

**SECTION EIGHT**  
**APPROACH TO GOAL SETTING**



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### **Approach to Goal Setting**

#### **Strategy Exercises**

As the State Unit on Aging (SUA) began the development of the 2005-2009 Oregon State Plan on Aging, the voice of older Oregonians, their families, caregivers, advocates and providers was sought to assist in identification and discussion of key issues and obstacles older Oregonians currently face or may face in future years.

The aging of the baby boomers over the course of the next two decades will directly impact every city and county in Oregon. The increase in Oregon's 60 years of age and older population will affect social, physical and economic structures of our state and impact local workforce development, recreation, education, aging, health and human services, community volunteer programs, land use, housing, transportation, and public safety programs.

Referenced earlier in this document, the State Unit on Aging developed a State Plan Advisory Committee comprised of advocates from across the state representing the Governor's Commission on Senior Services, senior employment programs, the Oregon Department of Transportation, minority service groups, legal services programs, the long-term care ombudsman and other aging network representatives.

With the goal to improve and promote programs that will safeguard the health, safety, independence, and dignity of older Oregonians, the Advisory Committee developed a wide-ranging list of goals focusing on current and future aging needs and trends, some of which are health, housing, transportation, safety, and caregiving. The State Unit on Aging presented this list of goals to approximately 80 - 100 members of senior advisory councils for evaluation and input of their own. The following two pages illustrate the outcome of this exercise in an aggregate form.

These meetings resulted in the development of eleven (11) priority areas, which demonstrate the Department's commitment to improvement of services and response to the expressed changing needs of older Oregonians.

## Aggregate Goal Setting Votes

Highlighted cells signify the top four goals voted upon in each county. In several cases, more than one goal received the same number of votes.

<b>G O A L S</b>	Deschutes/Jefferson/Crook	Coos/Curry	Clackamas	Jackson/Josephine	State Plan Advisory Committee	<b>TOTAL VOTES</b>
Access to services for low-income, rural, ethnic & disabled	10	10	11	5	9	45
Family caregivers	11	7	9	11	6	44
Long term care (LTC) resources	5	13	10	11	4	43
Reduced abuse, fraud and victimization	2	8	7	14	6	37
Disease prevention and health promotion	0	7	10	12	7	36
Affordable and accessible housing	4	5	18	1	3	31
Transportation	8	7	2	5	9	31
Mental health and substance abuse issues	2	2	9	7	6	26
Legal Assistance	4	3	1	5	4	11
Employment opportunities	4	2	1	5	2	14
Effective and responsive management	0	4	6	1	3	13

### Deschutes/Jefferson/Crook additional issues voiced:

1	Affordable supported living (ALF, AFH) (vote added to LTC)
2	Resources for visually impaired (votes added to Access)
10	Property tax relief for seniors - not deferral (outside of our scope of influence)

4	Healthcare for un-insured and under-insured (votes added to Access)
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**Coos/Curry additional issues voiced:**

2	Negotiated pricing for Medicare holders (votes added to LTC)
1	Guaranteed quality of prescription meds(vote added to LTC)
1	Access for all rural patients (vote added to Access)
1	Comparable drug prices (vote added to LTC)
1	Eliminate fraud (vote added to Reduced abuse, fraud, victimization)

**Clackamas additional issues voiced:**

3	Increase outreach to provide information on resources and options (votes added to Access)
3	Promotion of co-housing options (votes added to Housing)
6	Assist seniors to remain eligible for OHP and OPI (votes added to Access)
1	Read and adapt Ohio survey instead of re-inventing another one (no voting action taken)

Other proposals which received no votes: Work with partners regarding building codes and plans for accessible housing, develop plans to keep and increase volunteer coordination programs, focus on needs of Baby Boomers, promote in-town development of transportation systems instead of statewide networks, focus on low-income housing - not affordable, be realistic, develop Needs Assessment with different alternatives than normally presented, look at middle aged populations for views/approaches to their own aging, emphasize education about the lifelong aging process and future needs, more funding for health education and ways to improve old age, expand partnerships with corporations and community to achieve what we need.

**Josephine/Jackson additional issues voiced:**

5	Chronic care management (working w/physicians) (votes added to disease prevention.)
1	Improved APS measurement/mechanism to determine improvement (vote added to Abuse)

Other proposals which received no votes: Focus on communication means for rural outreach, tailor communication to the needs of each population group, reach them through food, focus on younger folks to prevent disease later in age, provide outreach/awareness of aging issues at school, encourage schools to take on preventative health care issues, increase distribution of literature/pamphlets, greater focus on medication management and chronic care management, provide community education to place greater focus on preparing for getting old.