tbody>
<tr>
<td>Identify and begin recruiting potential Work</td>
<td>October 12(^{th}), 2011</td>
<td>Complete</td>
</tr>
</tbody>
</table>
Group members

| Present proposed Work Group structure and process to Steering Committee for approval | October 25th, 2011 | Complete |
| Act as Work Group facilitator | November 2011 – February 2012* | Complete |

*UNC has winter break from 12/17/11 to 1/9/12.

Deliverable V: Develop Draft MAP & Prepare for Public Comment on Draft Plan

Based on the priorities, goals, and objectives outlined by the Work Groups, the Capstone team will write a draft MAP. The draft MAP will incorporate outcome evaluation strategies. The Capstone team will also develop a strategy to solicit public input on the proposed MAP through several communication modes, including publicity of the event(s) and an evaluation of the public comment session(s). The Capstone team will continually use information from public comment sessions to revise the final plan.

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<th>ACTIVITIES</th>
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<tr>
<td>Write draft MAP</td>
<td>February 28th, 2012</td>
<td>Completed</td>
</tr>
<tr>
<td>Develop proposed plan for public comment</td>
<td>February 28th, 2012</td>
<td>Completed</td>
</tr>
<tr>
<td>Present draft MAP and public comment proposal to Steering Committee</td>
<td>February 29th, 2012</td>
<td>Completed</td>
</tr>
<tr>
<td>Facilitate period of public comment</td>
<td>March 2012</td>
<td>Complete</td>
</tr>
<tr>
<td>Incorporate public comment into MAP</td>
<td>March 2012</td>
<td>Complete*</td>
</tr>
</tbody>
</table>

*Note, this was done in partnership with OCDOA staff.

Deliverable VI: Final MAP

Incorporating public comment, input from Work Groups, and Steering Committee recommendations, the Capstone team will finalize the MAP. The team will assist with presentation of the MAP to the Advisory Board on Aging, and once approved by this Board, the team will assist with submission of the MAP to the BOCC for approval.

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<tr>
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<tr>
<td>Finalize MAP</td>
<td>April 8th, 2012</td>
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<tr>
<td>Present MAP to Steering Committee</td>
<td>April 10th, 2012</td>
<td>Complete</td>
</tr>
<tr>
<td>Present MAP to Advisory Board on Aging</td>
<td>April 10th 2012</td>
<td>Complete</td>
</tr>
<tr>
<td>BOCC votes to accept MAP</td>
<td>May 1st 2012</td>
<td>Not yet started</td>
</tr>
</tbody>
</table>

D. Important HBHE Principles
   a. Theory-Grounded
Please explain how the Capstone project work will be grounded in theory.

The activities and deliverables of this project will be grounded in theories related to social networks, organizational change, and diffusion of innovations. As the MAP will recommend the implementation of new strategies for preparedness across county government departments, the theories of Organizational Change and Diffusion of Innovations will provide guidance for the MAP planning process and creation. The Diffusion of Innovations Theory will especially inform how the Capstone team communicates with key leaders of county organizations, emphasizing the relative advantage, compatibility, complexity, trialability and observability of the MAP, in order to create buy-in and ownership across county departments (Oldenburg & Glanz, 2008). The Capstone team will serve as a linkage agent between the Orange County Department on Aging and the community, and feedback from the community will help the team to strategically address these five innovation characteristics in the new plan. It is the OCDOA and Capstone team’s shared goal that county departments and community organizations continue to be active participants in MAP implementation. Therefore, it is critical that county departments and community organizations see the relative advantage of this plan in order to institutionalize it within their own processes.

Organizational Change Theory will also inform the MAP planning process, as the Capstone team will assist the OCDOA in evaluating the 2006-2011 MAP (i.e., identifying unmet need), and searching for alternative strategies to meet the needs of older adults in Orange County (Butterfoss, Kegler, & Fancisco, 2008). Organizational Change Theory will also guide how the Capstone team and the OCDOA form an organizational coalition in the county to create and implement the MAP. To successively collaborate on the MAP, organizations in the community must see it as aligned with their own organizational missions. We will therefore attempt to make our plan as specific and user-friendly as possible in order to promote its use within other organizations of Orange County (Butterfoss et al., 2008).

Lastly, formative research on older adults in Orange County suggests that theoretical concepts related to Social Network and Social Support Theories may be applicable in understanding how relationships can be enhanced or built to increase older adults’ access to tangible and intangible resources (VonDras & Madey, 2004). Strategies that facilitate older adults’ abilities to meaningfully contribute to the community will also be emphasized in the MAP, as many older adults have a strong desire to remain socially connected through volunteer and social engagements (Herzog, B, Wilson, G, Rideout, N, 2010). The MAP will ultimately promote programs that maintain older adults’ mental and physical health through fostering intergenerational connections, as well as interactions with peers and local organizations.

Evidence-Based
Please explain how the Capstone project efforts will be evidence-based.

In order to be effective and efficient, it is imperative that our project be evidence-based. First, the MAP planning process will be based on qualitative and quantitative formative research conducted by the OCDOA during the summer of 2011. The goals of this research were
to understand the county’s readiness and capacity for the aging population, as well as to survey older adults’ needs and priorities. The findings will inform the MAP planning process and the connections made during the formative research will open new doorways to local expert experience and information in the field of aging.

During the MAP planning process, each Capstone team member will serve as facilitator of a Work Group. The role of each Liaison will be to perform additional research into her Work Group’s pertinent issue, solicit expert feedback, and provide reports and presentations to share with the Work Group. This secondary research will ensure that our goals and strategies are based in the latest evidence on effective interventions and critical resources.

Finally, this Capstone project will build an evidence base for Orange County through recommendations of MAP process and outcome evaluation measures. As the five-year plan is implemented, these indicators and evaluation questions will help the OCDOA and other county departments understand how change is being effected to improve the lives of Orange County older adults.

Participatory
Please explain how the Capstone project efforts will involve the intended audience.

The long-term success of the 2012-2017 MAP will particularly depend on the shared insight from older adults, those who work in aging-related services, and the support of government agencies. The activities and deliverables of this project are intended to contribute to the engagement of these groups.

The MAP strategic planning process will incorporate public input and gather stakeholder feedback at every step. Public concerns, needs, ideas for improvement, and other comments will be collected from the Community Forum on October 5th and during a public comment period on the draft MAP in Spring of 2012. We will begin publicizing the Community Forum through established social network connections of the OCDOA and the Capstone team to effectively reach community participants. In spring of 2012, we will recommend methods to OCDOA for collecting public feedback on our draft MAP. This feedback from citizens, key stakeholders and department heads will be incorporated into our final MAP.

Our team will also draw from Arnstein's Ladder of Participation Model (Arnstein, 1969). Through this model, the Capstone team will use community connections to seek input from older adult groups who traditionally hold less power and influence. These groups include minorities, the very sick, those in long-term care facilities, and those with low socioeconomic status. By seeking connections and feedback from these vulnerable members of society, we aim to recommend feasible strategies that will reduce inequities in Orange County.

b. Public Health-Oriented
Please explain how the Capstone project work will impact public health.
The strategic plan will aim to improve the quality of life of Orange County older adults via high-level policy and organizational changes. The MAP will take a comprehensive approach to addressing quality of life needs of Orange County senior citizens, including increased access to information, health and financial services, social opportunities, resources for aging in place, transportation, and affordable housing options. The various strategies included in the MAP to build aging-friendly communities will improve and/or maintain the physical, mental, and social health of older adults in Orange County for as long as possible (OCDOA Master Aging Plan Task Force, 2007).

c. Attention to the Potential for Sustainability and Dissemination

*Which project outputs should be sustained after the Capstone project ends, how, and by whom? How will you share outcomes with stakeholders, relevant institutions, organizations, and individuals?*

The OCDOA and other community leaders will sustain the chief deliverable of this Capstone project, the MAP, after the project’s conclusion in May 2012. Following Shediac-Rizkallah and Bone’s framework for sustainability, the Capstone team will take factors of the community, OCDOA, and MAP itself into account during the MAP planning process to ensure that it will be implemented (Shediac-Rizkallah & Bone, 1998). Community factors will have a significant role in sustainability because the Capstone team will be seeking community participation in the prioritization of topic areas to be included in the MAP, creating specific goals and objectives and offering feedback on the draft plan. These steps will help to create community ownership of the MAP, leading to an increased likelihood of continued use.

The OCDOA will also be instrumental to ensuring implementation of the MAP. The leadership is dedicated to the idea of a living document that they will reference and check their progress against continuously. Additionally, by creating a Steering Committee comprised of other department officials and key stakeholders in the county, the MAP will be horizontally integrated into the programs and services of county departments and community organizations beyond the OCDOA.

Finally, the MAP itself will help to ensure sustainability. By building outcome and process evaluation strategies and indicators into the MAP, the OCDOA will be able to assess the success and potential adaptability of the MAP. Measuring the effectiveness of the strategies outlined in the MAP will allow the OCDOA to not only make course corrections over the next five years, but to demonstrate that MAPs are a useful tool for other local governments to adopt. Process evaluation measures will help to document why some aspects of the MAP work and others may not. This information will be helpful for the creation of future MAPs in Orange County as well as for the dissemination of MAPs for use in other locations.

The outcomes of this Capstone project will be shared with the target population, older adults in Orange County, during the MAP planning process. An important benefit of sharing progress and outcomes with key stakeholders during the planning process is increased participation in MAP implementation over time. Information shared with stakeholders will include the presentation to the Steering Committee (Deliverable I), Work Group activities
(Deliverable IV), and the draft MAP (Deliverable V). Outcomes will also be shared with county officials and community organizations through the inclusion of a Steering Committee in the planning process. The OCDOA will receive weekly updates on the Capstone team’s progress on the work plan deliverables and will be closely involved in work on those deliverables. The Final Summary Report of this Capstone project will also be stored in the Health Sciences Library at the University of North Carolina at Chapel Hill for any interested parties to reference.

E. IRB Implications

Will you be conducting secondary data analysis or primary data collection? Do you plan to pursue additional activities with the same information for dissemination (e.g., conference paper, article)? Please refer to the IRB Guidance for Student Research and Class Projects document to determine whether or not you will need to do an IRB.

No IRB application is required for this Capstone project.

F. Roles & Responsibilities

The Capstone has four stakeholder groups: students, community partners, faculty advisers, and the HBHE Department, as represented by the Capstone teaching team. The roles and responsibilities for each of these groups are outlined in Appendix A. The student team has identified the following team members for the roles listed below:

- a. Teaching Team Liaison: Hannah Prentice-Dunn
- b. Community Partner Liaison: Rebecca Woodruff
- c. Faculty Adviser Liaison: Phoebe Goldberg
- d. Department Liaison: Laura Major

G. Resources

a. Capstone Site Resources

The HBHE department will reimburse up to $100 of expenses relating to the direct activities necessary to carry out the established deliverables of the Capstone team.

What materials/resources will the Capstone partner supply to support this Capstone project (e.g., work space; transportation costs; long distance phone and faxes; data sources; data processing; printing; postage; clerical support; supplies for focus groups/meetings; etc.)? Does this Capstone team have all of the resources (e.g., money, space, technology, etc.) necessary to produce the deliverables outlined in the work plan? If no, explain how the resources will be obtained.

The OCDOA will supply printing and copying, incentives for participants of deliverable activities, office space with wireless internet at the Robert and Pearl Seymour Center, Hillsborough Sportsplex, and Carol Woods Retirement Community, and access to the shared network on their computers as necessary.

The Capstone team will use their own computers most of the time and will provide their own transportation unless using a State Vehicle.
The HBHE department will provide up to $100 reimbursement, additional copying, access to the State Vehicles, poster printing services, mail services, telephone, conference call, and fax machine capabilities, and other various equipment.

b. Capstone Partner Key Personnel

Please use the table below to identify key personnel (besides the community partner) at the Capstone organization/agency who will interact with the Capstone team.

<table>
<thead>
<tr>
<th>Name, Degree(s)</th>
<th>Title</th>
<th>Relationship to Capstone Team</th>
<th>Communication Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mary Fraser</td>
<td>Vice Chair of the Orange County Advisory Board on Aging</td>
<td>Co-chair of the MAP Steering Committee</td>
<td>Should be included on all communications. Will provide support, oversight, and guidance to the Capstone team.</td>
</tr>
<tr>
<td>N/A</td>
<td>Work Groups</td>
<td>Each student will be assigned to work with one or two Work Groups to coordinate the research and development of MAP sections.</td>
<td>TBD as Work Group topics are decided and groups are formed by the OCDOA.</td>
</tr>
<tr>
<td>N/A</td>
<td>MAP Steering Committee</td>
<td>Involvement with deliverables.</td>
<td>TBD.</td>
</tr>
</tbody>
</table>

c. Consultants on Call

Do you require any special expertise beyond what will be provided by your community partner, faculty, adviser, and the teaching team? If so, please use the table below to identify any faculty, adjunct faculty, alumni, PhD students, or other public health professionals who might be able to lend their expertise to the project.

Consultants may be determined and contacted as the Capstone team researches policy areas to inform MAP sub-committees.

d. Other?

Please describe any other assets available to the team.

The Orange County Department on Aging’s MAP will be modeled after the state of North Carolina Master Aging Plan. The Capstone team has been provided copies of this plan for reference. The team will also rely on formative research conducted by two HBHE students as
part of their summer practicums. In addition, the Capstone team will rely on the expertise and support of all division heads within the Department on Aging.

H. Logistical Considerations
   a. Timing
   *Are there any timing considerations that will be important for the student team to be aware of when working on this project and its deliverables?*

   The major timing considerations for this project is having the final MAP drafted and approved by the community in May 2012 so that it aligns with the Board of County Commissioners’ predetermined meeting schedule.

   b. Travel
   *What special travel considerations exist for the student team? If travel is required, who is covering that expense?*

   The Capstone team will likely be required to travel throughout Orange County. No overnight stays will be required.

   c. Other
   *Are there any other important issues that the Capstone team (students, faculty adviser, and community partner) or teaching team should know about this Capstone project and/or the deliverables?*

   N/A

I. Permissible Uses of Information
   a. Ownership of the Deliverables
   *The Capstone partner owns the final deliverables. However, HBHE reserves the right to publicly list the organization as a Capstone partner, to keep copies of all Capstone teams' final deliverables for review by the HBHE community, and to include a brief project description in Capstone promotional materials. Please explain the degree to which students will be allowed to use the work produced in pursuit of their educational or professional careers (e.g., thesis, dissertation, manuscript). Describe the procedures for obtaining approval to disseminate the Capstone project deliverables. If there are certain data or products that cannot be disseminated, please list them here.*

   Once the MAP is approved, it becomes a public document. Additionally, students will be allowed to use the MAP in future academic or professional pursuits, with the caveat that the students check with the OCDOA before doing so. Obtainment of approval will be conducted through phone or email.

   b. Authorship
   *What are your plans for authorship if you produce publishable materials?*

   The students will be credited as authors and MAP Management Committee and Work Group members in the final published document.
c. Use of Recorded Materials

Who (e.g., Capstone partner, HBHE, students) can use the photographs, recordings, interviews, or auditory recording created by HBHE MPH Students during their Capstone projects?

Recorded materials will only be used, if at all, during focus groups for public comment. Students will have access to these materials for project purposes only. OCDOA will have ownership over any recorded materials generated from Capstone project work. HBHE students cannot use recordings or interview transcripts.
Appendix B:

MAP Steering Committee

Committee Facilitator
Pat Sprigg – CEO, Carol Woods Retirement Community

Committee Members
Leo Allison – President, Friends of the Central Orange Senior Center, Inc.
Heather Altman – Chair, Orange County Advisory Board on Aging
Craig Benedict – Director, Orange County Planning and Inspections
Steve Brantley – Director, Orange County Economic Development
Colleen Bridger – Health Director, Orange County Health Department
Jan Busby-Whitehead – Director, UNC Center for Aging and Health
Loryn Clark – Town of Chapel Hill Representative
Nancy Coston – Director, Orange County Department of Social Services
William Crittenden – President, Jr. Care Management Associates
Archie Daniel – Orange County Sheriff’s Dept.
Vicky Epps – AccessCare of North Carolina
Tara Fikes – Director, Orange County Department of Housing, Human Rights, and Community Development
Gwen Harvey – Assistant Orange County Manager
Margaret Hauth – Planning Director, Town of Hillsborough
Katie Koenig – Strategic Planning Group, UNC Healthcare
Paul Klever – Director, Charles House, Inc.
Bernadette Pelissier – Chair, Orange County Board of County Commissioners
Joan Pellettier – Director, Triangle J Council of Governments’ Area Agency on Aging
Gwen Phillips – Project Manager, Chatham-Orange Community Resource Connection (CRC)
Hank Maiden – Consumer Advocate
Frank Montes de Oca – Director, Orange County Department of Emergency Management Services
Mary Palmer – Interim Co-Director, UNC Institute on Aging
Swarna Reddy – NC Division of Aging and Adult Services
Mike Symons – President, Friends of the Robert and Pearl Seymour Center, Inc.