

**RECOMMENDATIONS FOR A SYSTEMIC PLAN FOR ACTION
MECK60+ SOCIODEMPGRAPHIC INFORMATION
SUMMARY**

STRATEGIES	ACTION ITEMS
<p><u>Strategy 1</u></p> <p>Life Long Learning</p>	<p>Action 1: Promote educational opportunities for seniors by offering learning and formal educational activities in partnership with community</p> <p>Action 2: Establish an Osher Lifelong Learning Institute (OLLI) in Charlotte to offer educational programs and opportunities to connect with others.</p> <p>Action 3: Promote educational programs for seniors at local community colleges and universities.</p> <p>Action 4: Develop targeted and culturally tailored educational activities to empower seniors to be informed, self-sufficient, engaged and confident.</p>
<p><u>Strategy 2</u></p> <p>Family Ties</p>	<p>Action 5: Develop interventions aimed to strengthen kinship ties to assess and strengthen kinship ties.</p> <p>Action 6: Develop life-world led social interventions to promote kinship solidarity in different contexts.</p> <p>Action 7: Interventions to address social isolation and loneliness among older adults</p>
<p><u>Strategy 3</u></p> <p>Intergenerational Solidarity</p>	<p>Action 8: Develop intergenerational mentoring programs to connect people from different generations and enhance quality of life of youth and older adults.</p> <p>Action 9: Develop school programs aimed to bring together older adult volunteers and young adults getting ready to start a professional career path.</p> <p>Action 10: Integrate Senior Centers and senior programming with Community Centers to increase intergenerational opportunities for people of all ages.</p>

**RECOMMENDATIONS FOR A SYSTEMIC PLAN FOR ACTION
MECK60+ PHYSICAL AND MENTAL HEALTH AND USE OF SERVICES**

STRATEGIES	ACTION ITEMS
<p align="center"><u>Strategy 4</u></p> <p>Coordinated Care</p>	<p>Action 11: Create effective care teams that include geriatric healthcare professionals such as doctors, nurses, pharmacists, social workers, and others with unique skills for evaluating and managing health care plans for adults.</p> <p>Action 12: Provide training for health organizations and professionals for best practices on person-centered care and implement standard protocols to assess older adults’ resources to develop plan of care that includes coordination of medical, social and behavioral services.</p> <p>Action 13: Engage with advocates such as family caregivers, friends, health navigators, church members, and others to offer social, behavioral, and psychological support services and incorporate their efforts as part of the team.</p> <p>Action 14: Provide access to health care services for uninsured adults 60 and older.</p>
<p align="center"><u>Strategy 5</u></p> <p>Behavioral Adaptations</p>	<p>Action 15: Training for medical professionals and health service providers to recognize the connection between individual resources and effective behavioral adaptations to promote optimal health.</p> <p>Action 16: Prioritize the health needs of women and minorities with health limitations, disability and/or chronic conditions. Identify their resources and suggest effective preventive and corrective behavioral adaptations.</p>
<p align="center"><u>Strategy 6</u></p> <p>Integrated Support Services</p>	<p>Action 17: Develop a Mecklenburg County coordinated care network to connect electronically older adults with health limitations to available community resources.</p> <p>Action 18: Support the implementation of the statewide coordinated care network NCCARE360. It provides a coordinated, community-oriented, person-centered approach to delivering care in North Carolina.</p>

**RECOMMENDATIONS FOR A SYSTEMIC PLAN FOR ACTION
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STRATEGIES	ACTION ITEMS
<p align="center"><u>Strategy 7</u></p> <p>Supportive Social Environment</p>	<p>Action 19: Promote a community conversation to reframe the national dialogue about aging and ageism by reducing misperceptions and stereotypes leading to discrimination against older people.</p> <p>Action 20: Provide media and social campaigns to correct popular myths and misconceptions about older adults while highlighting the importance of positive views.</p> <p>Action 21: Create a County Senior Affairs Commission under the leadership of the Area Agency on Aging, representing seniors across the County to advise and provide information to the Board of County Commissioners and the Division of Aging and Adult Services on matters related to older adults.</p> <p>Action 22: Schedule community activities across the county to raise awareness of aging, portray stories and narratives of older adults, highlight their contributions to the community, and inform them about programs and interventions to change outcomes.</p> <p>Action 23: Work with community organizations offering services used by older adults, to provide information and deliver healthy active programs for adults, in particular to reach out to women and minority groups.</p> <p>Action 24: Advocate for an expanded array of activities and engagement opportunities in the County library system. Many adults favor the use of Library services. Public Libraries maybe good places to reach out to older adults and offer social, educational or civic activities.</p> <p>Action 25: Evaluate the quality and availability of Mental Health services in the County and examine service use barriers and best practices to facilitate access to Mental Health programs by older adults and their families.</p> <p>Action 26: Integrate Senior Centers and Nutritional programs with Community Centers, and offer programming for people of all ages. Other health services such as community health and mental health may also be more accessible at Community Centers.</p>

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<p><u>Strategy 8</u></p> <p>Supportive Physical Environment</p>	<p>Action 27: Support the Age-Friendly initiative by the County Division of Aging Services (DSS) to improve the built environment and identify actions to make outdoor spaces, transportation and housing age-friendly.</p> <p>Action 28: Create a dissemination and information campaign to increase awareness, knowledge and use of outdoor spaces, the transportation network, and seek grants and programs to renovate home environments, increase affordable housing units and community safety.</p> <p>Action 29: Work with real estate developers to provide information about Universal Design Age-Friendly solutions in new construction and renovations of existing housing stock. Universal Design facilitates older adults remaining in their homes longer, which allows them to remain in their interconnected community.</p>
<p><u>Strategy 9</u></p> <p>Integrated Care Services</p>	<p>Action 30: Promote aging in place initiatives such as the Charlotte Village Network founded in 2015 by older adult volunteers in the South Charlotte area. The CVN is a social and non-profit support organization that, through both volunteers and a small paid staff, coordinate access to affordable services including transportation, health and wellness programs, home repairs, social and educational activities, other day-to-day needs enabling individuals to remain in their homes, and connected to their community.</p> <p>Action 31: Promote multi-agency collaboration to create synergies for new community resources and services. Community Health Clinics in collaboration with local churches/faith community, health providers, educational institutions, and others need to discuss ways to support residents/members of all ages by pulling together their assets/resources (volunteers, grants, professionals) and design specific neighborhood programs to support needed services such as transportation, day care centers for children and adults, intergenerational programs, etc.</p> <p>Action 32: Support integrative care services by discussing with health care organizations and service providers ways to provide information about services and facilitate access to them. For example by creating a County coordinated care network to connect electronically older adults with disability or chronic health conditions to available community resources.</p>

RECOMMENDATIONS FOR A SYSTEMIC PLAN FOR ACTION MECK60+ COMMUNITY QUALITY OF LIFE	
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	<p>Action 33: Support the implementation of the first statewide coordinated care network NCCARE360 that promotes a coordinated, community-oriented, person-centered approach to delivering care in North Carolina.</p> <p>Action 34: Consider geographic distribution of community services infrastructure (Hospitals, Emergency Services, Mental Health Services, Parks and Recreation Centers) to improve access and use among older adults. Geographical equity requires an effort to locate community services in the midst of individuals who need and use them the most.</p>

RECOMMENDATIONS FOR A SYSTEMIC PLAN FOR ACTION MECK60+ FAMILY CAREGICING	
STRATEGIES	ACTION ITEMS
<p><u>Strategy 11</u></p> <p>Programs and Services</p>	<p>Action 35: Provide awareness and education about community family caregiving, and recognition of the role and work provided by caregivers.</p> <p>Action 36: Advocate for supporting policies designed to reimburse caregivers for some of their services.</p> <p>Action 37: Promote incorporation of caregivers in non-medical & medical care to help at every step of patient care to ensure a culture of family- and caregiver-centered care.</p> <p>Action 38: Train health care providers and professional to educate caregivers about the plan of care, and to inform them about available services and referrals.</p> <p>Action 39: Support comprehensive “guided care” for patients with multiple chronic illnesses, by using nurse practitioners to perform home-based geriatric assessments</p> <p>Action 40: Partner with community organizations to support professional “family navigators”, “<i>promotores de salud</i>” volunteers or care managers to help caregivers to manage the plan of care for their care-recipients.</p>

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	<p>Action 41: Increase information about home-and community services for caregivers and their care-recipients (such as respite care, case management, in-home services, etc.) to delay or prevent institutionalization.</p> <p>Action 42: Advocate for supporting policies for flexible work schedules for employees caring for persons with chronic health conditions at home.</p> <p>Action 43: Deliver evidence-based programs to support family caregivers by offering health promotion behavioral modifications programs to promote healthy adaptations.</p> <p>Action 44: Increase mental health services for family caregivers by offering evidence-based cognitive behavioral programs aim to manage, anger, depression, or burden.</p> <p>Action 45: Offer “telehealth” medical/social services to reach out to rural and underserved caregivers taking care of people with advanced chronic health illnesses.</p> <p>Action 46: Improve access to medical and social services by removing barriers such as lack of transportation, language preference, knowledge about health conditions, information about services, trained professional.</p> <p>Action 47: Offer “Virtual” tailored Educational and Behavioral programs for caregivers providing care to people with chronic conditions, with special attention to underserved populations.</p> <p>Action 48: Design a recurrent caregiving research agenda for North Carolina to assess the needs, health outcomes, service utilization and well-being of family caregivers in the County.</p> <p>Action 49: Offer evidence-based interventions to address the needs of African Americans and Latino caregivers, focusing on their experience of dementia, their cultural family context, or challenges associated with low-income status, health literacy and limited available resources.</p>

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<p><u>Strategy 12</u></p> <p>Dementia Capable NC Plan</p>	<p>Action 50: Support the Charlotte Dementia Friendly initiative to join efforts with the Department of Social Services to implement a comprehensive Age- and Dementia Friendly strategic plan. The goal is to add recommendations and action items to each one of the domains of the Age-Friendly initiative to support caregivers and their relatives.</p> <p>Action 51: Implement recommendations from the Dementia Capable North Carolina strategic plan. It aims to improve awareness and education about Alzheimer's disease and dementias; support people with dementia and caregivers; improve and enhance services that support greater quality of life; reach underserved populations; and improve data collection and research around treatment and prevention of Alzheimer's disease and related dementias.</p>