WORKSHEET FOR COMMITTEE GOALS AND OBJECTIVES - July 1, 2012 through June 30, 2016

REVIEW:

Committee Mission Statement

The mission of the Health Issues Committee is to mobilize resources to improve the health and medical services of seniors and their caregivers.

<u>Health Issues Committee Target Population</u>: Persons aged 60 and older.

Philosophical Framework

While the Health Issues Committee is not responsible for solving all the health and medical care problems of seniors in Ventura County it is responsible for investing its funds and staff time based on knowledge of the documented health status of seniors, risk factors, and services being provided by the major public and private agencies and professionals.

VCAAA can be the honest broker that asks relevant agencies what they are doing in key areas, what they would like do, and what help would be welcomed. VCAAA resources include staff support, grant seed money in selected categories, case management, and outreach to encourage system efficiencies via better coordination of services and continuity of care.

Meeting this challenge requires that we understand our communities, document where needs are greatest, and target resources appropriately. The VCAAA database on unduplicated services to seniors with three or more limitations in the activities of daily living can track progress and outcomes of our most vulnerable seniors.

Recommendations are based on preventive services recommended by the U.S. Preventive Services Task Force (www.preventiveservices.ahrq.gov) and the surgeon general.

The basic guiding principle of regional chronic disease programs is care designed and organized around the patients rather than providers. The four principles of a regional approach are as follows:

- Physician involvement
- Collaborate with existing community organizations
- Self-management (including disease prevention, health promotion, and health/medical care compliance)
- Use technology to facilitate patient home care

Adopted Goals for the Health Issues Committee - FY 2012-2016

- 1. Encourage physical activity at all ages and functional abilities through the continuum of aging.
- 2. Better understand the look and implications of being functionally poor (Elder Economic Index) and local health.
- 3. Encourage the adoption of the Elder Economic Index as a means of identifying those at risk.
- 4. Survey and study food insecurity in seniors.
- 5. Encourage and support family caregiver's understanding of the physiological, psychological, and emotional changes experienced (Second Patient Syndrome) as the result of chronic stress due to ongoing caregiving activities.
- 6. Enhance patient self-efficacy of quality and cost of care through partnerships and collaborations between the medical community and community based service programs including evidence based programs.
- 7. Encourage the development of more medical-social partnerships including the faith based community
- 8. Seek out grant opportunities or advocate for programs identified health concerns.
- 9. Encourage the development of a strategic plan in place for each of five districts. This would include pursuing funds for a needs assessment of each of the areas.
- 10. VCAAA AC and staff need to advocate for targeted services.
- 11. Prioritize health issues and develop a mechanism to respond to emerging needs.
- 12. Encourage consumer to be wise purchasers of quality care through the dissemination of information (rankings of hospitals, fact sheets on choosing a nursing home)
- 13. Encourage senior housing areas (building and naturally occurring retirement communities) to consider medical and social programming to support aging in place.

Objectives¹ to Consider and Prioritize - Note - the # of the objective corresponds with the # of the goal list above.

| # | Objective | Tasks - HOW will this be accomplished? | WHO will do the tasks? | Status | Priority |
|---|---|--|--|---|----------|
| 1 | Develop evidence based exercise class list for each city | Committee members provided guidance on types of classes to be listed. | Committee members determined types of classes, VCAAA staff developed list of classes by city that are evidence based and completed draft of brochure. | Waiting on VCAAA funded list of classes to be finalized to go into brochure | AAA |
| 1 | Fund evidence based exercise classes in each city | Committee members determined 3 evidence based classes to fund. VCAAA staff conducted survey of senior centers to determine what was available. | VCAAA staff working with seniors centers on setting up the classes. | In progress – started 01/01/2015 | AA |

¹ Objectives are action items with a starting and end date.

| # | Objective | Tasks - HOW will this be accomplished? | WHO will do the tasks? | Status | Priority |
|---|--|--|--|--|----------|
| 1 | Develop a cadre of trained volunteers for Matter of Balance | Locate a master trainer and arrange for a training class as well as a class for master trainers. | VCAAA staff will locate master trainer and arrange for class. Committee members to assist with getting word out and locating volunteers | In process – first class held 02/23 and 02/24/2015 | AA |
| 2 | Create comparison chart across all years | VCAAA staff created a comparison across all years showing changes in affordability over time. | VCAAA staff | Completed | ΑΑΑ |
| 3 | No identified objective | | | | |
| 4 | Created and disseminated food insecurity survey of seniors | Committee members created survey and CSU students distributed survey in community | Committee Members and CSU student interns | Completed | AAA |
| 4 | Create nutritional placemats | Committee members made recommendation as to what the placemat should look like VCAAA dieticians created | Committee members suggest content, VCAAA Dieticians create content and recipes and County finalizes and orders placemats | Completed/Ongoing | AAA |
| 4 | Use back of placemats for health related information | Committee members are to make recommendations for items to be put on back of placemat at November meeting | Committee Members and VCAAA staff | In process – to start with April or May placemat | AA |
| 4 | Become involved in Food Share food truck outreach events | VCAAA to tag along with Food Share at their events and provide nutrition and education related materials | VCAAA Registered Dieticians and staff | Not started – waiting for food truck delivery | AA |
| 5 | Update caregiver resource list and post on website | Take old list and update it and post on website | VCAAA staff | Completed | AA |
| 5 | Public Health will offer classes lead by public health nurses on the second patient syndrome | | Public Health | Not started | AA |
| 5 | Distribute tips for "taking care of yourself" to be provided to home care patients with caregivers | | | Not started | AA |
| 6 | No identified objective | | | | |

| # | Objective | Tasks - HOW will this be accomplished? | WHO will do the tasks? | Status | Priority |
|----|--|--|---|------------|----------|
| 7 | Develop and foster partnerships between medical and social service agencies and faith based community | Community based care transitions program with hospitals VCAAA internal programs outreach to faith based community | VCAAA staff and Camarillo Health Care district with care transitions program. | In process | AA |
| 8 | Seek out funding opportunities | Locating potential grants that go along with the goals of the committee and applying for them. | VCAAA staff applied for ACL fall prevention grant | In process | |
| 9 | No identified objective | | | | |
| 10 | No identified objective | | | | |
| 11 | No identified objective | | | | |
| 12 | No identified objective | | | | |
| 13 | No identified objective | | | | |

Measurement of Success

Success will be measured by improvement in leading indicators as they become available, such as:

- Number of chronic disease management programs that ensure better coordination and continuity of care.
- Improvement in health indicators where population and city regions have scores at or better than the average as compared to existing county and state measures.
- Decrease in the number of inappropriate hospital admissions/readmissions caused by falls, drug interactions, diabetic and thyroid crises, etc.
- Decrease in avoidable admissions to assisted living and long term facilities, and premature deaths.