

Vision Council Breakout Session notes
Measurable Outcomes Survey Patterns & Groupings
Seniors & Families
12-3-2008

Breakout groups:

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1. Access 1.2 & 2.4
 - a. 1.2 – Seniors with complex health service needs and their families have access to affordable services locally.
 - b. 2.4 – The availability of accessible, affordable, and convenient transportation for seniors is increasing.
2. 1.1, 1.2, 1.3
 - a. 1.1 – Seniors trust and willingly use health services as needed.
 - b. 1.2 – Seniors with complex health service needs and their families have access to affordable services locally.
 - c. 1.3 – Family care giving assistance is increasingly available.
3. 3.1 & 1.1, 1.2, 1.3
 - a. 3.1 – Educational and certification programs for family and professional caregivers to learn how to better care for seniors is available.
 - b. 1.1 – Seniors trust and willingly use health services as needed.
 - c. 1.2 – Seniors with complex health service needs and their families have access to affordable services locally.
 - d. 1.3 – Family care giving assistance is increasingly available.
4. 3.4 & 1.1
 - a. 3.4 – Seniors increase their knowledge and access to Medicare, Social Security, etc.
 - b. 1.1 – Seniors trust and willingly use health services as needed.
5. 2.3, 1.4, 3.2, 3.3
 - a. 2.3 – Seniors are actively engaged in maintaining and improving the quality and safety of their neighborhoods.
 - b. 1.4 – Seniors and their families are actively engaged in wellness activities.
 - c. 3.2 – Seniors are engaged in life-long learning activities.
 - d. 3.3 - Seniors are active as teachers, mentors, and advisors.
6. Intergenerational activities 3.1, 3.2 (C&F) and 3.3 (S&F)
 - a. 3.1 (C&F) – Children enter kindergarten ready to learn.
 - b. 3.2 (C&F) – Elementary school students are prepared to succeed in later grades.

- c. 3.3 (S&F) – Seniors are active as teachers, mentor, and advisors.
- 7. 1.1, 1.2, 2.4, 4.4, 3.1
 - a. 1.1–Seniors trust and willingly use health services as needed (Access & affordability – how to make it work).
 - b. 1.2 – Seniors with complex health service needs and their families have access to affordable services locally.
 - c. 2.4 - The availability of accessible, affordable, and convenient transportation for seniors is increasing (Transportation – how to use it... what’s available).
 - d. 4.4 – Seniors have adequate financial resources to meet their basic needs (Dignity of independent, adequate resources).
 - e. 3.1 – Educational and certification programs for family and professional caregivers to learn how to better care for seniors is available (Knowledgeable people about their needs on their team (seniors)).
- 8. 1.2 & 2.4
 - a. 1.2 - Seniors with complex health service needs and their families have access to affordable services locally.
 - b. 2.4 - The availability of accessible, affordable, and convenient transportation for seniors is increasing.
- 9. 3.2, 3.3, & 4.2
 - a. 3.2 - Seniors are engaged in life-long learning activities.
 - b. 3.3 - Seniors are active as teachers, mentor, and advisors.
 - c. 4.2 – Seniors have a sense of purpose and are contributing members of their community.
- 10. 3.1 & 4.1
 - a. 3.1 - Educational and certification programs for family and professional caregivers to learn how to better care for seniors is available.
 - b. 4.1 – All seniors stay independent and live safely in their homes as long as possible. (Importance of having a core system of individuals to keep seniors living independently (Raquel Lopez)).
- 11. Additional Comments (Paul)
 - a. Focus on more recognition of independence vs. care by others.
 - b. Access & Engagement: two key concepts
- 12. Additional Comments (Jess)
 - a. Transportation and access – tied to healthcare to get to appointments – critical (Ernesto Paredes).
- 13. Additional Comments (Jerry)
 - a. Outcomes are more process based
 - b. Seniors “have” – are doing for themselves
 - c. Self-dependency
 - i. Independence & Health