








Senior Age Band Workgroup - Strategic Framework Development - As of 7/12/2021

Goals:	Objectives:	Strategy:	Activities	Inputs	Resp
<p><i>What are the objectives, if completed, going to lead to? What measurable goals has the workgroup decided on to make sure that it meets the purpose of the group? These should be SMART goals.</i></p>	<p><i>How are we going to implement our workgroup goals? How are the deliverables from the strategy going to be maintained?</i></p>	<p><i>What types of things do we need to develop to help met our objectives? What deliverables will we have after we perform the activities?</i></p>	<p><i>What steps need to happen to make sure that we can complete the strategy?</i></p>	<p><i>What do we need to make the activities happen?</i></p>	<p><i>What do we need to make the activities happen?</i></p>
Goal 1:	Objective 1:	Strategy 1A	Activities	Inputs	Resp
<p>Determine and address gaps in current system to support county seniors aging well. Develop and implement a plan that supports county seniors to maintain the highest functional level possible by 2023</p> <p></p>	<p>Understand current environment for available services for Seniors</p>	<p>Strategy 1A: Create a resource map and make it available to Seniors</p> <p>Metric: Milestone goal completed by 6/2022</p>	<p>1A.1 Engage O3A, SHIBA, etc. to assess existing resource listings for county resources. Identify what can be leveraged and integrated with additional information into a more comprehensive listing. Coalesce information; create digital/web and print resources; distribute; determine who is responsible for resource maintenance and the update /redistribution schedule.</p>	<p>Identify individual to act as point of contact and coordination.</p> <p>Metrics: ?</p>	<p>OAAA</p> <p></p>
Objective 2:	Strategy 2A	Activities	Inputs	Resp	
<p>Support existing plans that strengthen senior services</p>	<p>Strategy 2A: Improve access to social services through coalition building</p> <p>Metric: Decreased % of Elderly experiencing social isolation</p> <p>Data Source: BRFSS? Uof W? O3A?</p>	<p> 2A.1 The Senior WAG work work with community groups and agencies to develop and strengthen services for Seniors in our community.</p> <p>Assess gaps in social service connection and address.</p> <p>Support Elders maintaining engagement by retention of gate, strength, balance, and general mobility.</p>	<p>Identify individual to act as point of contact and coordination.</p> <p>Metrics: ??</p>	<p>WAG Name?</p> <p></p>	










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Goal 1 - Cont'd:	Objective 2 - Cont'd:	Strategy 2B	Activities	Inputs	Resp
Determine and address gaps in current system to support county seniors aging well Develop and implement a plan that supports county seniors to maintain the highest functional level possible by 2023	Support existing plans that strengthen senior services	Strategy 2B: Ensure Senior Housing is addressed in county housing planning process and action plan Metric: Homeless rate among seniors Data Source: OAAA survey?	2B.1 Partner with existing agencies like the Affordable Housing committee to make sure the needs of Seniors are well represented.	Identify individual to act as point of contact and coordination. Metrics: ??	Affordable Housing Taskforce
		Strategy 2C	Activities	Inputs	Resp
		Strategy 2C: Work with Jefferson Transit to improve Senior Transportation access where gaps exist. Metric: JT does not track ridership by age.  Data Source: Not Available  Current State: does not exist 	2C.1 Create Survey for Elders to define their transportation needs 2C.2 Ensure Seniors are represented on Jefferson Transit Advisory Board.	Identify individual to act as point of contact and coordination. Metrics: ??	Jefferson Transit

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Goal 1 - Cont'd:	Objective 2 - Cont'd:	Strategy 2D	Activities	Inputs	Resp
Determine and address gaps in current system to support county seniors aging well Develop and implement a plan that supports county seniors to maintain the highest functional level possible by 2023	Support existing plans that strengthen senior services	Strategy 2D: Support WA state's Roadmap (name other plans?) to address dementia in Jefferson County Metric: 25 residents of Jefferson County have dementia care plan by 2023. Data Source: ?	2D.1 Review the WA state Dementia Roadmap to evaluate if the tools can be used in Jefferson County 2D.2 Work with local agencies like OAAA and local dementia care facilities to implement Roadmap.	Identify individual to act as point of contact and coordination. Metrics: ??	OAAA
	Objective 3	Strategy 3A	Activities	Inputs	Resp
	Develop new programs that strengthen senior services	Strategy 3A: Work with local care agencies like Jefferson Healthcare to develop Palliative Care Program Metric: Milestone Goal Program is in place by 2023	3A.1 Members of this team to meet with Jefferson Healthcare Home Health Department to understand plan for Palliative Care model and provide support and integration with other agencies in the community.	Identify individual to act as point of contact and coordination. Metrics: ??	Jefferson Healthcare

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Goal 1 - Cont'd:	Objective 3 - Cont'd:	Strategy 3B	Activities	Inputs	Resp
<p>Determine and address gaps in current system to support county seniors aging well Develop and implement a plan that supports county seniors to maintain the highest functional level possible by 2023</p>	<p>Develop new programs that strengthen senior services</p>	<p>Strategy 3B: Work with SHIBA and local Law Enforcement to develop a Anti-Fraud Campaign for Seniors in this community.</p> <p>Metric: Milestone goal, campaign in place by 2023.</p> <p> Data Source: ?</p> <p>Current State: ?</p>	<p>3B.1 This team to work with SHIBA and local Law Enforcement to develop a campaign to raise awareness about fraud perpetrated on seniors over the internet and phone.</p> <p>3B.2 Provide printed materials in places that seniors frequent to help them avoid fraud.</p>	<p>Identify individual to act as point of contact and coordination.</p> <p>Metrics: ??</p>	<p>OAAA, JSCO, PTPD</p> <p></p>
		Strategy 3C	Activities	Inputs	Resp
		<p>Strategy 3C: Implement community risk reduction programs. Develop systems that provide support for Seniors who frequently access services. This should include support for fall risk reduction.</p> <p>Metric: Decrease utilization of emergency services by seniors by 10% by 2023.</p> <p> Data Source: EMS data</p>	<p>3C.1 Investigate programs like community paramedicine and/or care coordination to support seniors that have care service gaps.</p> <p>3C.2 Support efforts that exist for fall risk reduction, including the program at Jefferson Healthcare.</p>	<p>Identify individual to act as point of contact and coordination.</p> <p>Metrics: ??</p>	<p>Jefferson Healthcare, WAG</p> <p>     </p>