A PLACE TO THRIVE

CREATING OPPORTUNITIES TO AGE WELL IN NORTH CAROLINA

OCTOBER 2023

North Carolina Institute of Medicine

The North Carolina Institute of Medicine (NCIOM) is a nonpolitical source of analysis and advice on important health issues facing the state. The NCIOM convenes stakeholders and other interested people from across the state to study these complex issues and develop workable solutions to improve health care in North Carolina.

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Suggested Citation:
North Carolina Institute of Medicine. A Place to Thrive: Creating Opportunities to Age Well in North Carolina. Chapel Hill, NC: North Carolina Institute of Medicine; 2023.

Funded by Funded by The Duke Endowment, the North Carolina Department of Health and Human Services Division of Aging and Adult Services and Division of Public Health, and AARP North Carolina.

Any opinion, finding, conclusion, or recommendations expressed in this publication are those of the Task Force and do not necessarily reflect the views and policies of the the views and policies of the task force funders. The North Carolina Institute of Medicine recognizes the broad range of perspectives, priorities, and goals of the individuals and organizations who have contributed to the process and report of the Task Force; while we strive to reach and reflect consensus, participation in the Task Force does not indicate full endorsement of all final recommendations.

Credits:
Report design and layout: Kayleigh Creech, Laser Image Printing & Marketing

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NCIOM Healthy Aging Task Force Recommendations and Strategies

The North Carolina Institute of Medicine (NCIOM) Task Force on Healthy Aging was convened from May 2022 to April 2023. Funding for the task force was provided by The Duke Endowment, the North Carolina Department of Health and Human Services Division of Aging and Adult Services and Division of Public Health, and AARP North Carolina.

The task force was co-chaired by Dr. Tamara Baker, MA, PhD, professor in the Department of Psychiatry at the University of North Carolina School of Medicine and Dennis Streets, MPH, MAT, retired, former Director of DAAS and former Executive Director of the Chatham County Council on Aging. Their expertise and insight were vital to the success of the task force.

The NCIOM would also like to thank the members of the task force and steering committee who shared their time and experience on this critical topic. The members of the Steering Committee provided crucial assistance in developing meeting agendas, identifying expert guest speakers, and providing guidance on issues related to healthy aging.

The Task Force on Healthy Aging heard presentations from several expert speakers, as well as panelists and individual interviews, throughout the Task Force process. The NCIOM would like to thank the following people for sharing their knowledge and experience with the task force (names are listed by the date of their presentation or interview; positions listed are as of the date of presentation or interview):

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In addition to the speakers, the staff of the North Carolina Institute of Medicine contributed to the task force research and development of this report. Kathleen Colville, President and CEO, and Michelle Ries, Associate Director, guided the work of the task force, facilitated discussions, and provided insight to the task force and recommendation process. Brieanne Lyda-McDonald, Project Director, served as Project Director for the task force and was primary author of the final task force report. Ivana Susic, Research Specialist, provided meeting support and was the secondary author on the final task force report. Amanda Gomez, Intern/Research Assistant, assisted with writing the final task force report. Kaitlin Phillips, Managing Editor of the NCMJ, provided copy editing for the final task force report and developed communications strategies for dissemination. Khristian Curry, Project Director, facilitated meeting discussions. Emily Hooks, Program & Evaluation Manager, provided meeting support. Don Gula, Director of Operations, provided project support. Support was also provided by former staff Jacori Crudup, who served as Administrative Assistant, and Marsha Bailey, who served as Director of Administrative Operations.

Special thanks to Kayleigh Creech, Laser Image Printing & Marketing, for final task force report design and formatting.

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NCIOM TASK FORCE ON HEALTHY AGING

Nationwide, the older adult population is growing at a rate faster than any other age group. North Carolina currently ranks 9th in the United States in the number of people aged 65 and older.[1] By 2028, 1 in 5 North Carolinians will be aged 65 and older, and by 2038 it is estimated that 95 out of 100 counties will have more people aged 60 and older than under 18 years.[1]

Aging in a healthy way can help people maintain their independence, social engagement, and well-being. Healthy aging is centered around the ability to function mentally, physically, socially, and economically. The World Health Organization (WHO) defines healthy aging as "the process of developing and maintaining the functional ability that enables wellbeing into older age," which encompasses the ability to meet basic needs.[2,3] According to the United States Department of Health and Human Services, some of these basic needs include staying active, staying connected to the community, having good nutrition, and managing medications.[4] Drivers of healthy aging also include physical activity, diet, social support and engagement, and independence.[5]

The growing aging population and the challenges for older adults demonstrated by the COVID-19 pandemic highlighted the need for focused attention and action in our state. In May 2022, the North Carolina Institute of Medicine (NCIOM) launched the Task Force on Healthy Aging to develop recommendations to support North Carolinians to grow older in their homes and communities, also known as aging in place.

The task force was supported by funding from The Duke Endowment, the North Carolina Department of Health and Human Services (NCDHHS) Division of Aging and Adult Services (DAAS) and Division of Public Health, and AARP North Carolina. The task force focused on four key areas of aging in the community setting: falls prevention, mobility, nutrition, and social connections. Between May 2022 and April 2023, the full task force met 11 times; in addition, more than 35 topic-specific meetings or interviews were conducted. Dr. Tamara Baker, MA, PhD, professor in the Department of Psychiatry at the University of North Carolina School of Medicine and Dennis Streets, MPH, MAT, retired, former Director of DAAS and former Executive Director of the Chatham County Council on Aging served as task force co-chairs. They helped guide over 60 task force members through insightful conversations that led to the creation of the recommendations in this report. Full text of all recommendations and strategies can be found throughout this report and in Appendix A.

On May 2, 2023, Governor Roy Cooper signed Executive Order Number 280 "directing action to continue the state's commitment to building an age-friendly state."[6,7] DAAS is leading efforts to develop a multisector plan for aging in North Carolina called All Ages, All Stages.[A] The discussions and recommendations of the NCIOM Task Force on Healthy Aging presented in this report complement and reinforce the state's commitment to creating the conditions to help North Carolina's residents age well.

SOCIAL & ECONOMIC FACTORS THAT AFFECT HOW WE EXPERIENCE AGING

Through task force meetings and discussions with leading experts, it became evident that the four key areas are closely interconnected. For example, poor nutrition may lead to increased falls risk, and poor mobility issues may decrease an older adult's ability to connect with others in their community. There are also external factors that affect these four key areas, such as lack of transportation, unsafe environments for walking and daily activities, low income, and limited access to food. Many of these external factors faced by older adults can be addressed through thoughtful and coordinated action. The recommendations and strategies from the Task Force on Healthy Aging that are presented in Chapter 2 of this report seek to address some of the social and economic needs of those who are currently older adults and those who will age into older adulthood in the future. Meeting these needs is a necessary step toward ensuring that all people in North Carolina have an opportunity to experience healthy aging.

Chapter 2 of this report presents three recommendations and related strategies to address some of these factors that impact older adults' ability to experience healthy aging:

Recommendation 1 - Help Older Adults Retain More Financial and Material Resources to Support Healthy Aging

Strategy 1 - Help More North Carolinians Plan and Save for Retirement

Strategy 2 - Increase Employment Opportunities for Older Adults

Strategy 3 - Update Tax Policy to Help Older Adults with Lower Incomes

Strategy 4 - Increase Uptake of Food and Nutrition Services

Strategy 5 - Reduce the Costs of Health Care Coverage

Strategy 6 - Increase Awareness and Protections from Fraud for Older Adults

Recommendation 2 - Ensure Safe and Affordable Housing for Older Adults

Strategy 7 - Ensure Statewide Focus on Housing Availability, Affordability, and Supports for Older Adults

Strategy 8 - Enhance Learning Opportunities Related to Housing Programs and Services

Recommendation 3 – Ensure Digital Equity for Older Adults

Strategy 9 - Increase Access to Broadband Internet across the State

Strategy 10 - Increase Digital Literacy for Older Adults

PROMOTING A CULTURE OF AGING ACROSS THE LIFESPAN

A life course perspective on aging recognizes that older adults are affected by the environments and stressors they experienced as children, adolescents, and young adults. The children, adolescents, and young adults of the present are the older adults of the future. Policy implications of life course perspectives on health often focus on what people need during childhood, adolescence, and young adulthood to promote well-being and prevent disease, disability, and mortality in later life.[8,9] While this is an important goal, it does not directly

A "Multisector plan for aging is an umbrella term for a state-led, multi-year planning process that convenes cross-sector stakeholders to collaboratively address the needs of older adults and people with disabilities." https://www.ncdhhs.gov/divisions/aging-and-adult-services/mpa-all-ages-all-stages-nc

address the needs of older adults who are aging in their communities today. A "healthy aging" policy lens acknowledges that older adults are active members of their communities and seeks to understand the impact that policies may have on older adults and on the process of aging in the general population. Questions to consider include: How would these developments impact older adults presently? How would these developments impact families in the future as they age in place? What modifications can be made when designing cities or neighborhoods that take into account changing needs as community members age?

Ageism is the stereotyping, prejudice, and discriminatory actions or attitudes toward others due to chronological age.[10,11] Ageism and predominant culture's general fear of aging have been described as "prejudice against our feared future selves."[12] This prejudice is often due to the incorrect assumption that aging inevitably results in reduced productivity, liveliness, and health. There are normal changes that occur in later adulthood, just as there are changes that occur throughout the entire life course. Policy and local planning for these changes can ensure that older adults are considered in the decisions that impact them and promote their full participation in public life. Chapter 3 of this report presents two recommendations and related strategies for doing that:

Recommendation 4 - Create a Community Culture that Supports Healthy Aging

Strategy 11 - Promote Aging in All Policies

Strategy 12 - Grow Age-Friendly Communities with Support from Local Government and Community-Based Organizations

Strategy 13 - Help Older Adults Improve or Maintain Their Physical Activity, Strength, Flexibility, and Balance

Recommendation 5 - Collaborate to Encourage Actions that Support Healthy Aging Across the Lifespan

Strategy 14 - Dedicate Resources to Answering Important Research Questions and Developing Data on Aging Services

Strategy 15 - Address Cultural Stigmas of Aging

Strategy 16 - Ensure Legislative Attention to Aging Issues

COMMUNITY SERVICES AND PROGRAMS THAT SUPPORT AGING IN PLACE

There is a diverse array of experiences when it comes to aging. Some older adults may retire, reduce their working hours, or change careers. Others may begin their life as "empty nesters"—couples or individuals who live alone after raising children. Some may dedicate their time to lifelong interests and hobbies, and others may pursue brand new endeavors. Others take on family caregiving responsibilities. A common thread among many older adults, however, is the desire to stay in their homes or communities for as long as possible.[13,14]

Many community services and programs already exist to meet the needs of older adults. However, funding for programs is limited and awareness of their availability can be a challenge for getting services to people who need them. As we strive to support our aging population, it is important to strengthen existing services and programs while further integrating aging into public health and health care. Chapter 4 of this report presents three recommendations and related strategies for doing that:

Recommendation 6 - Strengthen Existing Programs and Services

Strategy 17 - Strengthen North Carolina's Local Senior Centers

Strategy 18 - Increase Access to the Program of All-Inclusive Care for the Elderly (PACE)

Strategy 19 - Increase Knowledge about and Prevalence of Current Programs and Supports

Strategy 20 - Conduct Research and Evaluation on Current Programs to Increase Access to Services

Strategy 21 - Increase and Modernize the Home and Community Care Block Grant

Strategy 22 - Strengthen Adult Protective Services

Recommendation 7 - Include Aging in Local Public Health & Hospital Community Health Assessments

Strategy 23 - Ensure Integration of Age-Related Issues in Community Health Assessments and Action Planning

Recommendation 8 - Connect Health Care with Aging Issues

Strategy 24 - Identify and Address Health Issues Related to Getting Adequate Nutrition

Strategy 25 - Use Screening and Assessments to Identify Issues of Falls Risk, Fitness to Drive, and Social Isolation

WORKFORCE TO MEET THE NEEDS OF OLDER ADULTS

The experiences and preferences of older adults are varied in terms of living arrangements and supports that are needed, with some living with family caregivers and others living alone. Meeting the needs of the growing older adult population will require an assurance that there is adequate staffing of health care facilities, aging and adult services agencies, and other community-based organizations with a workforce that is prepared to serve a diverse aging population.

The U.S. Department of Health and Human Services estimates that about 70% of people aged 65 years and older will need some form of long-term services and supports (LTSS).[15] Likewise, while many adults can live independently, the health and life changes that accompany the aging process necessitate reasonable accommodations and thoughtful action by community-based workers as they fulfill their everyday responsibilities. For instance, first responders may benefit from knowledge on falls prevention and response. Additionally, many older adults rely on informal caregiving from family, friends, or neighbors. A 2023 AARP report estimates that there are 1.28 million caregivers in North Carolina who provide over 1 billion hours of care per year.[B,16]

Chapter 5 of this report presents four recommendations and related strategies to address workforce needs for the older adult population:

Recommendation 9 - Ensure an Adequate Aging Network Workforce for the Future

Strategy 26 - Understand Current Aging Network Workforce Characteristics and Future Workforce Needs

Strategy 27 - Respond to Current and Future Needs for Aging Services and Aging Network Workforce

B AARP's report defines a family caregiver as "Any relative, partner, friend, or neighbor who has a significant personal relationship with, and who provides a broad range of assistance for, an older person or an adult with a chronic, disabling, or serious health condition."

Recommendation 10 - Ensure a Strong Community Workforce to Serve Older Adults

Strategy 28 - Increase Knowledge and Awareness for Serving Older Adults in the Community

Recommendation 11 - Improve Ability of Community Health Workers to Address the Needs of Older Adults

Strategy 29 - Increase Awareness of, and Sustainable Payment for, Community Health Workers

Recommendation 12 - Support Family Caregivers

Strategy 30 - Increase Access to Employment and Well-Being Support for Family Caregivers

MOVING FORWARD

There is a wide array of responsible parties needed to take action to fulfill the recommendations and strategies from the NCIOM Task Force on Healthy Aging that are detailed in this report. State-level policymakers and local community leaders need to address the economic and social circumstances of those who are older adults now and those who will age to that status. These leaders are also important stewards of financial resources for programs that address many needs of older adults. Individuals and community leaders need to address ageism and create communities that help everyone have an opportunity to experience healthy aging. State leaders, program administrators, and many others need to ensure that the programs and services that serve older adults do so regardless of where they live, their economic background, or other aspects of their identities. State and local leaders also must ensure there is attention and action to address the workforce to serve older adults.

In addition to calling on the leaders identified in this report to take action, the task force is encouraged by the opportunity presented through the DAAS multisector plan for aging, known as All Ages, All Stages NC, and strongly supports their stated purpose:

"'All Ages, All Stages NC: A Roadmap for Aging and Living Well' is North Carolina's groundbreaking multisector plan for aging (MPA). This comprehensive initiative aims to provide a strategic framework and practical guidelines to ensure that individuals of all ages and stages of life can thrive and age gracefully within the state. All Ages, All Stages NC recognizes the diverse needs and aspirations of North Carolina's residents, offering a roadmap that promotes holistic well-being, equitable access to services, and vibrant community engagement. By fostering collaboration between government, communities, and individuals, NC's MPA will create a future where every person can enjoy a fulfilling and empowered life, regardless of their age or circumstances." – NCDHHS, Division of Aging and Adult Services,

https://www.ncdhhs.gov/divisions/aging-and-adult-services/mpa-all-ages-all-stages-nc

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RESPONSIBLE PARTIES AND PARTNERS

X= Responsible Party, **O** = Partner; **NCDHHS = North Carolina Department of Health and Human Sercices**

Recommendations and Strategies	Page #	NCDHHS	NC General Assembly	Other State Agencies and Initiatives	Local Government	Commerce	Education	Aging Organizations	Trade Organizations	Health/ Health Care	Workforce	Community Partners
Recommendation 1: Help Older Adults Retain More Financial and Material Resources to Support Healthy Aging	28											
Strategy 1 - Help more North Carolinians Plan and Save for Retirement	30		X	X								
Strategy 2 - Increase Employement Opportunities for Older Adults	32	O				O	O	O		O	O	
Strategy 3 - Update Tax Policy to Help Older Adults with Lower Incomes	33		X									
Strategy 4 - Inrease Uptake of Food and Nutrition Services	34	X O		O	O			O	X			X
Strategy 5 - Reduce the Costs of Health Care Coverage	36		X									
Strategy 6 - Increase Awareness and Protections from Fraud for Older Adults	37			X		O						
Recommendation 2: Ensure Safe and Affordable Housing for Older Adults	38											
Strategy 7 - Ensure Statewide Focus on Housing, Availablility, Affordabiity, and Supports for Older Adults	40	X	O	O		O		O				
Strategy 8 - Enhancing Learning Opportunities Related to Housing Programs and Services	42	X		O				X	O			O
Recommendation 3: Ensure Digital Equity for Older Adults	44											
Strategy 9 - Increase Access to Broadband Internet Across the State	46				O							O
Strategy 10 - Increase Digital Literacy for Older Adults	48	O		O								
Recommendation 4: Create a Community Culture that Supports Healthy Aging	58											
Strategy 11 - Promote Aging in All Policies	59	X		X	O		O	O				
Strategy 12 - Grow Age-Friendly Communities with Support from Local Government and Community-Based Organizations	60	X		X	X		X	X				
Strategy 13 - Help Older Adults Improve or Maintain Their Physical Activity, Strength, Flexibility, and Balance	61				O			O				
Recommendation 5: Collaborate to Encourage Actions that Support Healthy Aging Across the Lifespan	63											
Strategy 14 - Dedicate Resources to Answering Important Research Questions and Developing Data on Aging Services	63	X					X	X				
Strategy 15 - Address Cultural Stigmas of Aging	65				X							
Strategy 16 - Ensure Legislative Attention to Aging Issues	66	X	X		O			O				O
Recommendation 6: Strengthen Existing Programs and Services	74											
Strategy 17 - Strengthen North Carolina's Local Senior Centers	75	X	X					O				
Strategy 18 - Increase Access to the Program of All-Inclusive Care for the Elderly (PACE)	77	X	X					O				
Strategy 19 - Increase Knowledge about and Prevalence of Current Programs and Supports	78	X						O				
Strategy 20 - Conduct Research and Evaluation on Current Programs to Increase Access to Services	80	X	X	X O			X	O				
Strategy 21 - Increase and Modernize the Home and Community Care Block Grant	82	O	X									
Strategy 22 - Strength Adult Protective Services	84	O			X							
Recommendation 7 - Include Aging in Local Public Health & Hospital Community Health Assessments	85											
Strategy 23 - Ensure Integration of Age-Related Issues in Community Health Assessments and Action Planning	85	X			X					X		
Recommendation 8 - Connect Health Care with Aging Issues	86											
Strategy 24 - Identify and Address Health Issues Related to Getting Adequate Nutrition	86							O	O	X O		
Strategy 25 - Use Screenings and Assessments to Identifty Issues of Falls Risk, Fitness to Drive, and Social Isolation	88	X							O	X O		
Recommendation 9 - Ensure an Adequate Aging Services Workforce for the Future	96											
Strategy 26 - Understand Current Aging Network Workforce Characteristics and Future Workforce Needs	96	O		X				O			O	
Strategy 27 - Respond to Current and Future Needs for Aging Services and Aging Network Workforce	97	X					O	O		X O		
Recommendation 10 - Ensure a Strong Community Workforce to Serve Older Adults	98											
Strategy 28 - Increase Knowledge and Awareness for Serving Older Adults in the Community	98	O						O				
Recommendation 11 - Improve the Ability of Community Health Workers to Address the Needs of Older Adults	99											
Strategy 29 - Increase Awareness of, and Sustainable Payment for, Community Health Care Workers	99	O							O			
Recommendation 12 - Support Family Caregivers	101											
Strategy 30 - Increase Access to Employment and Well-Being Support for Family Caregivers	101	X	X					X				

NCDHHS = NC Medicaid, NC Division of Aging and Adult Services, Division of Public Health, Adult Protective Services, Division of Child and Family Well-Being, Division of Social Services; **Other State Agencies and Initiatives** = Office of the Governor, Office of State Human Resources, Attorney General's Office, Department of Transportation, Department of Information Technology's Division of Broadband and Digital Equity, Department of Labor, Housing Finance Agency, Governor's Highway Safety Program, North Carolina Statewide Independent Living Council, Hometown Strong, NC Senior Consumer Fraud Task Force; **Local Government** = Local governments, Local Health Department, NC Association of County Commissioners, County Departments of Social Services, Parks and Recreation Departments; **Commerce** = Department of Commerce, NC Chambers of Commerce, Local Chambers of Commerce, North Carolina Bankers Association, Carolinas Credit Union League, NC Retail Merchants Association; **Education** = North Carolina Community Colleges System, University of North Carolina System, UNC School of Government, UNC Institute of Government; **Trade Organizations** = Academy of Nutrition and Dietetics, Community Health Workers Association, Association of Pharmacists, Family Physicians Association, NC Philanthropies, Old North State Medical Society, NC Falls Prevention Coalition; **Workforce** = Workforce Developent Boards, Senior Community Services Employment Program, Unite Us; **Aging Organizations** = Area Agencies on Aging, Senior Servics Providers, Governor's Advisory Council on Aging, NC AARP, NC Coalition on Aging, NC Association on Aging, Aging Service Partners; **Health/Health Care** = NC Medical Society, State and local public health, NC Healthcare Association, NC Institute for Public Health, NC Nurses Association, NC Oral Health Collaborative, NC AHEC, Center on the Workforce for Health, UniteUs; **Community Partners** = Food and Nutrition Services outreach contractors, YMCA, Statewide and local housing organizations, local Centers for Independent Living

NCIOM

CHAPTER 1

Healthy Aging

Aging is a lifelong process that includes changes on physical, psychological, and social levels. These changes occur through two different mechanisms: biological and controllable factors. Biological changes in older age can include the slowing of metabolism and declines in vision or hearing. Controllable factors include diet, activity, and other behaviors, although these can be influenced by environmental and social factors like limited access to health food and financial constraints.[1]

Aging in a healthy way can help people maintain their independence, social engagement, and well-being. Healthy aging is centered around the ability to function mentally, physically, socially, and economically. The World Health Organization (WHO) defines healthy aging as "the process of developing and maintaining the functional ability that enables wellbeing into older age," which encompasses the ability to meet basic needs.[2,3] According to the United States Department of Health and Human Services, some of these basic needs include staying active, staying connected to the community, having good nutrition, and managing medications.[4] Drivers of healthy aging also include physical activity, diet, social support and engagement, and independence.[5]

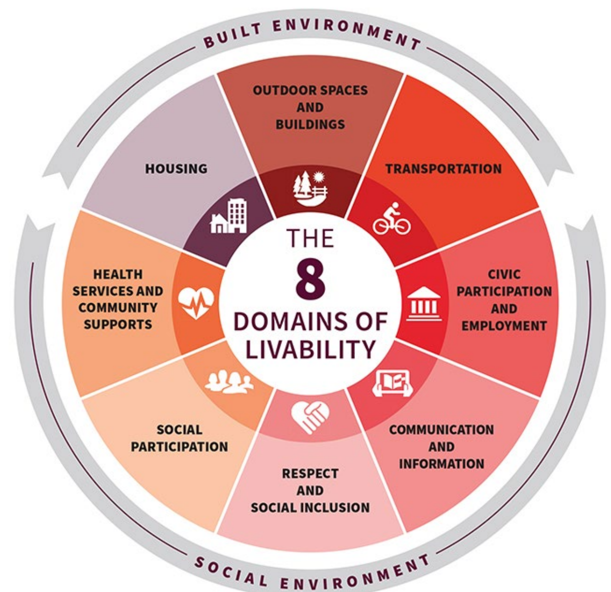
In response to worldwide population growth and aging trends, the WHO established the Global Network for Age-Friendly Cities and Communities in 2006. The mission is to "connect cities, communities, and organizations worldwide with the common vision of making their community a great place to grow old in."[6] AARP hosts the Network of Age-Friendly States and Communities as the United States affiliate of the WHO Global Network. Communities enrolled in AARP's Network share the belief that "places where we live are more livable, and better able to support people of all ages, when local leaders commit to improving the quality of life for the very young, the very old, and everyone in between."[7]

Many participating communities use the framework of the 8 Domains of Livability **(see Figure 1),** which identifies features of a community that "impact well-being of older adults and help make communities more livable for people of all ages."[8] As of August 2023, the state of North Carolina, eight counties, and eight cities are members of the Network of Age-Friendly States and Communities.[A,9] On May 2, 2023, the day that North Carolina was accepted into the Network, Governor Roy Cooper signed Executive Order Number 280 "directing action to continue the state's commitment to building an age-friendly state."[10,11] The discussions and recommendations of the NCIOM Task Force on Healthy Aging presented in this report complement and reinforce the state's commitment to creating the conditions to help North Carolina's residents age well.

OLDER ADULTS

Older adulthood is defined differently by a variety of organizations and data sources. The Centers for Disease Control and Prevention presents data related to older adults for those aged 65 and older. The US Older Americans Act and the World Health Organization define an older adult as those aged 60 or older. This report will reference a variety of data, programs, and services that serve people who are considered older adults and use a variety of definitions of when that classification begins. While this report will reference older adulthood often, the purpose of many of the recommendations is to address aging in a broader sense, taking a life course perspective of the many community, social, economic, and other factors that impact our ability to experience healthy aging.

FIGURE 1. AARP Network of Age-Friendly States and Communities – 8 Domains of Livability



Source – AARP, https://www.aarp.org/livable-communities/network-age-friendly-communities/info-2016/8-domains-of-livability-introduction.html

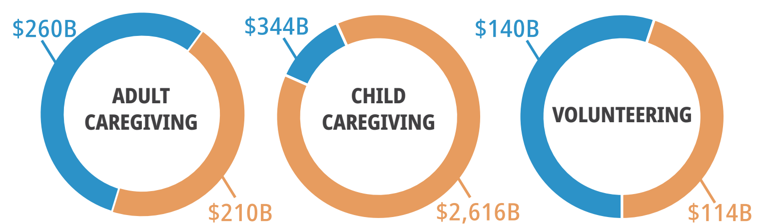
CONTRIBUTIONS OF OLDER ADULTS

Older adults contribute much to our communities through their time and finances. In 2018, 56 cents per dollar spent in the United States came from an adult aged 50 or older. That number is projected to grow to 61 cents per dollar by 2050.[12] Within the labor force, the number of people aged 75 and older will grow approximately 96.5% by 2030. Adults who are aged 50 and older are projected to support more than 100 million jobs – through jobs they hold or create - by 2050.[13] With generational changes in job expectations, many employers are finding that older workers are an asset because of their reliability and work ethic.[14] If the 50+ population in the United States were its own economy, it would be the third-largest economy in the world by Gross Domestic Product (GDP).[12]

Adults aged 50 and older volunteered approximately 2.2 billion hours and contributed $745 billion in free labor in 2018, through activities such as caregiving and volunteering (**see Figure 2**).[15] They also provided almost $100 billion in charitable contributions in 2018.[12,13]

FIGURE 2. Value of Unpaid Caregiving and Volunteering in 2018

(B=Billion) 50+ Under 50



Source – AARP, https://www.aarp.org/politics-society/advocacy/info-2019/older-americans-economic-impact-growth.html

[A] *AARP Network of Age-Friendly States and Communities North Carolina members are Archdale, Jamestown, Cary, Durham, Kinston, Leland, Matthews, and Mt. Airy as well as Alamance, Buncombe, Durham, Forsyth, Lenoir, Mecklenburg, Orange, and Wake counties. https://www.aarp.org/livable-communities/network-age-friendly-communities/info-2014/member-list.html*

GOVERNMENT SPENDING AND AGING

With an increase in the older adult population, our country and state will experience an increase in health care needs and expenses. Medicare spending is projected to double over 10 years from $875 billion in 2021 to $1.8 trillion in 2031.[B16] State Medicaid expenditures for adults over age 65 in North Carolina were close to $2.8 billion in fiscal year 2022.[17]

Older adults accounted for **16%** of Medicaid expenditures ($2.8 billion), making this the **second-most expensive group** behind people with disabilities (43% of spending, $7.3 billion).

The majority **51%** of spending for older adults in Medicaid was for **nursing facilities** ($1.6 billion).

Source: North Carolina Department of Health and Human Services - Division of Health Benefits. Dashboard. https://medicaid.ncdhhs.gov/reports/dashboards#annual

The North Carolina Division of Aging and Adult Services (DAAS) is one state entity that helps to provide services tailored to older adults. At just under $97 million in fiscal year 2021-2022, the DAAS budget only accounted for approximately 0.15% of the state budget.[18,19]

AGING IN NORTH CAROLINA

Nationwide, the older adult population is growing at a rate faster than any other age group. North Carolina currently ranks 9th in the United States in the number of people aged 65 and older.[20] By 2028, 1 in 5 North Carolinians will be aged 65 and older, and by 2038 it is estimated that 95 out of 100 counties will have more people aged 60 and older than under 18 years.[20]

HEALTH CHARACTERISTICS OF ADULTS AGED 65 AND OLDER

81% Have one or more chronic diseases

72% Reported exercising in the past 30 days*

35% Have a disability

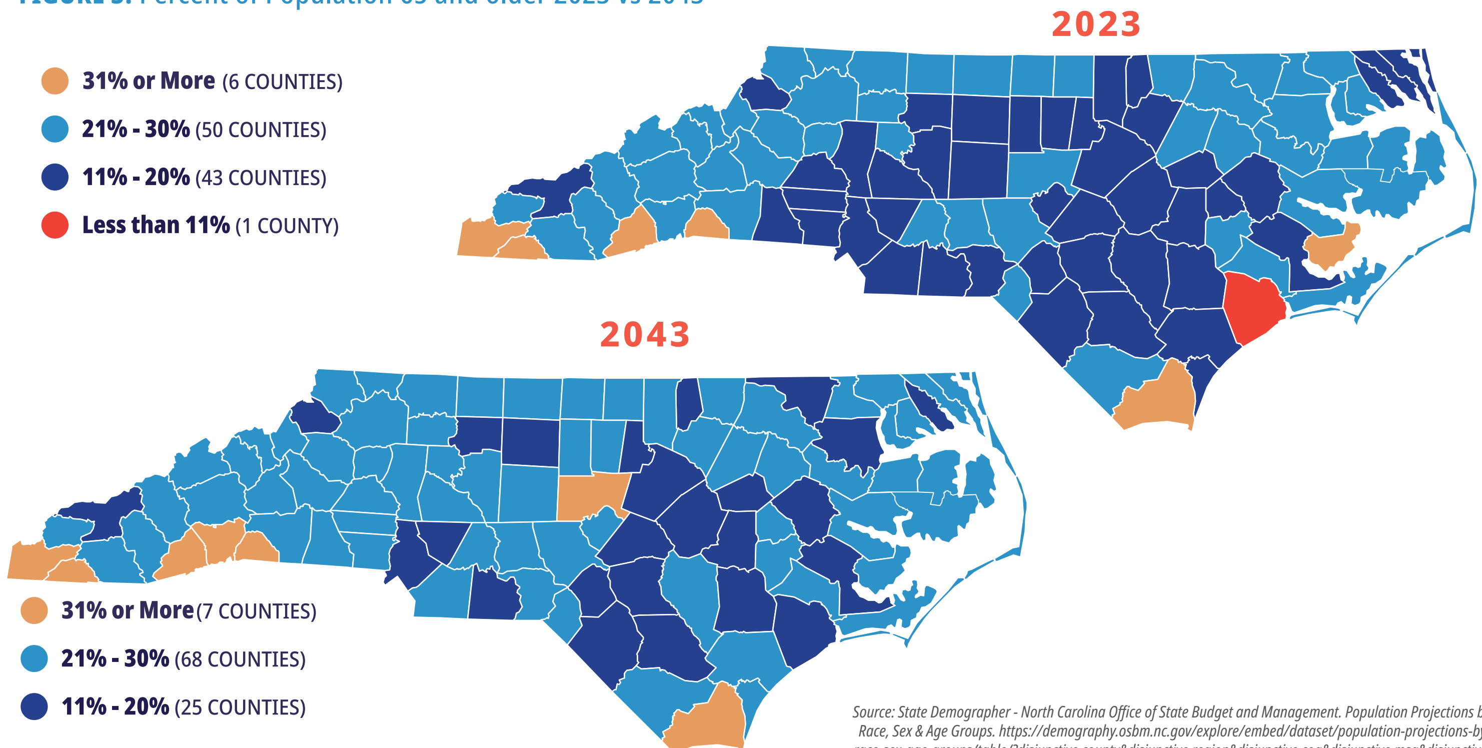
19% Reported two or more falls

8% Self-reported their health is poor

*People reporting exercise in the past 30 days said Yes to the question, "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? "

Source: https://www.ncdhhs.gov/state-demographic-slides-2020pdf/open

FIGURE 3. Percent of Population 65 and older 2023 vs 2043



Source: State Demographer - North Carolina Office of State Budget and Management. Population Projections by Race, Sex & Age Groups. https://demography.osbm.nc.gov/explore/embed/dataset/population-projections-by-race-sex-age-groups/table/?disjunctive.county&disjunctive.region&disjunctive.cog&disjunctive.msa&disjunctive.race&disjunctive.sex&location=7,35.18287,-79.86097&basemap=jawg.streets

B Includes Medicare program spending and beneficiary premiums, but not beneficiary cost sharing.

POPULATIONS EXPERIENCE AGING DIFFERENTLY

Social, economic, and environmental inequities can contribute to a difference in health outcomes and life expectancy.[a] For example, individuals living in resource-rich communities tend to have a higher life expectancy. Inequities related to race and ethnicity also play a role in gaps in health care access and experiences of disease and health outcomes.[b] Those in racial and ethnic minority groups are more likely to face barriers to access, such as lack of insurance, transportation, and child care/eldercare, and the inability to take time off work to go to a health care appointment.[b,c] These factors can be costly, and they can result in a need for more medical care and further barriers to accumulating wealth.[c] Those living in rural areas often face similar challenges and often experience limited access to health care providers.[c] **See Chapter 2, Page 26** and additional resources below for more discussion about the social, economic, and health inequities that impact the experience in the aging process.

a https://www.ncbi.nlm.nih.gov/books/NBK425845/
b https://www.cdc.gov/healthequity/whatis/index.html
c https://www.kff.org/racial-equity-and-health-policy/issue-brief/disparities-in-health-and-health-care-5-key-question-and-answers/

AGING SERVICES IN NORTH CAROLINA

There are many existing programs that provide services to help older adults remain independent. Across 95 of 100 counties in North Carolina, there around 170 senior centers.[21] These centers work to leverage resources to support the health and well-being of older adults with information and referral to services, home-delivered or group meals, transportation, educational sessions, exercise classes, and much more.[C] **See Strategy 17 on Page 75** for more discussion about North Carolina senior centers.

Food programs such as congregate meals, home-delivered meals (e.g., Meals on Wheels), the Commodity Supplemental Food Program, and the Supplemental Nutrition Assistance Program (SNAP) help older adults in need access food. **See Strategy 4 on Page 34** for more discussion about these programs. Programs such as adult day programs, the Program for All-Inclusive Care for the Elderly (PACE), and home modification programs help older adults live safely and successfully within the community when their health and/or mobility has limited their ability to live independently at home. **See Strategies 7, 18, and 20 on Pages 40, 77, and 80** for more discussion about these programs.

The fiscal year 2020-2021 state budget passed in 2019[D] allocated nearly $51.2 million to the North Carolina Division of Aging and Adult Services of the estimated $122.1 million required for services for those aged 60 and over.[22] Services include adult day care, care management, home-delivered meals, congregate nutrition, in-home care, senior centers, and transportation. The budget allocated $213.3 million to the Division of Social Services of the estimated $1.94 billion required for programs such as food and nutrition services for older adults and adult protective services, among many others.[22] Funding for the remainder of those budgeted needs is received from the federal government. The state budget for these two state agencies that provide vital services for older adults, as well as some who are younger or have a disability, totals about 1.1% of the state's 2020-2021 budget.[22]

The entire authorized DAAS budget for fiscal year 2022-2023 is $171 million, of which $107 million will come from the federal government.[23]

AGING SERVICES IN NORTH CAROLINA

The federal Older Americans Act—which is administered by the Administration for Community Living—provides funding to allow individual states to deliver social and nutrition services to older adults. Services provided through the Older Americans Act help keep older adults as independent as possible while staying active in their communities. Prior to the COVID-19 pandemic, federal funding decreased steadily between 2009 and 2019.[24] In 2020 and 2021, COVID-19 emergency funds led to the largest levels of funding in the Act's history.[24]

Aging services in North Carolina are funded and administered at the state, regional, and county levels:

- **State level** – The North Carolina Division of Aging and Adult Services (DAAS) within the Department of Health and Human Services provides oversight, guidance, and technical assistance to 16 Area Agencies on Aging and 100 county departments of social services.
- **Regional level** – Area Agencies on Aging support programs that address the needs of older adults in the state's 16 multicounty planning and services areas. Their five basic functions are advocacy, planning, program and resource development, information brokerage, and administration of funds/quality assurance.[23] Their key goal is to "to help older adults live in their communities in the least restrictive environment with maximum dignity and independence."[25]
- **County level** – County Commissioners who approve local funding plans for use of the Home and Community Care Block Grant. County Boards of Social Services help oversee adult services within each county's DSS. Other local aging service providers include public and private departments and councils on aging, senior centers, adult day care and day health centers, etc.

STATE LEVEL

Funds Administered by and Core Services of the Division of Aging and Adult Services

Administration of funds for Home-and Community-Based Services - Services are delivered by local Home and Community Care Block Grant (HCCBG) providers

Administration of funds for caregiver support - Range of services to support family caregivers, including individual counseling and respite care, caregiver training delivered locally

Key Rental Assistance Program - Rental assistance for eligible people with low incomes who are disabled, in partnership with NC Housing Finance Agency

Long-Term Care Ombudsman Program - Assistance for residents of long-term care facilities in exercising their rights and resolving grievances

State-County Special Assistance - Cash supplements to people with low incomes to help pay for room and board in licensed residential facilities or services at home

Adult Protective Services - Services to identify and prevent the abuse, neglect, and exploitation of adults with disabilities

Guardianship - Services for individuals who are deemed 'incompetent'

C Individual and group services vary by senior center location.

D The state budget prior to the onset of the COVID-19 pandemic provides the best historical reference point for funding allocations as a portion of the state budget. The following years brought a variety of changes to state priorities to deal with the pandemic emergency and an influx of federal funds to address pandemic-related challenges.

REGIONAL LEVEL

Programs Funded, Administered, or Overseen by Area Agencies on Aging

Information and Options Counseling – Provide information and connection to community services and supports

Home- and Community-Based Services – Administer funding and monitor compliance with standards for programs that provide home-delivered meals, transportation, in-home aides, congregate nutrition, family caregiver support programs, and adult day care

Regional Long-Term Care Ombudsman – Advocate for resident rights in long-term care facilities

Evidence-Based Health Programs – Administer funding and oversee programs like A Matter of Balance/Falls Prevention, Living Healthy/Chronic Disease Self-Management, Walk with Ease, and Powerful Tools for Caregivers

Local Contact Agency - Provide counseling to nursing home residents on community support options

Other – Administer funding for other programs like senior volunteer programs, senior employment programs, Operation Fan/Heat Relief, case management, insurance and financial counseling, and home improvements

Note – Area Agencies on Aging may provide direct services if not otherwise provided by another local entity.

Sources – Information in this table is adapted from organizational overviews available at https://webservices.ncleg.gov/ViewDocSiteFile/75939 and https://www.nc4a.org/.

OTHER SERVICES AND AGING ADVOCACY IN NORTH CAROLINA

Other aging-related services and advocacy in North Carolina include, but are not limited to, the following:

The North Carolina Coalition on Aging supports the older adult population through collaborative work with organizations and partners. Its mission is to "improve the quality of life for older adults through collective advocacy, education, and public policy work."

NCCARE360 is a statewide coordinated care network that connects people of any age to local services to meet their needs. It hosts an online platform to connect people to available services for housing, transportation, food, employment, and other needs. 2-1-1 is a call-in mechanism to connect with local services.

The North Carolina Association on Aging represents community-based service providers who in turn provide programs that allow older adults to continue to live independently.[26] Its mission is to "represent agencies and other professionals in the field of aging who provide home and community-based services, and advocate for quality programs which enable older adults and their families to live as independently as possible." Relevant activities of these organizations will be referenced throughout this report.

Healthy Aging NC is a statewide initiative of the NC Center for Health & Wellness at the University of North Carolina-Asheville. It connects older adults to programs and agencies that maintain and improve health and increases the capacity of partners to offer such programs. Supported programs include falls prevention, self-management, and walking management.[27]

AARP NC is the state affiliate of AARP, the "nation's largest nonprofit, nonpartisan organization dedicated to empowering Americans 50 and older to choose how they live as they age."[28]

The Senior Tar Heel Legislature is a non-partisan body with representatives from across the state with several duties, including "assess[ing] the legislative needs of older citizens by convening a forum modeled after the North Carolina General Assembly." Each county has one delegate and one alternate, who must be aged 60 or older, to the STHL.[29]

The Governor's Advisory Council on Aging has several duties, including "mak[ing] recommendations to the Governor and the Secretary of Health and Human Services aimed at improving human services to the elderly."[30] The GAC consists of members "including 29 members appointed by the Governor, two members appointed by the President Pro Tempore of the Senate and two members appointed by the Speaker of the House of Representatives."

NCIOM TASK FORCE ON HEALTHY AGING

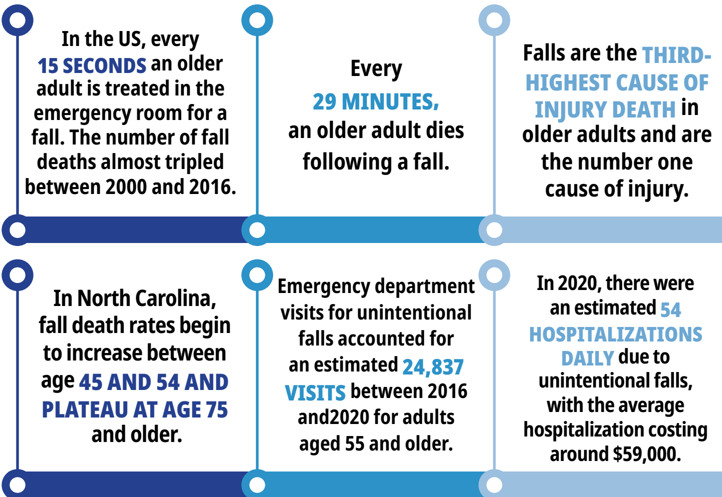
The growing aging population and the challenges for older adults demonstrated by the COVID-19 pandemic highlighted the need for focused attention and action. In May 2022, the North Carolina Institute of Medicine (NCIOM) launched the Task Force on Healthy Aging to develop recommendations to support aging in place in North Carolina communities. The task force was supported by funding from The Duke Endowment, the North Carolina Department of Health and Human Services (NCDHHS) Division of Aging and Adult Services and Division of Public Health, and AARP North Carolina. The task force focused on four key areas of aging in the community setting: falls prevention, mobility, nutrition, and social connections. Between May 2022 and April 2023, the full task force met 11 times; in addition, more than 35 topic-specific meetings or interviews were conducted. Dr. Tamara Baker, MA, PhD, professor in the Department of Psychiatry at the University of North Carolina School of Medicine and Dennis Streets, MPH, MAT, retired, former Director of DAAS and former Executive Director of the Chatham County Council on Aging served as task force co-chairs. They helped guide the 63 task force members through insightful conversations that led to the creation of the recommendations in this report.

Through task force meetings and discussions with leading experts, it became evident that the four key areas are closely interconnected. For example, poor nutrition may lead to increased falls risk, and poor mobility issues may decrease an older adult's ability to connect with others in their community. There are also external factors that affect these four key areas, such as lack of transportation, unsafe environments for walking and daily activities, low income, and limited access to food.

This report presents the final recommendations and related strategies from the NCIOM Task Force on Healthy Aging. A list of all recommendations and strategies can be found in Appendix A.

The following is a brief introduction to the four main topic areas that informed the task force discussions.

FALLS PREVENTION

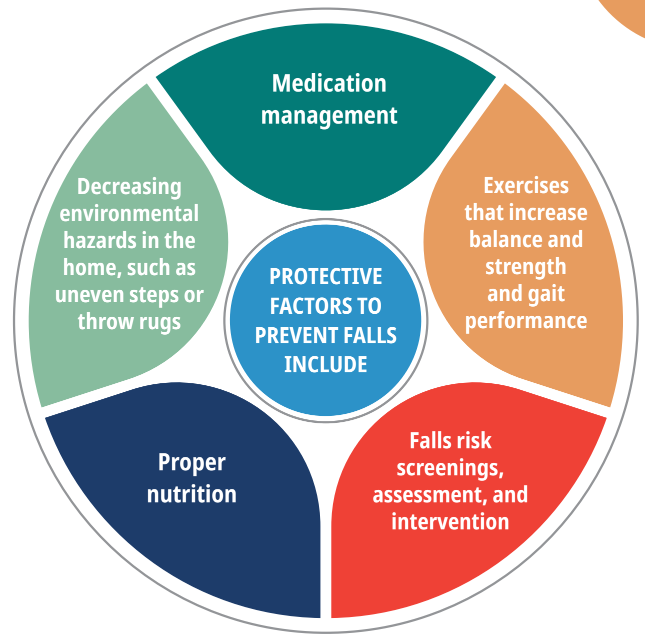


Sources - Pahor M. Falls in Older Adults: Prevention, Mortality, and Costs. JAMA. 2019;321(21):2080–2081. doi:10.1001/jama.2019.6569; Ellen Bailey, Presentation to the NCIOM Task Force on Healthy Aging, May 31, 2023.

Falls are associated with a reduced quality of life. Psychologically, the fear of falling and decreased confidence in independent mobility can lead to anxiety and depression.[31,32] This can then lead to fewer social interactions and less physical movement, which may increase the risk of further falls due to increased frailty.[31] There are two kinds of risk factors for falls: non-modifiable and modifiable. Non-modifiable risks include advanced age, cognitive impairment, and previous falls. Modifiable fall risk factors include muscle weakness, gait and balance problems, poor vision, hearing loss, unsafe footwear, use of four or more medications (including those that cause drowsiness, dizziness, or confusion), some chronic conditions, and home and environmental hazards.[33] Chronic conditions, such as diabetes and heart disease, can affect balance and lead to falls. Depression can be a risk for falls due to poor cognitive status, impaired activities of daily living, and slower walking speed.[34,35] Malnutrition can lead to lower-body weakness and increase the risk of falls.[36] Malnutrition can also lead to a higher risk of fractures in the case of a fall.[37]

Self-reporting is the primary method of conveying falls-related injuries in older adults. While health care screenings now use fall-risk questions to identify newly at-risk older adults, studies have suggested that older adults tend to underreport their falls.[38] Fear of a loss of independence may be one reason that many older adults choose not to report their falls.[39] Some older adults also see falling as a normal part of aging and therefore not something to seek help for.[39]

The North Carolina Falls Prevention Coalition offers strategies including sharing and promoting evidence-based falls prevention programs with older adults to help reduce the injuries and deaths associated with falls.[40] The coalition's 2021-2025 Action Plan incorporates input from more than 40 partners across North Carolina and sets goals that include increasing public awareness efforts.[41]



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MOBILITY

Mobility is our ability to move around our environment and get where we want to go – both through using our bodies and using other modalities like cars or buses. Mobility limitations affect between one-third and one-half of older adults and are associated with increased falls risk, a decreased quality of life, and a loss of independence.[42] Risk factors associated with mobility limitations include sex, socioeconomic status, physical inactivity, nutritional status, and self-efficacy.[43,44] Age-related physiological changes, such as decreased muscle strength and bone mass, also contribute to changes in mobility.[44]

Communities need to consider the mobility needs of their aging populations in both their planning decisions and their recommendations to state transportation bodies.[45] Some features of communities can make driving less safe for everyone, such as confusing signage and landscaping at the edges of driveways and corners that blocks views of the road. Driving allows older adults to participate in social interactions and complete independent activities. In 2020, there were almost 48 million older adults with an active driver's license in the United States, which is a 68% increase from 2000.[46] However, older adults may have reduced physical functions such as strength and range of motion that can impair driving.[47] The reduction or complete stopping of driving has been associated with decline in quality of life, increased social isolation, and depression.[48] In many areas, alternatives to personal vehicles are sparse and considered unacceptable or unusable to many older adults.[48] An estimated 39% of older adults in North Carolina live in a rural area, and the lack of public transportation as an alternative presents a barrier to mobility in many rural communities.[49]

The ability to walk is also an important aspect of mobility. Physical activities like walking can help build strength and balance.[45] However, community conditions can make walking difficult because of issues such as cracked sidewalks, lack of adequate sidewalk space for assistive mobility devices, construction zones with no pedestrian detours, poor lighting, shopping centers and parking lots without safe walking corridors, and a lack of benches and shelters.[50,51] These issues can create risks of falls and hazards for pedestrian safety for older adults. In 2020, adults aged 65 and older accounted for 20% of pedestrian deaths in the United States.[52] Inside homes, throw rugs and steps can create hazards for moving around safely.

Along with public transportation, community options include services such as volunteer transportation programs and door-to-door assisted transportation.[53] In North Carolina, this includes programs like nutrition site and grocery shopping transportation.[54] While these programs are not income-based, there are limitations on distance to an established meals site or neighborhood, adding further barriers.

NUTRITION AND FOOD SECURITY

Nutrition and access to food are important factors in healthy aging. Eating nutrient-rich foods can help reduce the chances of developing heart disease and osteoporosis.[55] While older adults generally have lower caloric needs than younger adults, nutrient needs are comparable or increased due to physical changes, such as age-related loss of muscle mass and slower absorption of nutrients.[55,56]

Some physical changes that take place as adults age can alter the experience of eating, such as a reduced sense of smell and taste, different ability to chew or swallow, and changes in bowel function.[57] These are often accompanied by a reduction in overall appetite.[56] However, there are also external factors that impact older adults' ability to maintain a nutritious diet. For example, a lack of healthy food options, lack of access to dental care, limited transportation options, and/or low income may lead to food insecurity.

Food insecurity is a lack of regular access to a variety and adequate quantity of food to live a healthful life.[58] Financial constraints, such as having to choose between housing or health care costs and food, can contribute to food insecurity.[59] In 2020, North Carolina had the 14th-highest rate of older adult food insecurity and 7.7% of older adults in the state were considered food insecure, compared to the national average of 6.8%.[59,60] Older adults who are food insecure are more likely to suffer from health conditions such as depression, asthma, and diabetes, and have increased health care costs for chronic conditions.[61,62]

Malnutrition is a condition caused by inadequate intake of calories and/or the amount of key nutrients necessary for health. Being malnourished results in a deficiency in nutrients that leads to adverse effects on mental and physical health. It can be a result of food insecurity – when access to food is limited, uncertain, or inconsistent – or a result of reduced intake of nutritious food for other reasons like chronic disease or injury. At least half of older adults in the United States are at risk for malnourishment but only about 8% are diagnosed.[63] Being malnourished can be a risk factor for falls and has the potential to slow down recovery from injuries.[63] Malnutrition costs North Carolina over $140 million a year, or $95 per person for those aged 65 and older, in direct medical spending.[64]

There are several programs in North Carolina that address malnutrition and food insecurity. Some of the programs are means-tested, requiring older adults to meet certain income thresholds to qualify. Other programs allow all who are aged 60+ to participate. **See Strategy 4 on Page 34** or further discussion of these programs.

SOCIAL ISOLATION

Social connectedness is a strong contributor to healthy aging. Social connections help older adults cope with health conditions, experience less depression, and reduce their risk of premature death from all causes.[65,66] One way to combat social isolation and loneliness is fostering connections through social programs for older adults, such as those available at senior centers.[67,68] Intergenerational friendships also have benefits, such as boosting energy.[69]

> **LONELINESS is the pain we feel when our social connections do not meet our needs.**
>
> **SOCIAL ISOLATION is the state of having a smaller number of social contacts, which may contribute to loneliness.**
>
> *https://www.who.int/teams/social-determinants-of-health/demographic-change-and-healthy-ageing/social-isolation-and-loneliness*

One in four older adults experiences social isolation, according to the National Institute on Aging.[70] The biggest risk factors for social isolation include being divorced or widowed, living below the poverty line, living with chronic illness, and having a disability or limited mobility.[71,72] Older adults who have stopped driving have also been found to experience decreased social engagement.[73]

- Social isolation is associated with:
  - a greater risk for elevated blood pressure, developing cardiovascular disease, cognitive impairment, and mortality
  - the same harmful effect as smoking 15 cigarettes per day.[a]
- People who are socially isolated may get too little exercise or drink too much alcohol, which can increase the risk of serious health conditions.[b]
- Factors that prevent older adults from engaging with others, such as hearing loss, may increase social isolation.[c]

a https://ncmedicaljournal.com/article/72996-impact-of-social-isolation-on-older-adults-in-north-carolina
b https://www.nia.nih.gov/health/loneliness-and-social-isolation-tips-staying-connected#:~:text=Being%20alone%20may%20leave%20older,%2C%20depression%2C%20and%20cognitive%20decline
c https://www.healthaffairs.org/do/10.1377/hpb20200622.253235/

Older adults who were low- or middle-income earners reported higher rates of social isolation than those with higher incomes.[73] This is partially due to the psychological impact of perceived deprivation, leading to an increase in withdrawal from social connections and a reduced likelihood of participating in social activities.[74] Having an inadequate income may also restrict an older adult's ability to participate in social activities.[75] Inability to afford a vehicle or access transportation can prevent older adults from accessing community services.[76]

Among different racial/ethnic groups, Black and Hispanic older adults are less likely to experience social isolation than White older adults.[77] Immigrants, however, often experience many factors that increase their social isolation, such as communication barriers and a lack of social support.[73,78]

Another risk factor for social isolation is the lack of access to digital resources to connect with family and friends. It is estimated that three-quarters of adults over age 50 rely on digital technology to connect with family and friends, yet 42% of the population over age 65 do not have access to broadband internet at home.[70] Older adults with access to digital networks have reported higher rates of well-being and happiness, as well as lower rates of anxiety and loneliness.[70]

Different living environments affect how older adults interact with their social networks and participate in their community.[73] Those living in urban areas are less likely to report social isolation due to proximity to transportation and walkability to resource sites.[78] Housing that lacks necessary supporting equipment, such as a ramp or stairlifts, may leave older adults feeling constrained to the home.[79] Older adults who live alone are more likely to experience social isolation and in North Carolina 27% of older adults live alone, above the national average of 26%.[20,78,80]

One important protective factor for social isolation can be an individual's faith community, particularly for older adults. While measurements of church attendance suggest younger generations seem to be moving away from religion, spirituality, religion, and the church are powerful factors in the lives of the current generation of older North Carolinians, providing social, psychological, and emotional supports that might otherwise be absent. This can be particularly true for older adults who live alone and/or have mobility impairments. Research shows that "religious attendance may protect against loneliness in later life by integrating older adults into larger and more supportive social networks."[81] This emphasizes the role that faith communities can play in providing social connection for older adults. There are many faith-based programs that target the well-being of older adults in our state. One example is NC-BAM: Baptist Aging Ministry, whose mission is to help adults aged 65 and older so they can maintain their independence and enjoy a good quality of life.[82] This is accomplished through connections to community resources and direct help with "meeting needs for wheelchair ramps, grab bars, smoke alarms, light yard work, and friendly visits."[83]

TASK FORCE ON HEALTHY AGING REPORT AND RECOMMENDATIONS

The following report is laid out in four sections. Each chapter presents an overarching theme related to healthy aging:

1. Upstream factors that affect how we experience aging;
2. Promoting a culture of aging across the lifespan;
3. Community services and programs; and
4. Workforce to meet the needs of older adults.

Each chapter will begin with an introduction to the issue and will contain 2-4 recommendations, accompanied by strategies to achieve those recommendations. Icons at the end of each strategy will identify which of the four main issues (falls prevention, nutrition/food security, mobility, and social isolation) are targeted by the strategy.

ICON KEY

FALLS PREVENTION

MOBILITY

NUTRITION/FOOD SECURITY

SOCIAL CONNECTIONS

Aging Her Way with a Dedication to the Arts and Older Adults

Annette working on her art.

Annette's passions in life include dance and serving older adults. One of her colleagues says of her, "For many years, Annette was an outstanding director of the New Hanover Department on Aging and a tremendous representative and advocate of Senior Games and SilverArts."

"The arts led me into working with older adults." When she moved to North Carolina, Annette worked for the parks and recreation department in Wilmington and oversaw programs for special populations. Older adults were one of those special populations, and groups of seniors would come for an exercise program. She says, "because of the way I taught there was a lot of dance, not strictly exercise." Annette brought dance to older adults who were blind or visually impaired and to those living in nursing facilities.

Her experience teaching dance with older adults blossomed into a 25-year career as Director of the Department of Aging in New Hanover County. Annette loved her job and says she learned so much from the participants. As director, she continued her passion for dance by starting a dance program at the senior center.

Annette's passion for the visual arts led her and a group of other leaders to develop SilverArts, a component of the North Carolina Senior Games that celebrates the arts and "allows people to come together to meet friends, even if not athletic," she says. SilverArts brings together older adults in North Carolina to compete in five categories: visual arts, performing arts, heritage arts, literature, and cheerleading.

As she has aged, Annette has adapted her movement to a changing body. "As a dancer you can't do some of the things you used to do when you were younger. ***The body does change so you adapt the way you dance to things your body can do. It can be just as enjoyable.***" Throughout her teaching, she has always emphasized the benefits of movement for healthy aging.

While Annette has been an inspiration to her colleagues and countless older adults, she herself was once inspired by a family member with a love of dance. ***"My grandmother started doing ballroom dance once she retired and even competed."*** Annette and her mother, daughter, and granddaughter all took that inspiration and now have a five-generation family tradition of dance.

Now facing a serious illness, Annette has leaned on her love of the arts to continue to express herself and connect with others. ***"As you age, stay as active as you can. Keep your body moving. Even now as I'm limited in what I can do and where I can go, the arts are so important as a way to express myself."***

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CHAPTER 2

Social & Economic Factors That Affect How We Experience Aging

GOING UPSTREAM TO UNDERSTAND HEALTHY AGING

"Imagine a large river with a high waterfall. At the bottom of this waterfall hundreds of people are working frantically trying to save those who have fallen into the river and have fallen down the waterfall, many of them drowning. As the people along the shore are trying to rescue as many as possible, one individual looks up and sees a seemingly never-ending stream of people falling down the waterfall and begins to run upstream. One of other rescuers hollers, 'Where are you going? There are so many people that need help here.' To which the man replies, 'I'm going upstream to find out why so many people are falling into the river.'"

– Attributed to Saul Alinsky in Shelden RG, Macallair D. Juvenile Justice in America: Problems and Prospects. Long Grove, IL: Waveland Press; 2008.

Just as a "seemingly never-ending" number of people fell down the waterfall in the parable above, millions of older adults experience poverty, food insecurity, and unmet housing needs. The experience of older adulthood is the culmination of experiences in childhood, adolescence, and early adulthood and a multitude of political, social, and economic factors. Some older adults may not have adequate wealth and income in their retirement due to historic and ongoing racial disparities in education, employment, and housing. Some may have spent less time in the workforce due to caregiving responsibilities. Similarly, one's marital status or family structure may influence their access to social support and assistance in older adulthood.

EQUITY IN OPPORTUNITIES FOR HEALTHY AGING

Health equity is defined as "the attainment of the highest level of health for all people" and requires efforts to address preventable inequities that stem from historical and contemporary injustices. Health disparities adversely impact groups of people who have experienced prejudice and systematic oppression due to their racial or ethnic group, religion, socioeconomic status, gender, sexual orientation, geographic location, or disability.[1] In order to achieve equitable opportunities for healthy aging in North Carolina, we must understand disparities in the context of our country and state's history. Similarly, we must consider how gender and sexual orientation can influence older adults' access to material resources and social support in later life.

In 2017 in the United States, almost half of older Black and Hispanic adults had incomes below 200% of the poverty line compared to a quarter of older White adults.[2] As of 2016, older women received approximately $9,900 less annually, on average, in retirement from sources including Social Security income and pension earnings than older men due to lower lifetime earnings, time taken off for caregiving, and other issues.[3] The gender pay gap widens as women age,[4] and the majority of family caregivers (60%) are women.[5] LGBTQ+ elders are more likely to be single and live alone and less likely to have children compared to their heterosexual and cisgender counterparts.[6] A lack of family support may necessitate LGBTQ+ older adults to seek services from organizations that may or may not be welcoming or inclusive. In a national AARP survey, 85% of older LGBTQ+ individuals reported being concerned about discrimination, including housing discrimination, based on sexual orientation.[7] Older adults who live in rural communities may also be disproportionately impacted by aging compared to those who live in more urban areas. For instance, while many aging people rely on their children for care and transportation, young people from rural communities are leaving these areas.[8] Issues related to isolation, including falls, may be compounded by sparse resources in rural areas.

Throughout this report, we present composite stories to illustrate how the life experiences of different populations can influence their opportunities for healthy aging. Some examples of policies that have historically impacted today's older adults and continue to have societal reverberations are presented here and in the graphic on the next page.

Residential segregation – "Racial residential segregation [was] initially created by the deliberate and explicit racism codified in Jim Crow laws. Although segregation has declined since the Fair Housing Act of 1968 outlawed racial discrimination in housing, the United States remains highly segregated. Racial segregation is almost always accompanied by concentrated economic disadvantage and limited opportunities for upward mobility, such as good employment options and good schools. Because of segregation, African American and Latino people are more likely than White people with similar household incomes to live in neighborhoods with concentrated disadvantage, whose adverse health effects have repeatedly been demonstrated."[9]

Impacts of these policies resonate today in North Carolina communities. The National Community Reinvestment Coalition compared the grades given by the Home Owners' Loan Corporation (HOLC) to neighborhoods in five North Carolina cities in 1930 to the Social Vulnerability Index (SVI)[A] of those neighborhoods today.[10] Neighborhoods graded with a "D" in 1930 were considered "hazardous" for lending and typically contained majority non-White or immigrant populations – communities that today we identify as having been "redlined." The neighborhoods with the lowest 1930 HOLC "D" scores in Asheville, Durham, Greensboro, and Winston-Salem have the highest or nearly the highest SVI scores today of all the neighborhoods in those cities.[11–14] A high SVI score is associated with being "especially at risk during public health emergencies because of factors like socioeconomic status, household characteristics, racial and ethnic minority status, or housing type and transportation."[15]

Discriminatory financial practices – "Home ownership is the principal form of wealth for most Americans of modest means. Beginning in the 1930s bank lending guidelines from the federal Home Owners' Loan Corporation were later adopted by private banks. The guidelines explicitly used neighborhood racial and ethnic composition and income data in assessing mortgage lending risks. During decades when federal loan programs greatly expanded Whites' homeownership (and thus, wealth), non-White and low-income areas were disproportionately "redlined"—a practice whose name refers to the red shading on Home Owners' Loan Corporation maps of neighborhoods that were deemed hazardous for lending. Racial and ethnic differences in homeownership, home values, and credit scores in formerly redlined areas persist."[9]

A 2010 study of the wealth of North Carolinians found that total wealth of Black North Carolinians aged 65 and older was $41,806 compared with that of White North Carolinians at $165,000.[16] Lower levels of wealth in older adulthood contribute directly to difficulty affording adequate housing, purchasing food and medical care, accessing transportation, and using other resources for health and well-being.

Environmental injustice – "Racially segregated communities have often experienced the damaging health effects of environmental injustice. Examples include well-documented patterns of selectively locating coal-fired power plants and hazardous waste disposal in or near communities of color, with adverse effects on the population's health."[9]

A The Social Vulnerability Score of a neighborhood is calculated across 16 measures: Socioeconomic Measures – poverty, unemployment, per capita income, education, health insurance; Population Vulnerability Measures – children, elderly, disability, single parent, minority, limited English; Housing/Transportation Vulnerability Measures – large apartment buildings, mobile homes, crowding, no vehicle, group quarters. https://www.healthvermont.gov/sites/default/files/documents/2016/12/ENV_EPHT_SocialVulnerabilityIndex.pdf

In North Carolina, environmental injustice is illuminated by the proximity of groups to pollutants. A quarter of North Carolinians (24%) live within a mile of an EPA-registered polluting site;[B] 41% of people living in predominately Latino communities and 44% of people in Black communities live within a mile of such sites.[17] Similarly, residents of majority-Black communities are twice as likely to live within a mile of a solid-waste facility.[17] Residents who live near these types of sites have a "high risk for life-long and long-term mental and physical health challenges, including cancer, birth defects, developmental disabilities" and lower life expectancy.[18]

LOOKING UPSTREAM

Many of these "upstream" issues faced by older adults can be addressed through thoughtful and coordinated action. The recommendations and strategies from the Task Force on Healthy Aging that are presented in this chapter seek to address some of the social and economic needs of those who are currently older adults and those who will age into older adulthood in the future. Meeting these needs is a necessary step toward ensuring that all people in North Carolina have an opportunity to experience healthy aging.

This chapter presents three recommendations and related strategies to address the upstream factors that impact older adults' ability to experience healthy aging. Full text of of all recommendations and strategies can also be found in Appendix A:

Recommendation 1 – Help Older Adults Retain More Financial and Material Resources to Support Healthy Aging

Strategy 1 - Help More North Carolinians Plan and Save for Retirement

Strategy 2 - Increase Employment Opportunities for Older Adults

Strategy 3 - Update Tax Policy to Help Older Adults with Lower Incomes

Strategy 4 - Increase Uptake of Food and Nutrition Services

Strategy 5 - Reduce the Costs of Health Care Coverage

Strategy 6 - Increase Awareness and Protections from Fraud for Older Adults

Recommendation 2 - Ensure Safe and Affordable Housing for Older Adults

Strategy 7 - Ensure Statewide Focus on Housing Availability, Affordability, and Supports for Older Adults

Strategy 8 - Enhance Learning Opportunities Related to Housing Programs and Services

Recommendation 3 – Ensure Digital Equity for Older Adults

Strategy 9 - Increase Access to Broadband Internet across the State

Strategy 10 - Increase Digital Literacy for Older Adults

HOW POLICY AND LEGISLATION SHAPED THE LIVES OF OLDER ADULTS IN NORTH CAROLINA

William, age 75, was 18 when the 1965 Voting Rights Act was passed to outlaw practices that would have limited his right to vote based on his race

Miguel, age 70, faced barriers to accessing places like buses, parks, and libraries throughout his early life due to his disability, and at age 37 the Americans with Disabilities Act brought more accessibility to public life

Anita, age 75, was 12 years old when she was one of the first Black students to integrate her town's schools

Sarah, age 80, attended a Federal Indian boarding school as a child, living apart from her family for several years and limiting her ability to speak her language and learn tribal culture

John and Eric, both age 68, were able to marry after marriage equality became law when they were both 60

Jane, age 78, was 30 years old when the Equal Credit Opportunity Act granted her access to a credit card under her name for the first time

B EPA-registered polluting sites include "hazardous waste sites, major discharges of air pollution, and major point-source-pollution water sources." http://www.uncinclusionproject.org/documents/stateofexclusion.pdf

RECOMMENDATION 1

Help Older Adults Retain More Financial and Material Resources to Support Healthy Aging

FINANCIAL HEALTH IN LATER LIFE

Older Americans are facing a different retirement landscape compared to previous generations. Life expectancies are longer, retirement age has gone up, and the population of older adults is rapidly increasing.

NATIONAL STATISTICS ON AGING AND RETIREMENT

Additional years of life expectancy for those aged 65	
1960 Men: 13.1 more years Women: 17.4 more years	**2019** Men: 18.2 more years Women: 20.8 more years

Average age of retirement	
1980 Men: 65 years Women: 56 years	**2016** Men: 66 years Women: 63 years

Number of adults aged 65 and over	
1980 26.1 million	**2021** 55.8 million

Source: US Social Security Administration. Life Expectancy for Social Security. https://www.ssa.gov/history/lifeexpect.html; Center for Retirement Research at Boston College. Frequently Requested Data. https://crr.bc.edu/wp-content/uploads/2015/10/Avg_ret_age_men.pdf. America's Health Rankings analysis of CDC WONDER, Single-Race Population Estimates, United Health Foundation, https://www.americashealthrankings.org/.

Currently, about one in three adults aged 65 and older is economically insecure – living at 200% of the federal poverty line and below. In North Carolina, 9.2% of older adults live below poverty and 21.8% live between 100% and 199% of the poverty line.[19] In both the United States and North Carolina, American Indian, Asian, Black, and Hispanic older adults are more likely to live in poverty compared to White older adults.[20]

Affording basic expenses like housing, transportation, health care, and food may be more difficult in later life due to sparse personal savings, a reduction in work hours or unemployment, disability, chronic illness, and the need for home modification. For many families with adults aged 65 and older, household expenditures exceed household income. The average Social Security benefit for older North Carolina families is $21,000 per year, and these families spend an average of $22,000 on food, utilities, and health care alone. This number does not include housing and transportation expenses. In North Carolina, Social Security makes up 90% of the income of over a quarter of people receiving benefits.[21]

Another source of retirement security is employer-sponsored retirement plans and personal savings. Some Americans, however, are not eligible for a retirement savings plan at work because they work for small businesses, work part-time, or are self-employed. Many workers without a workplace plan simply do not save for retirement on their own.[22] In 2020, only 58.1% of those aged 56-64 reported having retirement savings.

Some older adults may continue to work past their planned retirement age. In 2021, 1 in 4 American workers was aged 55 years or older.[23] The Bureau of Labor Statistics predicts that 11.7% of those aged 75 years or older will participate in the civilian workforce in 2030.[24] This demographic shift supports the need for employers to understand and support older adults in the workplace.

Both working adults and retirees worry about having enough money to live comfortably in later life due to having little-to-no retirement savings and inflated costs of living.[25] These factors, in addition to a reduction in income and an increase in expenses with age, create financial strain among older adults. Addressing retirement security and employment among older adults in North Carolina can help workers retain financial and material resources in later life. **See Strategies 1 (Page 30), 2 (Page 32), and 3 (Page 33)**.

FOOD & NUTRITION

The North Carolina Department of Health and Human Services reports that 177,967 (7.5%) adults aged 60 and older in North Carolina were food insecure – defined as a "household-level economic and social condition of limited or uncertain access to adequate food."[26,27] Further, up to 1 in 2 older adults is at risk for malnutrition, defined as "deficiencies, excesses, or imbalances in a person's intake of energy and/or nutrients." While food insecurity and malnutrition are different measures, inadequate access to food caused by either condition can lead to nutrient and vitamin deficiency.[28,29] Poor health is both a cause and consequence of food insecurity and malnutrition. Poor health may lead to employment instability, decline in income, and subsequent food insecurity. Food insecurity can, in turn, exacerbate health problems. Food-insecure seniors are more likely to experience depression, asthma, diabetes, congestive heart failure, and heart attack compared to those who are not food insecure.[30] Malnutrition also increases an older adult's risks of surgical complications, falls, extended hospital stays, and re-admissions.[27,31]

North Carolina has multiple programs across the state addressing food insecurity, including the Senior Nutrition Program, the Supplemental Nutrition Assistance Program, the Commodity Supplemental Food Program, food banks and pantries, farmers markets and community gardens, local food policy councils, and faith-based initiatives.[26] In 2020, the Older Americans Act Nutrition Program served 43,006 seniors in North Carolina. Expanding awareness and uptake of these various programs and services can greatly reduce the number of older adults experiencing food insecurity and malnutrition. **See Strategy 4 on Page 34.**

HEALTH CARE

Another source of financial strain in later life is the cost of health care. In general, older adults have more chronic conditions and take more medication than younger adults. In 2014, the Agency for Healthcare Research and Quality found that children under age 18 accrued an average of $288 in annual out-of-pocket health care expenses compared to $1,253 for adults aged 65 years and older.[32] When including health insurance costs, the United States Administration for Community Living found that adults aged 65 years and older spent an average of $6,833 on health expenditures in 2019.[33] Many older adults, particularly those too young for Medicare, sacrifice basic needs due to health care costs; 5.2 million older adults in the United States experienced food insecurity in 2020.[34] **See Strategy 5 on Page 36.**

FINANCIAL EXPLOITATION & FRAUD

The United States Department of Justice defines financial exploitation as the "illegal or improper use of use of an older adult's funds or property" and elder fraud as "an act targeting older adults in which attempts are made to deceive with promises of goods, services, or financial benefits that do not exist, were never intended to be provided, or were misrepresented."[35] The National Council on Aging reports that financial exploitation and fraud toward older adults results in $36.5 billion in losses every year.[36] Financial losses can be particularly devastating for older adults because they may be retired or working limited hours, reducing the likelihood that they can recover losses. Financial exploitation is also a form of elder abuse, and only 1 in 24 elder abuse cases is reported to authorities.[37]

Older adults are common targets of fraud for various reasons. For instance, older adults have had more time to build wealth relative to younger adults. Additionally, some are vulnerable due to both the normal cognitive changes associated with aging and the development of diseases like dementia. Older adults are less likely to report fraud relative to younger adults – 43% of fraud victims aged 20-29 reported their loss (median loss $250) compared to just 22% of fraud victims aged 80+ (median loss $1,500). Between 2017 and 2021, elder fraud losses increased by 391%.[38]

Protection from financial exploitation and fraud would help older adults retain more financial and material resources in later life. **See Strategy 6 on Page 37.**

STRATEGY 1

Help More North Carolinians Plan and Save for Retirement

a. The North Carolina Office of State Human Resources should identify opportunities to assist state employees with comprehensive pre-retirement education and planning related to finances, housing, and transportation needs for aging.

b. The North Carolina General Assembly should establish a state-facilitated program to help businesses offer paycheck deductions for retirement savings if they are currently not offering a retirement plan.

Desired Result - Increase access to, knowledge about, and participation in retirement savings to improve the financial well-being of North Carolinians as they age.

Why does the task force recommend this strategy? - While retirement savings is an issue that applies to all North Carolinians, there are limited levers for statewide action and policy. One opportunity for direct state action is to increase opportunities for pre-retirement education and planning for state employees, including planning for housing and transportation needs. At the policy level, implementation of a state-facilitated paycheck deduction retirement savings program would provide better access to retirement savings for employees of businesses that do not currently offer that option.

Context - A 2018 report from the National Institute on Retirement Security found that the average American worker has no retirement savings, and even those with some savings were typically not on track to maintain their standard of living for retirement.[39] Those who do not have adequate retirement savings often have to rely on Social Security for a large portion of their income. In North Carolina, over a quarter of beneficiaries receive 90% or more of their income from Social Security.[21] However, Social Security may be strained in coming years with fewer workers contributing to the system per retiree, possibly requiring future policy changes related to benefits.

Helping state employees plan for retirement - There are over 74,000 current state agency and university employees in North Carolina, representing thousands of individual family members.[40] The average age of a North Carolina state employee is 46 years and average income is slightly over $57,000.[40] Currently, the Office of State Human Resources provides financial retirement planning services in conjunction with North Carolina Retirement Systems, a division of the Department of State Treasurer. This educational service could be used to increase awareness and knowledge about other needs as we age, such as housing and transportation, and how to include those needs in planning for retirement. Beyond cost of living, this education can encourage people to think about their ability to get around safely in their home and community as they age and develop strategies to plan for those needs.

Increasing the proportion of North Carolinians with retirement savings can provide substantial economic benefits to the state. A University of North Carolina-Wilmington study found that if low- and middle-income workers raised their retirement savings by 3% of their income, North Carolina would save $448 million in state expenditures between 2018 and 2030, and $20 million in combined state and county expenditures on special assistance for adults during that time period.[41] This study does not consider the boost that higher savings would yield to the economy via increased spending and tax revenue and the financial padding that older adults would have given projected low worker-to-beneficiary Social Security ratios.[42,43]

> **Over 48 percent of North Carolina private sector workers ages 18 to 64 in 2020 were employed by businesses that do not offer any type of retirement plan.**
>
> *- AARP Fact Sheet – North Carolina. https://www.aarp.org/content/dam/aarp/ppi/2022/state-fact-sheets/north-carolina.doi.10.26419-2Fppi.00164.035.pdf*

Paycheck deductions for retirement savings – Access to direct payroll deduction programs can make people up to 15 times more likely to save for retirement. Yet, over 1.8 million people in North Carolina are not covered by a workplace retirement plan. People of color, those with lower incomes, and those who work for smaller businesses are less likely to be covered by a retirement plan through their employer:

NORTH CAROLINIANS NOT COVERED BY SMALL BUSINESS RETIREMENT PLAN:

BY RACE & ETHNICITY	Hispanic	67%
	Asian	54%
	Black *(Non-Hispanic)*	53%
	White *(Non-Hispanic)*	42%
BY INCOME	$18,001 to $31,000 *(per year)*	65%
	$31,001 to $50,000 *(per year)*	44%
	$50,001 to $78,000 *(per year)*	29%
BY BUSINESS SIZE	Less than 10 employees	79%
	10–24 employees	67%
	25–99 employees	55%
	1,000 or more employees	34%

Source: AARP Fact Sheet: North Carolina. Payroll Deduction Retirement Programs Build Economic Security. https://www.aarp.org/content/dam/aarp/ppi/2022/state-fact-sheets/north-carolina.doi.10.26419-2Fppi.00164.035.pdf

In December 2020, the Joint Legislative Study Committee on Small Business Retirement Options published its findings and recommendations on options for small businesses in North Carolina to offer payroll deduction retirement savings options for employees. The Study Committee concluded that "the simplest and most effective program would be a state-facilitated Auto IRA program using Individual Retirement Accounts, developed and operated in partnership with private sector partners for administration and investments."[44] In 2023, 16 states and two cities had implemented Auto IRA programs, including Virginia, Maryland, Delaware, and Illinois.[46]

How would this impact the health of older adults?

Planning for the cost and type of housing needed in older age can help reduce the risk of falls by encouraging consideration of home environments with fewer hazards.

Planning for future housing needs in older age can help improve access to transportation and opportunities for physical activity.

Having more income in retirement will improve older adults' ability to purchase enough nutritious foods to maintain our health.

Planning for where to live in retirement can have a direct impact on access to and ability to maintain social connections.

James worked most of his life as a mechanic and was proud to use his minimal savings to help his daughter attend college. He relies on his monthly Social Security check of $914 to cover most of his living expenses. He has several chronic health conditions and does not have access to a car, so he uses ridesharing services for his transportation to doctor's appointments and exercise classes at the local senior center. Any increase in food prices, housing costs, or other unexpected expenses means that James must decide what he needs to eliminate. This can mean hard choices that impact his health – like purchasing less food, skipping doctor's appointments or medications, or forgoing trips to the senior center for exercise and socialization.

**Note – This is a composite story based on the experiences highlighted in the article by ABC News, 'I would have nothing': Low-income older people fear debt default that stops Social Security, https://abcnews.go.com/US/low-income-older-people-fear-debt-default-stops/story?id=99626529*

C The Joint Legislative Study Committee on Small Business Retirement Options was created via the unanimous passage of Session Law 2019-205 on August 27, 2019.

STRATEGY 2

Increase Employment Opportunities for Older Adults

a. The Department of Commerce (including the NCWorks Commission), North Carolina Chamber of Commerce, local Chambers of Commerce, North Carolina Community Colleges System, University of North Carolina System (including Schools of Business and lifelong learning programs), and local Workforce Development Boards should collaborate to identify best practices and provide education to business owners and employers about:

- **i.** Benefits and methods of attracting and retaining older adult employees, and
- **ii.** Opportunities to retool the skills of older adults to meet employment needs.

b. The North Carolina Division of Aging and Adult Services and other administrators of the Senior Community Services Employment Program (SCSEP) should work with partners and organizations where older adults become connected to SCSEP to reach the capacity of the program.

c. Unite Us should work to develop connections with senior services providers to increase the use of the NCCARE360 statewide resource network to support older North Carolinians in areas like employment and income assistance.

Desired Result - Increase opportunities for older adults wishing to participate in the workforce for financial security and/or to remain engaged in employment.

Why does the task force recommend these strategies? -

There are few organizations that consider age as a dimension of a diverse workforce, yet the pool of traditional working-age individuals is shrinking as birth rates continue to decline.[47] At the same time, fewer workers are choosing full-time retirement as an immediate transition from working full-time; rather, many workers are transitioning to part-time or becoming self-employed.[48] The labor force for those who are aged 75 and older is expected to increase more than 96% between 2020 and 2030.[47] The growth rate of those aged 55 and older is expected to overshadow all other age groups in this same time period.[47]

Retaining older workers instead of losing them to retirement helps employers keep those with valuable skillsets.[49] Continued employment also allows for necessary social connectedness for older adults, improving feelings of well-being and better health.[50] Support between coworkers is an effective way to address social isolation and loneliness and strengthen feelings of belonging.[50]

Context -

Older Adults in the Workforce

A 2018 report shared that older adult workers show higher job engagement, can demonstrate stronger organizational behavior, and may provide higher-quality work than younger workers. Flexibility in scheduling, such as part-time or alternative working hours, may provide the incentives necessary to retain older workers and avoid worker shortages. Setting up mentorship programs between older adults and younger workers can also boost morale and help older workers to feel a greater sense of usefulness.[51]

> The **North Carolina Workforce Development Boards** are made up of community leaders who are responsible for developing local plans for Workforce Innovation & Opportunity Act funds and planning workforce programs and services.
>
> The **NC Works Commission** works to build adaptable, skilled employees who have access to education and skills training.

Senior Community Services Employment Program (SCSEP)

SCSEP is the only federally mandated job program that targets low-income older adults.[52] This program allows for work-based job training for older adults in a variety of community service activities, such as daycare centers and schools. Older adults who participate work an average of 20 hours a week and are paid the highest minimum wage at federal, state, or local levels.[53] Participants in SCSEP must be at least age 55, unemployed, and have an income less than 125% of the federal poverty level. Increasing participation in SCSEP helps older adults gain new skills in a setting that will allow them to acquire work experience and maintain financial stability. In North Carolina, SCSEP works with organizations such as AARP, the National Council on Aging, the Centers for Workforce Inclusion, and the Division of Aging and Adult Services.

Local Workforce Development Boards

Workforce Development Boards are appointed by local officials and are responsible for planning and oversight of workforce programs and services in the community. North Carolina has 20 of these local boards that do the following:[54]

- Develop local plans for the use of federal Workforce Innovation & Opportunity Act funds
- Oversee local service delivery
- Coordinate activities with economic development entities and employers in local areas

NCCARE360

NCCARE360 is an online platform designed to bring health care and community-based organizations together through connected care networks that can track outcomes and identify service gaps. Once a network partner identifies the need(s) of an older adult, an electronic referral can be sent to the appropriate community partner to connect someone to needed services.

NCCARE360 allows resource teams to gather information from screenings of non-medical needs for people in North Carolina, such as lack of access to food, employment, income assistance, and transportation. Expanding the connections with community-based organizations on NCCARE360 will increase opportunities to connect older adults with employment and income assistance programs.

How would this impact the health of older adults?

Older adults who are actively working are generally more physically active and less likely to develop the bodily weakness associated with an increased risk of falls.

The increased physical activity associated with working can help older adults to maintain mobility longer and have a reason to do so.

Older adults who maintain an active income are more likely to be able to afford nutritious food.

Working provides opportunities to interact with coworkers, decreasing the chances of loneliness or social isolation.

STRATEGY 3

Update Tax Policy to Help Older Adults with Lower Incomes

The North Carolina General Assembly should review and update income and property tax policies related to older adults to provide tax relief for those most in need. Tax policies to be reviewed include the Homestead Property Tax Exclusion, Circuit Breaker Tax Deferment, Refundable Earned Income Tax Credit, and the income and age brackets currently in place for older adults..

Desired Result - Older adults most in need will have more money available to help pay for housing, food, transportation, health care, and other essentials.

Why does the task force recommend this strategy? – Financial resources are a key factor in the ability of older adults to live in a safe home environment, purchase nutritious foods, and maintain their ability to move around in the community. With strained state budgets, targeting tax benefits to lower- and middle-income older adults helps to ensure that public funds are helping those most impacted by limited income and rising housing costs.

Context – Older adults often receive tax benefits from both the federal and state levels. Federal tax benefits for older adults include a limit on the amount of Social Security income that is taxed,[D] a larger standard deduction, and subsidies on certain retirement savings. North Carolina and many other states exempt all Social Security income from state taxes, regardless of income.[55] Ten other states exempt Social Security income taxes for some families depending on income or follow the federal standards.[E,55]

Property tax can also be a challenge for older adults, even those who own their homes, as some become "house rich, but cash poor" when income decreases but property value increases. Research indicates a direct relationship between increased property tax burden and older adults moving from their homes.[56]

There are currently three property tax relief programs in North Carolina. Participants may enroll in only one of the three programs at a time.

1. **Elderly or Disabled Exclusion (Homestead Property Exemption)[F] -** excludes the greater of the first $25,000 or 50% of the appraised value of the permanent residence of a qualifying owner; income eligibility of $33,800 or less for the 2023 tax year
2. **Disabled Veteran Exclusion[G] -** excludes up to the first $45,000 of the appraised value of the permanent residence of a disabled veteran
3. **Circuit Breaker Tax Deferment -** taxes limited to 4% of income; must be aged 65 or older or disabled; income eligibility limit $33,800 for 2023 tax year for full benefit; taxes limited to 5% of income for those up to 150% of the income eligibility limit ($50,700 for 2023)[57]

Despite the availability of these property tax reduction programs, the AARP Foundation estimates that only 8% of eligible older adults are participating.[58] County tax administration offices and housing departments typically provide information about these programs on their websites. The AARP Property Tax-Aide program provides help to eligible homeowners and renters who want to apply for available property tax relief. The program is currently available in six states and is being developed in North Carolina.

How would this impact the health of older adults?

Increased financial resources can be used to help maintain a safe home environment to reduce the risk of falls.

Increased financial resources can help maintain access to transportation into older age, whether that means maintaining a car or using community transportation options.

Increased financial resources will improve older adults' ability to purchase enough nutritious foods to maintain good health.

Increased financial resources can have a direct impact on older adults' ability to maintain social connections through access to broadband internet service or participation in community activities.

D "People with incomes below $25,000 ($32,000 for married couples) are fully exempt from paying taxes on Social Security benefits.... For people with incomes between $25,000 and $34,000 ($32,000 and $44,000 for married couples) up to 50 percent of benefits are taxable and for higher incomes up to 85 percent is subject to tax." https://itep.org/state-income-tax-subsidies-for-seniors-2023/

E Connecticut, Kansas, Minnesota, Missouri, Montana, Nebraska, New Mexico, Rhode Island, Utah, and Vermont.

F G.S. 105-277.1 Elderly or disabled property tax homestead exclusion. https://www.ncleg.net/enactedlegislation/statutes/html/bysection/chapter_105/gs_105-277.1.html

G G.S. 105-277.1C

STRATEGY 4

Increase Uptake of Food and Nutrition Services

a. North Carolina philanthropies should provide additional financial support for outreach contractors to increase awareness of the eligibility and enrollment process for Food and Nutrition Services (also known as the Supplemental Nutrition Assistance Program - SNAP), particularly in historically underserved communities. Financial support should also include sensitivity and cultural awareness training for outreach contractors on methods to reduce stigma for consumers accessing Food and Nutrition Services.

b. Outreach contractors should consult with the North Carolina Division of Social Services, Division of Aging and Adult Services, County Departments of Social Services, and Area Agencies on Aging on effective outreach methods in North Carolina's diverse communities to ensure all eligible individuals have the opportunity to enroll in the program.

c. The North Carolina Department of Health and Human Services should ensure that the Division of Child and Family Well-Being, Food and Nutrition Services Section is able to complete transition from the 1-year client recertification period to a 3-year client recertification period for USDA's Food and Nutrition Service/SNAP as soon as possible.

d. The North Carolina Department of Health and Human Services should provide guidance on establishing partnerships between the health and medical community and health care payers to promote food prescription programs, the Senior Farmers' Market Nutrition Program, Commodity Supplements (senior boxes), and food programs for veterans and military families.

Desired Result - Increase knowledge of, access to, and participation in nutrition support services for older adults most in need.

Why does the task force recommend this strategy? -
The Supplemental Nutrition Assistance Program (SNAP) is a federal program administered by state agencies that provides benefits to increase the food budget of households in need so they can afford healthier food options. In North Carolina, this program is referred to as Food and Nutrition Services (FNS). While this program is currently available in all 100 counties, only around 26% of older adults who are eligible for this means-tested program participate in it.[59] Among the reasons given for low participation include a confusing application process and the daunting requirement of reapplying every year.[60] Other available resources, such as food prescription programs, rely on state and federal funding that often require providers of the programs to contribute matching funds.

Context - Malnutrition in older adults leads to worse health outcomes and higher costs for medical care. Those who are malnourished have three times as many hospital admissions, have longer hospital stays, and see their primary care physician twice as often as those who are well-nourished.[61] Increased enrollment in programs such as SNAP/FNS is associated with fewer hospital and emergency room visits as well as higher rates of medication adherence.[62]

SNAP/FNS Outreach

Outreach contractors are responsible for connecting organizations with local communities through education, information, and assistance. The North Carolina Department of Health and Human Services identifies the role of outreach contractors as "rais[ing] awareness of the nutrition benefits of SNAP/FNS, eligibility rules, and how to apply. SNAP Outreach corrects myths and misperceptions about SNAP/FNS and enables potentially eligible people to make an informed decision to participate."[63] Contractors must share in 50% of the costs of their work, with the other 50% reimbursed by the United States Department of Agriculture (USDA).[63]

Targeted outreach to older adults may motivate those currently unsure of their eligibility in the program to enroll. By helping connect older adults with information about how and where to apply for benefit programs, barriers such as transportation, mobility, and stigma can be breached. One such program, More in My Basket (MIMB) based at North Carolina State University, connects North Carolina residents to education about SNAP/FNS through community presentations and resource fairs. MIMB staff and agents also provide assistance with completing and submitting the SNAP/FNS application.[64]

The National Council on Aging (NCOA) Benefits CheckUp is a national resource website that "connects millions of older adults and people with disabilities with benefits programs that can help pay for health care, medicine, food, utilities, and more."[65] The site helps people understand what benefits they may be eligible for and how to apply.

Disparities in Food Security

Black and Hispanic older adults are twice as likely as White older adults to suffer from food insecurity and are also more likely to experience negative health outcomes associated with malnutrition, such as high blood pressure and diabetes.[66,67] Among Black populations, the most prevalent nutritional risks reported include low levels of fruit and vegetable intake, as well as eating fewer than two meals a day.[68] Other determinants include limited access to grocery stores and fresh produce, which disproportionately affects Black and Hispanic communities.[67] In Hispanic populations, food insecurity aligns closely with unemployment rates, which lead to lower incomes.[69] For households with undocumented residents, programs designed to improve nutrition may be inaccessible.[70]

In May 2023, the USDA issued a memorandum to remind state agencies that they are obligated to provide appropriate communication for those with limited English proficiency and those with disabilities.[71] The memo also referenced an executive order that called for government agencies to address barriers that prohibit access to federal benefits, services, and programs.[71] For fiscal year 2024, priority outreach groups include students, veterans, immigrant households, and older adults.[72] SNAP/FNS participation rates – the share of people per state who are eligible and receive benefits – vary widely state by state, in part due to the varying state policies of eligibility.[73] North Carolina ranked below the national average participation rate by six percentage points.[74] A 2022 AARP study found that many older adults did not enroll due to a perception that they would not receive a large enough benefit.[74] Cultural barriers can also be a factor in participation in programs like SNAP/FNS. For example, a USDA study found that in some Hispanic and Asian cultures, there is a belief that family members should take care of their elders rather than allowing these family members to enroll in government assistance.[75]

SNAP/FNS Recertification

Traditionally, people enrolled in the FNS program must prove their eligibility through an annual recertification process that verifies continued eligibility and typically mirrors the initial certification process. While the initial application for the program can be done online, recertification must be completed via a paper application that can be filled out in person or by mail. To reduce the number of people who lose enrollment through this process – not because of a change in eligibility, but because of challenges completing paperwork – other modes of recertification (e.g., phone and internet) or longer recertification periods can be implemented. State FNS programs have identified a longer recertification period as a useful strategy to reduce financial burdens on households and administrative burdens on agencies. This could alleviate a condition known as "churn" caused by households exiting and re-entering services within the span of several months. Extended recertification periods could raise participation among older adults who may view the reapplication process as difficult to complete.

The North Carolina Division of Child and Family Well-Being, Food and Nutrition Services Section has received approval for a waiver to implement the Elderly Simplified Application Project (ESAP) for households with older adults. Implementation of a simplified recertification process that would take place every three years instead of annually has been delayed due to staffing limitations in making changes to the application technology.[H]

Other Sources of Food Assistance

The National Produce Prescription Collaborative recommends providing a produce prescription benefit within Medicaid as well as funding federal research examining the impact of these prescriptions. Currently, North Carolina is one of four states that uses a Medicaid Demonstration Waiver to cover services like produce prescriptions that are not typically covered under federal regulation. Designating older adults as targeted beneficiaries of these services may increase awareness of the programs and improve utilization.

As part of its 2023-2024 initiative, NCDHHS aims to expand the Senior Farmers' Market Nutrition Program.

Other Sources of Food Assistance

Meal services for older adults include:

Congregate nutrition program - meals provided at no cost in group settings (requires eligibility)

Meals on Wheels - delivers fully cooked meals to homes (requires eligibility)

Faith-based programs such as the Inter-Faith Food Shuttle Seniors Eating Well which serves almost 2,000 North Carolina older adults annually

Assistance with purchasing more nutritional foods includes:

Senior Farmers' Market Nutrition Program - provides a coupon to purchase fresh fruit and vegetables at local farmers' markets

How would this impact the health of older adults?

Adequate nutrition is an important factor in maintaining health and reducing the risk of falls.

Adequate nutrition can help maintain health and mobility for older adults for longer.

Food and nutrition assistance programs are vital to helping older adults most in need to maintain adequate nutrition.

Adequate nutrition can help maintain the health of older adults, thus supporting their ability to maintain connections in the community.

Rose is a proud grandmother of three. She helps care for some of her grandchildren every day when her daughter and son-in-law go to work. Her income is mostly from Social Security and she didn't think she would meet the criteria for Food and Nutrition Services (FNS) benefits. She received help applying for benefits a long time ago and she wasn't eligible for FNS at that time. Her daughter recently helped her use the online BenefitsCheckup tool to check her eligibility and found out she is qualified to receive benefits. Now she receives $112 per month to help buy groceries, which allows her to purchase the nutritious foods she likes to eat and enjoys cooking.

**Note – This is a composite story based on the experiences highlighted in the article by the National Council on Aging, 'Lifting Barriers to SNAP: Real Stories from Older Adults. https://www.ncoa.org/article/lifting-barriers-to-snap-real-stories-from-older-adults*

H Information based on discussion with staff members from the North Carolina Division of Child and Family Well-Being, Food and Nutrition Services Section.

STRATEGY 5

Reduce the Costs of Health Care Coverage

The North Carolina General Assembly should increase access to health insurance and reduce costs to older adults with lower incomes by:

a. Using its authority to reduce eligibility requirements for income and assets for the Medicare Savings Programs for lower income adults.

b. Increasing funding for outreach to inform consumers of opportunities for Medicare Savings Programs and the Part D "Extra Help" benefits for those with limited incomes, particularly in underserved communities and those where distrust of government programs or lack of knowledge about them may be more common.

c. Supporting outreach to older adults who are newly eligible for Medicaid due to the state's expansion of Medicaid eligibility.

Desired Result – Older adults most in need will have better access to health care services and decreased health care expenses to help them pay for housing, food, transportation, and other essentials.

Why does the task force recommend this strategy? – While the federal Medicare program covers most adults over age 65, there are still expenses related to maintaining that coverage and accessing care. States set the eligibility rates for programs that reduce the cost of Medicare for lower-income older adults and also determine eligibility and access to the Medicaid program. Helping more older adults access these programs will improve access to health care services, thus improving the health status of lower-income older adults and reducing the amount of money they must spend on those services.

Context – The Medicare Savings Program (MSP) is a program available to older adults with low incomes that helps pay for Medicare premiums, and in some cases cost-sharing for services.[76] States have authority over the income threshold and asset limits that are used to qualify for MSP benefits. Standard asset limits for partial eligibility (i.e., coverage of Medicare premiums only) are $8,400 for an individual and $12,600 for a couple, while limits for full eligibility (i.e., coverage of Medicare premiums and cost-sharing) are $2,000 for an individual and $3,000 for a couple.[76] However, 16 states have chosen to increase or eliminate the assets limit to qualify for MSP benefits, including our Southern neighbors Alabama, Louisiana, and Mississippi, which have eliminated asset limits completely.[76]

Medicare – Federal program for health care coverage available to most people aged 65 and older regardless of income. Recipients must pay premiums for coverage of outpatient care and prescription drugs, as well as cost-sharing for health care services and prescriptions.

Medicaid – State program for health care coverage available for various groups with lower incomes depending on their category of eligibility (e.g., aged 65 and older, disabled, or parent of dependent child).

Monthly costs associated with Medicare that MSP benefits can assist with may include:

- Part B premium for outpatient care – $164.90 per month
- Part B deductible – $226
- Physician and mental health services, outpatient therapy, and durable medical equipment – 20% co-pay for all services, no limit
- Part D premium for prescription drugs – $34.71 per month (basic premium)
- Part D deductible – $505
- Part D copayments – vary from plan to plan[76]

Consider these costs and the number of older adults living in poverty in our state: 10.2% of North Carolinians aged 65+ live at or below the poverty level and poverty impacts people of color the most (8.3% of White North Carolinians aged 65+ live in poverty, compared to 17.5% Black, 15.7% American Indian, 14.8% Hispanic, and 12.8% Asian).[77]

For the median retiree, out of pocket expenses for health care account for 25% of their Social Security income.[78] High out of pocket expenses combined with reduced income means that many older Americans limit the use of health care. According to a 2021 Commonwealth Fund survey, in the previous year:

- 7% did not consult/visit a doctor when they had a medical problem because of the cost
- 8% skipped a medical test or treatment because of the cost
- 9% did not fill a prescription or skipped a dose of medication because of the cost.[79]

Despite the challenges low-income older adults experience with health care expenses, many who are eligible for MSP benefits do not participate. Depending on the specific MSP program, as little as 15% of eligible older adults participate.[80]

Another program called Part D Low Income Subsidy (LIS, also called Extra Help) can also help Medicare enrollees with lower income and assets pay for prescription drugs. Half of those eligible for LIS are automatically eligible because they are a recipient of Medicaid, MSP, or Supplemental Security Income, with nearly all (99%) of those who are automatically eligible enrolling.[81] However, only 33% of those who are eligible but not auto-enrolled participate.[81] Enrollment in LIS would automatically increase with increased eligibility and enrollment in MSP. Studies also show that lack of awareness of LIS is the primary reason for not enrolling.[81]

Seniors' Health Insurance Information Program (SHIIP)

Older adults can get help from volunteer counselors through their local SHIIP. This program "counsels Medicare beneficiaries and caregivers about Medicare, Medicare supplements, Medicare Advantage, Medicare Part D, and long-term care insurance."[82]

How would this impact the health of older adults?

Access to needed health services can help older adults identify and address risk factors for falls.

Maintaining good health will help older adults maintain mobility longer.

Health care providers can help older adults identify issues that may affect their ability to maintain adequate nutrition, such as oral health or side effects from prescription drugs.

Maintaining good physical and mental health will help older adults sustain social connections in the community longer.

STRATEGY 6

Increase Awareness of and Protections from Fraud for Older Adults

The State Attorney General's Office should continue collaboration with the North Carolina Division of Aging and Adult Services and the North Carolina Consumer Fraud Task Force to:

a. Work with the North Carolina Bankers Association, Carolinas Credit Union League, and North Carolina Retail Merchants Association to promote education and training of bank and retail employees on identification of possible victims of fraud and how to intervene in potential instances of fraud.

b. Evaluate what groups of older adults may be most vulnerable to fraud and identify opportunities for additional outreach.

Desired Result – Reduce the occurrence of older adults becoming victims of fraud.

Why does the task force recommend this strategy? – Fraudulent activity perpetrated against older adults can be committed by strangers or by someone close to the older adult, such as a caregiver or family member. It is estimated that each year, 1 in 20 older adults is financially exploited by a family member or caregiver.[83]

According to the Federal Bureau of Investigation, in 2021, 90,000 victims of fraud were over age 60, accounting for $1.7 billion in losses – a 74% increase in losses from 2020.[84] This includes more than 7,600 cases of romance fraud, 3,100 cases of credit card fraud and 2,100 cases of investment fraud.[84] North Carolina ranked 15th in the country for fraud victims over age 60.[84] This only accounts for reported cases, with the majority of older adult fraud cases going unreported.[85] This may be due to a lack of understanding of the reporting process, or embarrassment and fear of losing financial independence.[86] While adults aged 18-59 tend to be frequent targets of fraud, those over age 65 report losing the most money in the case of a scam.[87,88]

Context – The Fraud and Scam Prevention Act, a part of the federal 2022 omnibus appropriations bill, aims to raise awareness of and combat attempts to defraud consumers, particularly older adults.[89] The legislation also created the Senior Scam Prevention Advisory Group, a task force that seeks to study and upgrade existing educational materials, including how to recognize scams and prevent fraud from occurring.[90]

The Financial Exploitation Act of 2023, which passed in the US House and was awaiting Senate approval as of August 2023, seeks to allow open-ended investment companies, such as mutual funds, to postpone a requested payout for up to 25 days if the agent believes that exploitation is the likely scenario.[91] This bill would apply to those who are aged 65 or older, as well as adults who may be unable to protect their own interests.

Financial Exploitation Through Banking

According to a 2021 report by the American Bankers Association, US residents born before 1965 hold 65% of the bank deposits in the country.[92] And although many banks train employees to spot financial exploitation of older adults, there are reports of confusion about reporting due to privacy concerns.[92] A study by AARP showed that bank tellers who underwent AARP's BankSafe training reported on average five times the number of suspected instances of fraud or exploitation.[92,93] In 2022, The North Carolina Bankers Association joined the American Bankers Association Foundation's Safe Banking for Seniors campaign. Education for registered bankers focused on four topics: identifying and avoiding scams; protecting assets by preventing identity theft; choosing a financial caregiver; and acting as a responsible financial caregiver.[94]

> **"We've found that bankers are often the first line of defense against elder financial fraud from educating and advising customers to spotting the signs of abuse."**
>
> **-Peter Gwaltney, president & CEO, NCBA**
>
> *https://ncbankers.org/north-carolina-bankers-association-joins-the-american-bankers-association-foundations-safe-banking-for-seniors-campaign/*

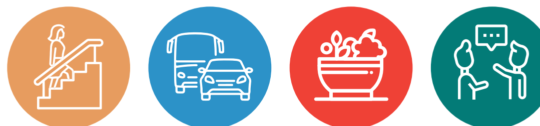
Groups At Higher Risk

Some older adults may be more vulnerable to fraud.[95] Older adults who rely on assistance due to physical or cognitive decline are more likely to become victims of exploitation. Financial oversight as a shared responsibility among family members can create a checks-and-balances system to limit fraud. Older adults may be more vulnerable to fraud due to physical changes in the brain; these changes have been linked to increased susceptibility to believing a story someone shares.[96,97] This applies to adults without dementia-related diseases like Alzheimer's; however those affected by Alzheimer's and other dementias are at more risk due to decreased capacity for decision-making.[97,98]

Immigrants may be targeted due to language barriers and less awareness of culture norms. For some communities, there may also be a lack of trust in law enforcement, making the individual less likely to report the crime.[99]

Older adults who report loneliness or social isolation are more likely to be vulnerable to financial exploitation.[100] This is due in part to the reduced likelihood of having anyone with whom to discuss the proposed investment.[101] Those who report themselves as socially isolated or lonely are also more likely to fall for certain types of fraud, such as romance and technical support fraud.[101]

How would this impact the health of older adults?



Protection of financial resources helps older adults to maintain a safe home environment and access to food and transportation resources – thus reducing falls risk, maintaining mobility and social connections, and ensuring adequate nutrition.

RECOMMENDATION 2

Ensure Safe and Affordable Housing for Older Adults

"Housing is the basis of stability and security for an individual or family. The center of our social, emotional, and sometimes economic lives, a home should be a sanctuary – a place to live in peace, security, and dignity." – Office of the United Nations High Commissioner for Human Rights[102]

Housing is a basic need essential to survival. When one's basic needs – like housing, food, and water – are not met, it is impossible or exceedingly difficult to meet more complex needs (e.g., employment or health).[103] While some use the terms "housing" and "shelter" interchangeably, housing denotes more than four walls and a roof. Housing refers to a permanent, stable, autonomous living situation – a self-contained space where all basic needs can be met (e.g., cooking/storing food, plumbing for hygiene and waste management, etc.).[104]

HOUSING AS A DRIVER OF HEALTH

We can characterize housing and its influence on health through various mechanisms, including stability, affordability, quality, and location. Stability can refer to housing tenure or permanence. Affordability relates to the cost burden of housing. A commonly cited guideline is that no more than 28% to 30% of one's income should go toward a rental or mortgage payment.[105,106] Quality refers to various aspects of habitability and accessibility. For example, adequate housing should protect inhabitants from cold, heat, damp, rain, and wind.[107] It should also be free from adverse environmental exposures (e.g., lead, mold, pests, etc.) and meet the specific health and mobility needs of its inhabitants.[102,107] Finally, location impacts health and well-being through the proximity of one's home to resources, services, and adverse environmental exposures.

Overall, people who are chronically unhoused experience substantially higher morbidity and mortality relative to those who have reliable housing.[108–110] Housing instability – like eviction, foreclosure, or "couch-surfing" – is similarly associated with poor physical and mental health outcomes.[111,112] Not having a stable home may also decrease treatment adherence due to the inability to properly store medications.[113] Exposures to extremely high or low temperatures have resulted in deaths, especially among those aged 65 and older.[114,115] Those who are cost-burdened by housing are more likely to report difficulty purchasing food and health services.[116,117] Proximity to grocery stores and safe spaces to exercise is associated with health-promoting behaviors like greater vegetable intake and physical activity.[118–120]

Disparate access to adequate housing is a reflection of a century of housing policy and patterns in the United States.

HOUSING HISTORY

Older adults today have likely been impacted by 20th century housing and development policies. In 1934, the Federal Housing Administration (FHA) was established and codified redlining – the practice of refusing to insure mortgages in or near predominantly Black neighborhoods.[121] At the same time, the FHA rapidly developed new majority-White subdivisions. This policy contributed to residential and school segregation and left Black families vulnerable to predatory lending practices.[122–124] In 1944, the United States enacted the Servicemen's Readjustment Act (or "the G.I. Bill") to support a range of benefits for returning World War II veterans, including access to low-interest mortgages and other loans. However, banks wouldn't provide loans for housing in "hazardous" neighborhoods (i.e., Black neighborhoods), and many subdivisions would exclude Black families via covenant deeds.[125–128]

In 1968, the Fair Housing Act prohibited discrimination by "direct providers of housing" (e.g., landlords, real estate companies, insurance companies, banks, municipalities, etc.) based on a person's race or color, religion, sex, national origin, familial status, or disability.[129] However, racial discrimination and inequities in housing persist. For example, a study from the National Bureau of Economic Research found that property managers are less likely to respond to prospective Black and Hispanic renters when they inquire about listings.[130] Similarly, a 2012 Department of Housing and Urban Development (HUD) study found that people of color are, on average, shown fewer homes and apartments by agents compared to their White counterparts.[131] In 2020, 27% of mortgage applications from Black borrowers were denied compared to only 14% percent of White borrowers.[132]

HOUSING AND AGING

Older households – those headed by someone aged 65 or older – are projected to increase from 34 million to 48 million between 2020 and 2040.[132] While older adults maintain a higher home ownership rate (79% of those aged 65 and older at the start of 2023) compared to other age groups, older adults make up an increasing share of renters relative to previous decades.[133] Adults aged 55 and older contributed to approximately two-thirds of rental housing growth between 2004 and 2019 and constitute 30% of all renter households.[134]

Fifty-three percent of renters aged 62 years and older are cost-burdened, with a greater proportion of Black (58%) and Hispanic (57%) renters reporting cost burden compared to White renters (51%).[135] Additionally, seniors and people with disabilities comprise almost half of all extremely low-income households (income between 0% and 30% of the federal poverty level), and 86% of these households are cost-burdened.[135] Black (18%), Latino (17%), Asian (14%), and American Indian/Alaskan Native (13%) seniors are more likely to live in extremely low-income households compared to White seniors (5%).[135] In 2019, North Carolina had 347,275 extremely low-income renter households and only 156,365 affordable and available rental housing units.[136]

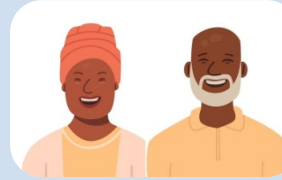
ACCESSIBILITY AND HOME MODIFICATION

As homeowners and renters age, they may also realize that their home is no longer comfortable and may even be hazardous to their safety. Falls are a primary cause of injury and death among older adults, and more than half of all falls occur in the home.[137,138] Falls that do not result in injury may impact one's confidence in their movement. A reduction in movement may weaken muscles, affect balance, and lead to additional falls.[139]

Falls in the home are preventable. For example, housing developers can build homes using the principles of universal design – "the design of products or environments to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design."[140] These principles often overlap with aging-in-place guidelines and include the construction of one-story homes with no-step entryways, wide doorways and halls, and extra floor space. Families and individuals can also make modifications to their existing homes. Some of these modifications are simple: replacing doorknobs with lever-style handles, placing solid surface doormats at home entrances, removing throw rugs, or purchasing chairs with armrests for support. Other modifications, however, may be time-consuming and costly.[141] For example, someone in a wheelchair who owns their home may need to remove walls to create wider hallways or completely renovate their bathroom. If this person was a renter, they may need to move themselves (and their family) to a different unit or complex altogether.

There are a few government-sponsored, private, and voluntary programs that help seniors modify their homes for accessibility. For instance, modification and repair funds are provided by the Older Americans Act and distributed by local Area Agencies on Aging.[141] Volunteer organizations like Rebuilding Together, Inc. can complete some repairs for low-income seniors through local affiliates.[142] Additionally, some lenders allow homeowners to leverage home equity to complete modifications.[143]

North Carolina's older adult population will continue to grow. To meet the needs of this population and their families, further attention to the current state of housing and housing-related programs is needed to shape future actions that support aging-in-place goals.



Clara and Robert have been married for 45 years. They have many close friends that live nearby who they enjoy sharing meals and conversation with and they attend a church down the street from their home. Their income was never high enough to allow them to qualify for a home loan, so they rent their current home. They live on a limited retirement income and Robert has a part-time job to help supplement it. Recently, developers have come into their neighborhood to purchase homes and businesses for redevelopment. This has led to increased rental costs and concerns that they will need to move out of the community to seek out more affordable housing. They hope they can find something close enough to their current community to maintain connections with their friends, church, and access to bus service that is convenient to get to Robert's job. Clara has some difficulty with mobility issues, such as climbing stairs, so any new housing they find will need to be accessible for her.

**Note – This is a composite story to depict the real-life experiences of many older adults.*

STRATEGY 7

Ensure Statewide Focus on Housing Availability, Affordability, and Supports for Older Adults

a. The North Carolina Department of Health and Human Services should fulfill the recommendation of the Governor's Advisory Council on Aging to conduct, or identify another entity to conduct, a statewide comprehensive needs assessment of 1) current and future housing needs and 2) programs to address home building and home modification for older adults. The review should identify differences in the availability and cost of housing by race, ethnicity, physical and sensory disability status, geography, and income. The review should also consider and discuss variations in cost of utilities among these groups, adequacy of public funding for home modification and repair services, challenges related to falls prevention for homeowners vs. renters, and opportunities for increasing social connections for older adults through planned community/housing environments. The review process should include representation from community members and advocacy groups most impacted by housing issues to provide input on context and important considerations.

b. The North Carolina General Assembly, the Office of the Governor, and the North Carolina Housing Finance Agency should work together to:

- **i.** Review results of the housing needs assessment recommended in 7a and appoint a task force to:
  - **1.** Identify policy options to address a) inadequate supply of housing, b) access to home modifications, and c) disparities in access to safe and affordable housing.
  - **2.** Identify effective incentives (e.g., inclusionary zoning, density bonuses) for home builders and buyers to develop and purchase homes built with universal design characteristics and increase available tax credits for home modifications to help older adults stay in their homes regardless of their income.
  - **3.** Identify opportunities to increase the service area for Centers for Independent Living across the state to support stable housing options for people with disabilities.
- **ii.** Increase funding to support and sustain the North Carolina Housing Trust Fund.

RECOMMENDATION OF THE GOVERNOR'S ADVISORY COUNCIL ON AGING

Like other states, North Carolina has a serious dearth of affordable housing. This problem will worsen for older people as a group, due to our rapidly increasing numbers. North Carolina has several good programs to address this problem, but we do not have a good handle on the extent and where needs exist and will exist. We need to know this information to properly plan and justify requests for needed funding. As the Department of Health and Human Services contemplates consolidating its housing efforts, we recommend:

1. A comprehensive needs assessment concerning independent housing for older adults, and, in the interim,
2. A housing survey using data from Area Agencies on Aging.

We recommend that funding be identified or sought for the comprehensive needs assessment.

Desired Result – Older adults in North Carolina will be able to find safe and affordable housing that meets their needs as they age or modify their homes to address accessibility needs.

Why does the task force recommend this strategy? – As the Governor's Advisory Council on Aging recommendation states, North Carolina's growing aging population will need access to safe and affordable housing. Housing has a very real and direct impact on the ability of older adults to age in place, prevent falls, maintain adequate nutrition, and remain mobile and connected in their communities. Not enough data are available to determine the current status of safe, affordable, and accessible housing supply and whether it will meet the needs of older adults. A study is needed to articulate the current and future needs and identify geographic and demographic gaps in housing availability, in addition to the effectiveness of home-modification programs in meeting the growing need for these services. This information can help to target limited resources and prioritize efforts based on those areas and groups most in need. The North Carolina General Assembly, the Office of the Governor, the North Carolina Housing Finance Agency, and other relevant groups will need to come together to review the data and recommendations from the study and move policy and programmatic actions forward to address identified needs.

Context – In North Carolina, 14% of housing units either lack a complete kitchen, lack plumbing, are overcrowded, are cost-burdened, or have a combination of these issues.[144] People from different racial and ethnic groups experience these issues at different rates, with 11% of White, 17% of Asian/Pacific Islander and American Indian, 21% of Black, and 25% of Hispanic North Carolinians living with severe housing problems.[144] For those aged 62 and older, 29% of households in North Carolina face these issues.[144]

Housing costs can be a challenging issue in many areas of the state, particularly for those who rent:

- **Homeowners –** In nine metro areas of the state (*Asheville, Charlotte-Concord-Gastonia, Durham-Chapel Hill, Fayetteville, Greensboro-High Point, Raleigh, and Winston-Salem)* 20%–30% of homeowners aged 65 and older are cost-burdened; in two metro areas *(Rocky Mount and Greenville*) the number rises to 30%–40%.[145]
- **Home Renters –** In two metro areas of the state *(New Bern and Wilmington)* 30%-40% of home renters aged 65 and older are cost-burdened, in six metro areas *(Burlington, Goldsboro, Greenville, Hickory-Lenoir-Morganton, Jacksonville, and Rocky Mount)* the percentage is 40%–50%; in nine metro areas *(Asheville, Charlotte-Concord-Gastonia, Durham-Chapel Hill, Fayetteville, Greensboro-High Point, Raleigh, Winston-Salem, and parts of northeast and southeast North Carolina)* the number rises to 50% or more.[145]

Why Housing Matters for Older Adults

"Older adults are the most vulnerable to the effects of poor housing. Poor housing quality may cause injury and diseases, and other housing-related factors such as neighborhood environment and overcrowding can negatively affect mental and physical health....

Hazards in the home, such as lead paint, allergens, water leaks, poor ventilation and inadequate heating, cooling and plumbing, can lead to poor respiratory health and disease and increased risk of cardiovascular conditions. Overcrowding, defined as having more than one person per room in a residence, is associated with increased risk of poor mental health and physical illnesses such as tuberculosis and other infectious diseases.

Housing costs and affordability among older adults are of particular concern. Cost-burdened households may have difficulty affording other basic needs such as health care, food, and heat."

America's Health Rankings. https://www.americashealthrankings.org/explore/measures/severe_housing_problems_62plus/NC

Programs that help older adults and others with low incomes access rental housing include the Housing Choice Voucher Program (formerly known as Section 8) through the United States Department of Housing and Urban Development and public housing, which consists of state-owned, affordable rental houses or apartments.[146] According to the Governor's Advisory Council on Aging, "North Carolina has several good programs to address this problem; the issue may be more one of generating awareness among older adults (and their families) who qualify for and would benefit from such programs."[147]

HOME MODIFICATIONS

Even for those who do not experience the severe housing issues just described, aging brings the need to modify homes to maintain the safest environment. As one expert writes, "We all experience changes in our hearing, vision, mobility, strength, stamina, flexibility, reach, and balance. These changes mean that the stairs, storage, and bathrooms that we didn't even think about at age 35 may no longer work for us in our 60s, 70s, and beyond."[148] External and interior stairs, hallways, bathrooms, lighting, and kitchens can all pose challenges to people as they age and limit their ability to function within or leave their home.[148]

Home modification programs help people identify barriers to accessibility or risks to their safety and options for modifying the home environment. Programs available in North Carolina include:

- **Housing and Home Improvement Assistance –** Available to people aged 60 or older; can include "security enhancements, minor home repairs, mobility and accessibility improvements, and basic household furnishings or appliance repair;" services offered by local service providers paid through the Home and Community Care Block Grant; limited to $7,000 per individual.[149] This program may be limited or unavailable depending on location.
- **Single Family Rehabilitation Program –** Available to homeowners with 80% or less of their area's median income and who are in one of several eligibility categories; pays for repairs to extend the usable life of homes; loans of up to $50,000 with 0% interest forgiven in 10–20 years depending on loan amount; funded by the North Carolina Housing Finance Agency and county funds.[150]
- **Urgent Repair Program –** Available to individuals with lower income who are in one of several eligibility categories; for emergency, urgent, or critical repairs; loans of up to $12,000 with 0% interest forgiven at rate of $2,000 per year; funded by the North Carolina Housing Finance Agency and County funds.[151,152]

UNIVERSAL DESIGN

Rather than modifying homes as people age or experience changes in their physical abilities, the concept of universal design seeks to "design products and environments to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design."[140] In home construction, this can include homes that are one level and the use of wide doorways, even thresholds, accessible bathrooms, levers to open doors, and lower cabinetry and countertops.

This concept has not yet become common in most new home building outside of age-targeted or age-restricted communities, primarily because "an insufficient number of home seekers are acting in the marketplace ('voting with their dollars') to change the behavior and design standards of newly built homes. While there is evidence that the demand for new universally designed homes is slowly increasing, there is insufficient demand in this housing sector to dramatically affect the way homes are being built in most parts of the country."[148] Greater awareness and demand by buyers and incentives for home builders are needed to increase the prevalence of this building concept that could be beneficial for everyone.

NORTH CAROLINA HOUSING FINANCE AGENCY

The North Carolina Housing Finance Agency's mission is to "provide safe, affordable housing opportunities to enhance the quality of life of North Carolinians."[153] The agency was created by the North Carolina General Assembly and has financed nearly 300,000 affordable homes and apartments, totaling over $29 billion, through "the sale of tax-exempt bonds and management of federal tax credit programs, the federal HOME Program, the state and national Housing Trust Funds, and other programs."[153] They offer low-cost mortgages, finance housing development, repairs, and rehabilitation, housing counseling services, and administer rental assistance contracts such as the Housing Choice Voucher Program (formerly known as Section 8).[153]

How would this impact the health of older adults?

Safe homes are a key strategy to prevent falls and other injuries.

Homes that have been built or modified to allow for ease of movement and safe entry and exit will help older adults and people with physical and sensory disabilities maintain their independence within the home and more easily move about the community.

Safe and accessible kitchens can help older adults and people with physical and sensory disabilities prepare food and maintain healthy nutrition.

Homes that have safe entry and exit allow older adults and people with physical and sensory disabilities to get out into the community and maintain their social connections.

STRATEGY 8

Enhance Learning Opportunities Related to Housing Programs and Services

a. The North Carolina Falls Prevention Coalition should partner with statewide and local housing organizations to host annual summits rotated to different regions that include education for interested and responsible parties and consumers about what can be done to reduce the risk of falls in the home and community. The summits should include a focus on housing considerations and issues for people in rural areas, people with physical and sensory disabilities, people who live in public or rental housing, and other groups who may be underserved.

b. The North Carolina Division of Aging and Adult Services and Area Agencies on Aging should identify opportunities to support learning and enhance efficiencies for older adult community service providers about possible uses for Home and Community Care Block Grant (HCCBG) funds when there is an increase in funding availability, other funding sources, and available community resources to help ensure safe and affordable housing for older adults (e.g., home modification programs). All trainings/presentations/efforts should include a focus on housing considerations and issues for people in rural areas, people with disabilities, people who live in public or rental housing, and other groups who may be underserved.

c. The North Carolina Statewide Independent Living Council, local Centers for Independent Living, and state and local housing coalitions should partner to develop educational opportunities for local Housing Authorities and Housing Choice Voucher Program (formerly known as Section 8) landlords on the needs of older adults and people with disabilities related to home modifications and how universal design features can support the aging population and people with physical and sensory disabilities.

***Desired Result* –** North Carolinians will have access to housing that meets their needs and helps prevent injury because of increased knowledge and partnership related to safe housing for older adults.

***Why does the task force recommend this strategy?* –** As stated in Strategy 7, "Housing has a very real and direct impact on the ability of older adults to age in place, prevent falls, maintain adequate nutrition, and remain mobile and connected in their communities." The task force recommends the activities in Strategy 8 to increase the knowledge of those working in the housing sector about the needs of older adults, deepen connections between the housing and aging sectors, and catalyze partnerships to improve access to safe housing for older adults.

***Context* –** **See Strategy 7, Pages 40 and 41** for information about home modification and universal design.

Home modification programs can be an effective method of helping older adults and people with physical and sensory disabilities continue to live in their homes safely. However, the circumstances from which individuals come and in which they live may impact their ability to access those modifications. For renters, partners in the housing sector, such as landlords, have an important role in determining whether older adults can make modifications to their homes to make them safer and more accessible.

> **[There is a] real issue when it comes to rental properties if the landlord agrees to home modifications. [Often the] burden falls on the individual to pay for it. Some [assistance] programs require the person to be the homeowner to get funding. Some landlords we worked with would allow grab bars and the material of shower required glue to be used for the bar, but the landlord wanted it to be removed when the person moves [which can be difficult to do without damaging the shower]. We try to do education around some of the benefits of doing these adjustments.**
>
> **- Director of a housing advocacy group**

Even if the person owns their home, some modification programs require a portion of the repair to be paid by the homeowner over time. Unpaid funds after a program participant passes away can create a lien on the property, making surviving family members responsible. To protect family from taking on that responsibility, some people choose not to accept funds for necessary home repairs. These issues highlight the importance of education for housing partners and inclusion of community members and advocacy groups that represent historically marginalized communities in the process of program development and policymaking.

PARTNERS

NC Falls Prevention Coalition - The NC Falls Prevention Coalition is made up of seven regional coalitions that cover 77 counties. Their mission is to "bring together researchers, planners, health care providers, housing specialists, aging services providers, and many others to work together to reduce the number of falls and fall-related injuries among North Carolinians."[154] The Coalition hosted a March 2023 summit on the topic of Powerful Innovative Practices to Prevent Falls, which included discussions of universal design, among other topics.[155]

North Carolina Statewide Independent Living Council (NC SILC) and Local Centers for Independent Living – The NC SILC is "a federally-mandated, not-for-profit, Governor-appointed council. A majority of council members must be people with a disability. By federal law, the SILC is charged with:

- Developing a state plan and provisioning statewide independent living services (SPIL).
- Developing and supporting a statewide network of Centers for Independent Living (CILs)
- Monitoring, reviewing, and evaluating the state plan (SPIL)"[156]

There are eight local Centers for Independent Living (CIL) that provide services for people with disabilities in 42 counties.[156] Each CIL is an independent nonprofit with funding largely from the federal Administration for Community Living. CIL services include guidance and counseling, rehabilitation

engineering, home and vehicle modifications, independent living skills training, certain equipment purchases, assistance with leisure activities, personal assistance services, and service animals for people with disabilities.[157]

State and local housing coalitions – The North Carolina Housing Coalition's (NCHC) mission is to "lead a movement to ensure that every North Carolinian has a home in which to live with dignity and opportunity."[158] It conducts legislative advocacy and coalition projects and hosts the Housing Counseling Network and Homeowner Assistance Program, among other work. NCHC also helps to build capacity for local housing coalitions across the state. Local coalitions have specialized knowledge of local drivers of housing challenges and local housing supports.

Local Housing Authorities – North Carolina law gives counties and local governments jurisdiction to create local housing authorities. The role of these entities is to:

- "Prepare, carry out and operate housing projects, both rental and homeownership;
- Acquire property or interests therein, including by eminent domain;
- Own, hold, clear, and improve property;
- Sell, exchange, or assign property; and
- Provide for the construction, reconstruction, improvement, alteration or repair of any housing project or any part thereof."[158]

There are 15 housing authorities in North Carolina with information available online.[159]

Housing Choice Voucher Program (formerly known as Section 8) – "Section 8 or housing choice vouchers are rental assistance from the federal government that can be obtained from a local housing authority."[159]

Home and Community Care Block Grant (HCCBG) – HCCBG funds are administered by the North Carolina Division of Aging and Adult Services and help to provide in-home and community-based services for older adults. County Commissioners determine how their local allotment of HCCBG funds will be used. Housing and home improvement is one of the services allowed to use HCCBG funds.

How would this impact the health of older adults?

Safe and accessible homes are a key strategy to prevent falls.

Homes that have been built or modified to allow for ease of movement and safe entry and exit will help older adults maintain their independence within the home and more easily move about the community.

Safe and accessible kitchens can help older adults prepare food and maintain healthy nutrition.

Homes that have safe entry and exit allow older adults to get out into the community and maintain their social connections.

RECOMMENDATION 3

Ensure Digital Equity for Older Adults

The societal shift from the use of analog or mechanical technology to digital technology has drastically changed the way we learn, work, seek services, and establish community. Today, 93% of American adults report using the internet, and 77% report having a broadband connection at home.[160] However, despite the incredible expansion of information technology, some communities and locales have been underserved, especially in regard to broadband internet access. Those who are Black or Hispanic, those with lower incomes, and those who live in rural areas are less likely to report having a broadband connection at home.[160]

This digital divide can have devastating consequences for those without access to or the ability to use internet-enabled technology, which is a necessity for much of modern everyday life. Today, people use the internet to search for and apply for jobs. Many adults work from home using the internet. Some apply for government assistance online. Local governments and news organizations also use the internet to communicate important or urgent information to community members. For example, during the height of the COVID-19 pandemic, multiple government entities kept Americans updated about preventive health behaviors, community spread, and vaccination through their websites and social media pages. Since the pandemic, many health providers have maintained telehealth services, which require an internet connection, for their patients.

Older adults have experienced a rapidly innovating technological landscape, from the introduction of the home computer in the 1970s to the ubiquity of smartphone ownership today. It is imperative that members of this population are supported in their right to access and use information technology.

Digital Equity, Literacy, and Inclusion

Digital equity is defined as "a condition in which all individuals and communities have the information technology capacity needed for full participation in our society, democracy, and economy."[161] Digital literacy is defined as "the ability to use information and communication technologies to find, evaluate, create, and communicate information," which requires both cognitive and technical skills.[161] There are established gaps in internet access and use by age group. Digital technologies may also present accessibility challenges to older adults (e.g., small text sizes, few accessibility settings, reliance on touchscreens).[162]

Beyond the practical economic and educational impacts, providing older adults with opportunities to access and use information technology can support social connection. In 2020, AARP reported evidence of this after providing technology access, devices, and training to 10,000 older adults living in New York City public housing.[163] More than half of participants in that program reported less frequent feelings of loneliness.[163]

FEDERAL SUPPORT FOR DIGITAL EQUITY GOALS

Bipartisan Infrastructure Law

In 2021, President Joe Biden signed the Bipartisan Infrastructure Investment and Jobs Act, which included the $2.75 billion Digital Equity Act, into law.[164] This act seeks to ensure that all communities have access to high-speed internet through three federal grant programs.[165] These programs focus on expanding coverage to the following covered populations:

- individuals who live in covered households (household income is not more than 150% of the federal poverty level)
- individuals aged 60 years and older
- incarcerated individuals
- veterans
- individuals with disabilities
- individuals with language barriers
- individuals who are members of a racial or ethnic minority group
- individuals who primarily reside in a rural area[166]

The Bipartisan Infrastructure Act also funded the Broadband Equity, Access, and Deployment (BEAD) Program – a $42.45 billion investment to expand high-speed internet access through planning, infrastructure deployment, equity, and adoption programs.[166] The BEAD Program's primary objective is to provide broadband services to locations unserved or underserved by broadband access.[166]

Consolidated Appropriations Act

The Consolidated Appropriations Act of 2021 included various provisions to "increase broadband availability and accessibility for underserved areas and populations of the United States."[167] The act also required the establishment of an Office of Minority Broadband Initiatives within the National Telecommunications and Information Administration to collaborate with many government and local partners to promote initiatives related to broadband connectivity and access.[167]

Both the Bipartisan Infrastructure Law and the Consolidated Appropriations Act created the Tribal Broadband Connectivity Program – a $3 billion program to support tribal governments in "bringing high-speed Internet to Tribal lands, including telehealth, distance learning, affordability, and digital inclusion initiatives."[168]

FEDERAL GRANT ALLOCATIONS TO NORTH CAROLINA

Program	Total Amount Awarded
Broadband Equity, Access, and Deployment (BEAD) Program	$1,532,999,481.15
State Digital Equity Planning Grant	$1,415,614.32
Broadband Infrastructure Program	$29,985,800
Connecting Minority Communities Pilot Program	$27,108,724
Tribal Broadband Connectivity Program	$500,000

Source: Internet for All. Funding by State/Territory. https://internetforall.gov/funding-recipients?program_status=0&state=NC&form_build_id=form-eiGjCAvSoGl0CGQvZJCW5D83htwbiJdA0YQltKkmQ4E&form_id=ntia_interactive_map_state_and_program_selection. Accessed July 15, 2023.

STATE ACTIONS FOR DIGITAL EQUITY

Approximately 1.1 million North Carolina households lack access to high-speed internet, cannot afford high-speed internet, or do not have the skills to engage with the digital economy.[169] A variety of state initiatives are leveraging the challenges and resources posed by the COVID-19 pandemic to address this key issue.

In 2021, the NC Department of Information and Technology created the Division of Broadband and Digital Equity to support Governor Roy Cooper's plan to address the digital divide in North Carolina. This division strives to address digital equity by expanding affordable high-speed internet and broadband access across the state and increasing digital literacy among North Carolinians.[170]

Governor Cooper's plan includes using $1 billion in federal American Rescue Plan Act funds and $30 million in state funds to address crucial broadband infrastructure and access, digital literacy, and internet affordability.[169] It also established the NC Digital Equity and Inclusion Collaborative – a partnership of equity and inclusion-focused state and local agencies, nonprofit organizations, coalitions, and individuals that provide feedback to policymakers, design digital equity strategies, and educate residents on the digital divide and the importance of digital equity.[171]

While digital equity is important for all North Carolinians, it is particularly important that we include an aging lens in our actions. Older adults have seen technology progress throughout their lifetimes, and they, like all people, would benefit by taking full advantage of information and communication innovations. With appropriate strategies to address broadband access and digital literacy, older adults can have full participation and engagement in the digital sphere.

STRATEGY 9

Increase Access to Broadband Internet across the State

In developing and implementing digital inclusion plans, local governments should work with community partners – including senior centers, libraries, faith-based groups, health care providers, and university and community college facilities (among other possible partners) – to ensure community members and smaller organizations serving older adults have access to reliable and affordable broadband internet service. Strategies may include increasing uptake of subsidized internet services and expanding programs that provide low-cost access to internet services and devices that are appropriate for the needs and abilities of older adults.

Desired Result – More older adults will have access to the internet to increase opportunities related to health, employment, continuing education, needed services, and social connection.

Why does the task force recommend this strategy? – The Federal Communications Commission describes broadband access as a "super" determinant of health, which means it plays a large role in health care outcomes and influences the more recognizable drivers of health, such as education and health care access.[172] Older adults are the largest group in the United States without connection to the internet. This limitation presents barriers to accessing health information and leads to decreased rates of social support and higher rates of social isolation.[173] The presence of community partners to help older adults access free or affordable internet service will allow them to better participate in meaningful life activities.

Context – There are public and private assistance programs for those who live in places with broadband internet connections but have financial restraints on accessing the service. The Affordable Connectivity Program (ACP) is a federal program that offers a discount of up to $30 for eligible older adults.[174] It also includes a discount of up to $100 for a laptop, tablet, or desktop computer. Participants enrolled in SNAP or Medicaid are eligible. Companies like Comcast have programs like Xfinity Internet Essentials, which offers internet services for free or low cost for qualified older adults, such as those who participate in SNAP or Medicaid and have enrolled in the Affordable Connectivity Program.

Pairing an older adult with the correct device is an important part of technological adaptation. Accommodating the unique needs of older adults leads to higher usage.[175] As of 2021, 30% of older adults owned a cell phone but not a smartphone, many citing problems with understanding how to use a smartphone.[176] Health-related problems such as arthritis may affect a person's ability to use smaller screens.[177] Laptops and tablets may be easier to navigate, especially with the creation of tablets designed for older adults that have larger screens and fewer applications.[178] Older-adult friendly features such as adjustable font size and voice assistant technology also increase confidence.[179] Resources in North Carolina for access to devices include the Kramden Institute and E2D, nonprofits that provide low-cost refurbished computers for adults with lower incomes.

The North Carolina Division of Broadband and Digital Equity was created in 2021 within the North Carolina Department of Information Technology (NCDIT) to help close the digital divide and serve as a resource for broadband access and digital inclusion. Part of Governor Roy Cooper's plan for digital equity includes $50 million to be spent by the end of 2026 to support digital literacy and skills training. NCDIT is partnering with state library systems to develop a scalable model to equip libraries with broadband access and digital literacy training.[180]

Access to and Adoption of Internet Services in North Carolina

Two measures illustrate the geographic differences in North Caolina in terms of access to and adoption of internet service. **See Figures 4 and 5** on next page that illustrate which counties in North Carolina may experience the greatest challenges to ensuring digital equity.

- **Broadband Availability Index (Figure 4)** - A higher score indicates better availability and quality of services. Factors that are considered for the score include percent of population with access to broadband and fiber service, speed of services, population density, and the age of homes.
- **Broadband Adoption Index (Figure 5) -** A higher score indicates greater potential for adoption. Factors that are considered for the score include percent of households with subscription to internet service, population age, education level, disability status, limited English proficiency, presence of children, prevalence of people working from home, and access to internet service and devices.

How would this impact the health of older adults?

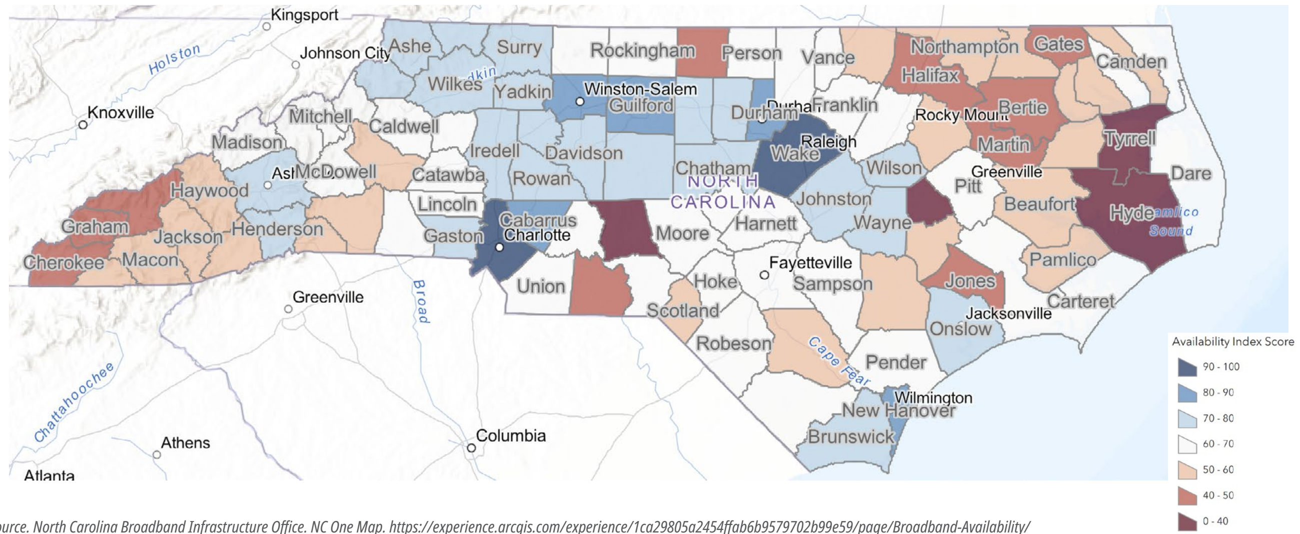
Home-based exercise, aided by digital technology for online classes, can be instrumental in preventing falls.

Older adults can use internet-based applications for ride-hailing and other services that improve their ability to move around the community and to access health services through telehealth and telepsychiatry.

Older adults can use internet-based applications that help them shop for groceries, a resource that can be important for those who are unable or prefer not to leave their homes to shop.

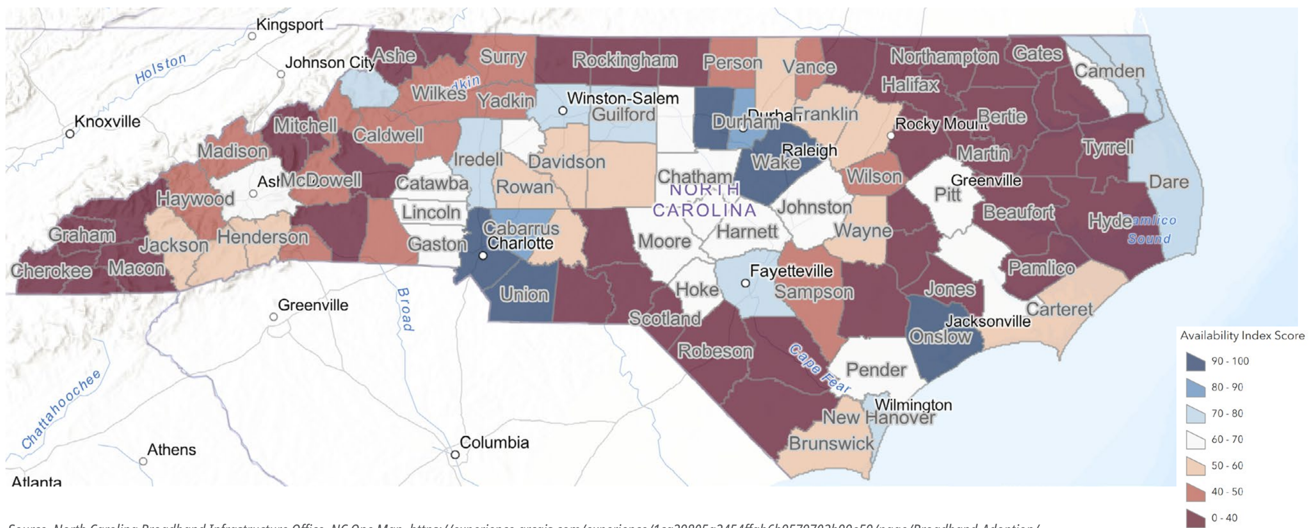
Access to digital technology will allow older adults to stay in communication with loved ones and health care providers, reducing social isolation.

FIGURE 4. North Carolina Broadband Availability Index



Source. North Carolina Broadband Infrastructure Office. NC One Map. https://experience.arcgis.com/experience/1ca29805a2454ffab6b9579702b99e59/page/Broadband-Availability/

FIGURE 5. North Carolina Broadband Adoption Index



Source. North Carolina Broadband Infrastructure Office. NC One Map. https://experience.arcgis.com/experience/1ca29805a2454ffab6b9579702b99e59/page/Broadband-Adoption/

STRATEGY 10

Increase Digital Literacy for Older Adults

The North Carolina Division of Aging and Adult Services should work with aging services partners and funders to:

a. Identify opportunities to sustain the work that will be done through the digital literacy grant along with other grantees of the North Carolina Department of Information Technology's Division of Broadband and Digital Equity.

b. Increase awareness of digital literacy services offered at various community locations (e.g., senior centers, libraries, cooperative extension, local school systems, and community colleges, programs that pair youth with older adults for mutual mentorships).

Desired Result – More older adults will have the skills to access and navigate information and services available on the internet.

Why does the task force recommend this strategy? – Digital literacy is the "ability to use information and communication technologies to find, evaluate, create and communicate information, requiring both cognitive and technical skills."[181,182] Digital inclusion relies on individual and community access to high-speed internet, access to devices that meet technological and internet needs and accommodate sensory differences (e.g., vision or hearing), and the skills necessary to take part in the digital world. Technology can facilitate aging in place through access to health information and social inclusion, but that capability is only beneficial if the individual knows how to access and effectively use those resources.[182]

For those able to take advantage of telehealth, digital platforms can provide access to remote medical help or education and assist with managing illness. Social connections can be improved through networking online and video calls with family and friends. Virtual exercise regimens can increase physical function. Internet use has also been shown to reduce the likelihood of depression and loneliness in older adults. Digital skills can be used to actively contribute to the community and participate in the workforce.

Context – The North Carolina Department of Information Technology's Office of Digital Equity has granted funds to state agencies to support digital equity solutions that "positively impact target populations identified in the Digital Equity Act," including older adults.[183] With funds from the American Rescue Plan Act, the grant will help fund distribution of digital devices, workforce development programs, and digital literacy training. Of the $9.9 million in awarded dollars, approximately $1.1 million was given to the North Carolina Department of Health and Human Services, Division of Aging and Adult Services (DAAS). Other grantees include the Department of Health and Human Services, Office of Rural Health, and NC State University Institute for Emerging Issues.[184]

Resources for Digital Literacy

Senior centers around the state offer opportunities for digital learning in group classes taught by volunteers. Libraries are also a common resource for digital literacy training, sometimes targeted to older adults. One example is the Blue Ridge Literacy Council's partnership with Carolina Village in Hendersonville. This initiative offers a six-week digital literacy course that covers differences between a laptop and PC, setting up email, navigating the internet, online purchases, using a smartphone, accessing health care information, and avoiding risks and scams.[185]

Other independent organizations and businesses work to address digital literacy for older adults as well. Raleigh Senior TechEd is an all-volunteer organization that educates older adults on computer technology. Workshops are held twice a week throughout the Raleigh area. Since its 1996 inception, it has provided technological education to more than 4,700 students. Aging Connected, a nationwide campaign to get older adults across the country connected with the internet, was founded in 2018. Established by Older Adults Technology Services (OATS) and Humana, Aging Connected seeks to improve social connections through technology classes designed for older learners and provides an online search tool for low-cost internet services.

Intergenerational digital literacy programs that pair youth with older adults can engage this population on a more personalized level. Outcomes include reduced fear of technology, increased interest in technology, and better health literacy.[186] Programs such as Cyber Seniors provide older adults with training in the use of various devices with the assistance of younger adult volunteers. Benefits are seen for both age groups, such as increased self-esteem and reduced anxiety.[187]

How would this impact the health of older adults?

Home-based exercise, aided by digital technology, can be instrumental in preventing falls.

Older adults can use internet-based applications for ride-hailing and other services that improve their ability to move around the community and to access health services through telehealth and telepsychiatry.

Older adults can use internet-based applications that help them shop for groceries, a resource that can be important for those who are unable or prefer not to leave their homes to shop.

Access to digital technology will allow older adults to stay in communication with loved ones and health care providers, reducing social isolation.

ADDITIONAL RESOURCES:

Strategy 1 - Help More North Carolinians Plan and Save for Retirement:
- Retirement Security in North Carolina Findings and Recommendations
- Aging Has Economic Costs to North Carolina Workers, Taxpayers, and Small Business Owners
- North Carolina Work and Save Act

Strategy 2 - Increase Employment Opportunities for Older Adults
- Unite Us
- Senior Community Services Employment Program
- NCCARE360
- Workforce Development Boards

Strategy 3 - Update Tax Policy to Help Older Adults with Lower Incomes
- Institute on Taxation and Economic Policy – Report: State Income Tax Subsidies for Seniors
- Lincoln Institute of Land Policy – Policy report examining property tax relief for homeowners
- Center on Budget and Policy Priorities - Analysis of state tax policies for older adults and recommendations for ways to target policies to increase benefits to lower-income older adults

Strategy 4 - Increase Uptake of Food and Nutrition Services
- NCDHHS State Action Plan for Nutrition Security 2023-2024
- Food and Nutrition Services
- Senior Farmers' Market Nutrition Program
- Commodity Supplemental Food Program
- Issue Brief: Malnutrition & Older Adults in North Carolina

Strategy 5 – Reduce the Costs of Health Care Coverage
- Medicare Payment Advisory Commission and the Medicaid and CHIP Payment and Access Commission – Data Book: Beneficiaries Dually Eligible for Medicare and Medicaid
- National Council on Aging: Prescription Assistance for Older Adults
- Find a SHIIP Counselor

Strategy 6 - Increase Awareness of and Protections from Fraud for Older Adults:
- NC Department of Justice: Protecting Consumers
- Protecting Older Consumers 2021-2022: A Report of the Federal Trade Commission
- Elder Fraud Report 2021
- Consumer Financial Protection Bureau: Protecting Older Adults from Fraud and Financial Exploitation

Strategy 7 - Ensure Statewide Focus on Housing Availability, Affordability, and Supports for Older Adults
- North Carolina Medical Journal – The Housing Dilemma for Older Adults: The Quiet Crisis
- Urban Institute - Housing for North Carolina's Future Policy Tools that Support Rural, Suburban, and Urban Success

Strategy 8 – Enhance Learning Opportunities Related to Housing Programs and Services
- NC Falls Prevention Coalition
- North Carolina Statewide Independent Living Council

Strategy 9 - Increase Access to Broadband Internet across the State
- North Carolina Department of Information Technology
- North Carolina Assistive Technology Program
- Connect2HealthFCC
- Affordable Connectivity Plan
- NC Broadband Adoption Index

Strategy 10 - Increase Digital Literacy for Older Adults
- North Carolina Department of Information Technology
- NC State Cooperative Extension
- Cyber Seniors
- Aging Connected

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CHAPTER 3

Promoting a Culture of Aging Across the Lifespan

A LIFE COURSE PERSPECTIVE ON AGING

A life course perspective on aging recognizes that older adults are affected by the environments and stressors they experienced as children, adolescents, and young adults. This framework demonstrates that early exposures to physical, environmental, and psychosocial factors influence health in later life. It also recognizes that the children, adolescents, and young adults of the present are the older adults of the future.

These perspectives are used to understand the origins and persistence of health inequities, as well as their transmission between generations.[1] This framework recognizes that exposures and resources are not allocated equitably across race, ethnicity, social class, gender, sexual orientation, disability, and geography. In addition, research on the "weathering hypothesis" posits that cumulative stress over a person's lifespan leads to accelerated aging (higher "biological age"), negative impact on body systems, early onset of chronic disease and disability, and increased mortality among people in marginalized groups.[2]

A "HEALTHY AGING" POLICY LENS

Policy implications of life course perspectives on health often focus on what people need during childhood, adolescence, and young adulthood to promote well-being and prevent disease, disability, and mortality in later life.[3,4] However, while this is an important goal, it does not directly address the needs of older adults who are aging in their communities today. A "healthy aging" policy lens acknowledges that older adults are active members of their communities and seeks to understand the impact that policies may have on older adults and on the process of aging in the general population. Questions to consider include: How would these developments impact older adults presently? How would these developments impact families in the future as they age in place? What modifications can be made when designing cities or neighborhoods that take into account changing needs as community members age?

AGING, DISABILITY, AND FUNCTIONAL IMPAIRMENT

Older adults may experience functional limitations due to both the normal process of aging and acquired illness and disability over the life course. It is typical for some older adults to experience hearing and vision loss, reduced muscle strength and tone, changes in walking speed or mobility, immune dysfunction, and bladder changes.[5] These normal changes may affect an older adult's mobility or activities of daily living, and/or may increase their risk of falls and injury.[6] It is also normal for adults over age 85 to experience minor cognitive changes like short-term memory loss, difficulty finding words, and increased processing time.[7] Aging also increases one's risk of developing chronic conditions or disabilities.

AGEISM AND HEALTH

Ageism refers to stereotyping, prejudice, and discriminatory actions or attitudes toward others due to chronological age.[8,9] In interpersonal relationships, people may dismiss older adults' perspectives or communicate with them via "elderspeak"—the use of oversimplified language, terms of endearment, and sing-song tones.[10] In the workplace, ageism may include the refusal to hire, promote, or train an individual because of their age or the assumption that older adults don't know or can't learn how to use new technology. Ageism can have dire consequences for older adults' health. For instance, one study found that experiences of everyday ageism increased US older adults' risk for poor physical health, greater numbers of chronic conditions, poor mental health, and depression symptoms.[11] Further, health care professionals may not treat older adults' pain, anxiety, or depression because they mistakenly assume that these symptoms are an inevitable part of aging, hampering patient quality of life.[12]

Challenging ageist beliefs and actions can dramatically improve how we age. People with a positive attitude toward aging live longer and healthier lives than those with a negative attitude.[13] A study of adults over age 50 from the Harvard T.H. Chan School of Public Health found that those with high aging satisfaction had a 43% reduction in all-cause mortality over four years and a 23% increased likelihood of frequent physical activity.[14] Additionally, this group had lower risk for diabetes, stroke, cancer, and heart disease. Positive self-perceptions of aging may also be associated with improved cognitive processing and executive functioning.[15] Finally, older adults with positive self-perceptions of aging are more likely to engage in preventive behaviors like getting an annual physical exam and maintaining a balanced diet than those with negative self-perceptions of aging.[16]

A CULTURE OF HEALTHY AGING

Ageism and predominant culture's general fear of aging have been described as "prejudice against our feared future selves."[17] This prejudice is often due to the incorrect assumption that aging inevitably results in reduced productivity, liveliness, and health. There are normal changes that occur in later adulthood, just as there are changes that occur throughout the entire life course. Policy and local planning for these changes can ensure that older adults are considered in the decisions that impact them and promote their full participation in public life. This chapter presents two recommendations and related strategies for doing that. Full text of all recommendations and strategies can also be found in Appendix A.

Recommendation 4 – Create a Community Culture that Supports Healthy Aging

Strategy 11 - Promote Aging in All Policies

Strategy 12 - Grow Age-Friendly Communities with Support from Local Government and Community-Based Organizations

Strategy 13 - Help Older Adults Improve or Maintain Their Physical Activity, Strength, Flexibility, and Balance

Recommendation 5 - Collaborate to Encourage Actions that Support Healthy Aging across the Lifespan

Strategy 14 - Dedicate Resources to Answering Important Research Questions and Developing Data on Aging Services

Strategy 15 - Address Cultural Stigmas of Aging

Strategy 16 - Ensure Legislative Attention to Aging Issues

Aging Her Way with a Dedication to Sports and Community

Karen (left) and her mother Jean (right)

Karen has embraced growing older and relishes using the wisdom she has gained to make life choices. As she has gotten older, she sees the benefits she has received from being active and taking care of herself throughout her life and feels that it allows her to "serve others and do the things I like to do."

All her life, Karen has been active in sports. As a middle and high schooler, she played basketball for her school teams. She was the first player at her high school, male or female, to score 1,000 points. Now as an adult, she coaches and teaches at the local high school where she attended. Over the last 30 years, she has been a head or assistant coach for basketball, tennis, tee-ball, baseball, softball, and soccer. One colleague says of her, ***"There may be no person more qualified to talk about healthy aging in our state than Karen, as she is a current and former athlete, coach, teacher, and fitness role model."***

Her wealth of coaching experience led her to coach a women's basketball team for the North Carolina Senior Games. In fact, her own mother competes on the basketball team she coaches. Unlike Karen, her mother Jean did not have the opportunity to play sports earlier in life; growing up in the segregated South, the schools for Black children were a long bus ride away from Jean's rural community, making it impossible for her to play on the sports teams. One day Karen received a call from a friend to help fill in for a three on three basketball game to qualify some senior ladies for the Senior Games. Since she was going to be playing against senior ladies, Karen invited her mom to tag along. At that time Jean was 69 years old and instantly became a member of the Red Foxes Senior Games basketball program. It was her first time playing basketball and from that day, both Jean and Karen have been involved with the team. Karen couldn't wait to move from coach to player once she turned 50. ***"My students made fun of me because they said I was the only woman they knew who couldn't wait to turn 50!"***

Basketball turned out to be great therapy to help Jean deal with depression at that time in her life. Karen credits it for both the physical activity and friendships it has provided. When the pandemic hit, it impacted all the women involved in the basketball group. For two years, there were no in-person sports events. But Karen says North Carolina Senior Games did a great job of creating opportunities for community by being creative with activities like basketball-shooting competitions among the teams.

The close-knit community where Karen and Jean live in Granite Falls, North Carolina, ***"is a special community where everyone is family, not by blood, and they are a great support group."*** Her community, church family, and life experiences as a teacher and coach have shaped Karen's view on aging. ***"I can see the importance of taking care of yourself, not just physically, but mentally and spiritually. I have seen the importance of the support that you have around you when you are growing up. If you have young people around you that already act old, you will dread getting older. If you see people blossoming in their older age, it inspires and motivates you to take care of yourself."***

Karen has been that inspiration to her high school marketing and career management students. They recently came out to see the seniors participate at the Senior Games track events. Always using a moment to teach, Karen says, ***"They were so inspired and excited for the competitors. I turned that around to them and reminded them, you have to take care of yourself now and for years to come!"***

RECOMMENDATION 4

Create a Community Culture that Supports Healthy Aging

Individuals' perceptions of aging can impact their health as they age, and people with a positive outlook on aging are generally healthier than those with a negative outlook.[18] In fact, one study suggests that those with positive self-perceptions of aging lived an average of 7.5 years longer than those with negative self-perceptions of aging. There are some actions that individuals can take to promote healthy aging, like staying physically and cognitively active, having regular medical check-ups, minimizing stress, and connecting with family, friends, or neighbors.[19] Community resources and built environments can also facilitate one's ability to take these steps. Policies and interventions that apply an "aging in all policies" framework, develop age-friendly communities, and encourage physical activity can meet the needs of older adults and nurture a culture that improves how aging is perceived and supports healthy aging.

AGING IN ALL POLICIES

"Health in all policies" is defined as "a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas."[20] This framework recognizes that only 15-20% of human health and longevity can be attributed to care we receive in a medical setting.[21] Far more of our health and longevity depends on the social, economic, and environmental factors, like safe and affordable housing, access to transportation, and freedom from air and water pollutants.

An "aging in all policies" approach would celebrate aging, recognize older adults as key members of their communities, consider impact of policy on the experiences of older adults, and include their perspectives in decision-making across policy areas. Key components for the implementation of "health in all policies" initiatives that may translate to "aging in all policies" include:

- Promotion of health, equity, and sustainability,
- Collaboration across sectors of society,
- Consideration of benefits for multiple (or all) partners,
- Engagement of those affected by policy, and
- Change to structures or procedures.[22]

It is essential to involve older adults as active participants in policy and decision-making processes and provide authentic opportunities for their voices to be heard.

AGE-FRIENDLY COMMUNITIES

As our global and national population ages, organizations like the World Health Organization and AARP see the need to develop age-friendly countries, states, and communities.[23,24] While these communities are diverse in their populations, needs, and available resources, age-friendly communities share "an expressed desire to create places that support older adults and their families better, and enable older people to remain more active, contributing members of their communities."[25] Age-friendly communities will help more older adults maintain health and well-being to age in place in their homes. The AARP Network of Age-Friendly States and Communities provides their members with these "8 Domains of Livability"– community features whose availability and quality influence the well-being of older adults and people of all ages:

- Housing
- Outdoor spaces and buildings
- Transportation
- Civic participation and employment
- Communication and information
- Respect and social inclusion
- Social participation
- Health services and community supports[26]

OPPORTUNITIES TO PROMOTE ACTIVITY AND STRENGTH

The United States Department of Health and Human Services recommends that older adults complete at least 150 minutes of moderate-intensity activity every week, muscle-strengthening exercises two days a week, and additional activities to improve balance.[27] Regular physical activity is associated with a higher quality of life, improved physical function, and a reduction in falls among older people, especially those with existing health conditions.[28] Despite these benefits, studies suggest that smaller proportions of older adults in the United States meet physical activity guidelines than those who are young and middle-aged.[29,30]

There are many reasons to promote physical activity among older adults. At an individual level, physical inactivity may be associated with low mood and poor physical health.[31] Additionally, men report higher levels of physical activity relative to women, and White older adults report more physical activity than Hispanic and Black adults, with a variety of community, environmental, and social factors contributing to this disparity.[29] Group exercise programs may be particularly motivating for older adults compared to solo activities.[32,33] One's neighborhood and built environment may also facilitate physical activity. One study found that moderate-to-vigorous physical activity among older adults was positively associated with proximity to parks, and reported walking or cycling to errands was positively associated with proximity to private recreation facilities.[34]

STRATEGY 11

Promote Aging in All Policies

The Office of the Governor and the North Carolina Department of Health and Human Services, in collaboration with organizations such as the UNC Institute of Government, the North Carolina Association of County Commissioners, the North Carolina Coalition on Aging, North Carolina Community College System, and AARP NC, should work together to educate policymakers at all levels on promoting an "Aging in All Policies" framework similar to "Health in All Policies."

Desired Result – State policy development will include considerations of direct and indirect impacts of rules and laws on the health and well-being of older adults.

Why does the task force recommend this strategy? – By 2028, 1 in 5 North Carolinians will be aged 65 and older, and by 2038 it is estimated that 95 out of 100 counties will have more people aged 60 and older than under age 18.[35] Healthy aging is influenced by social, physical, and economic factors. State and local policies can have a direct impact on these factors, supporting and enhancing the ability of people to live independently in the community. Implementing evidence-based policies to promote the well-being of older adults can help to prolong older adult independence and reduce the likelihood of using expensive health care services.[36] An Aging in All Policies lens helps to consider impacts of policies on aging and older adults and promotes a common language across sectors, which can remove barriers to allow for more coordinated efforts to maintain older adult health and well-being. Having champions and leaders who can facilitate promotion of this approach will ensure that aging is embedded in all decision-making.

Context – The Health in All Policies framework is a collaborative approach that integrates health considerations into a broad array of policymaking across all sectors.[37] This collaborative approach is based on the links found between health challenges and societal structures, such as transportation, access to healthy food, and education.[38] This framework can be similarly applied as a lens to assess how policies support or negatively affect how people can maintain their health, well-being, and independence as they grow older.

In 2020, the United Nations General Assembly proclaimed 2021–2030 the decade of healthy aging with a global initiative to improve the lives of older adults.[39] As part of the initiative, proactive policies to ensure equitable aging are encouraged. With the assistance of a database of action plans for aging, tools and resources are provided to policymakers to inform them of updated policies to support aging populations.

What is Health in All Policies and how does it apply to Aging in All Polices?

"The goal of Health in All Policies is to ensure that decision-makers are informed about the health, equity, and sustainability consequences of various policy options during the policy development process. A Health in All Policies approach identifies the ways in which decisions in multiple sectors affect health, and how better health can support the goals of these multiple sectors."

The concept of Aging in All Policies proposes a similar approach to understanding how policy decisions may influence or impact how different groups experience the aging process and their ability to live independently in the community.

– American Public Health Association. An Introduction to Health in All Policies. https://www.apha.org/-/media/Files/PDF/factsheets/HiAPGuide_4pager_FINAL.ashx

How would this impact the health of older adults?

Policy that considers safe housing needs for older adults can help prevent in-home falls and other injuries.

Policy that promotes accessible walkways and transportation will allow older adults, as well as all other age groups, to continue to move around the community safely.

Policy that targets accessible nutritious food will improve the health of older adults.

Policy that encourages financial savings, accessible communities, availability and affordability of internet services, and supports for maintaining independence in the community will help older adults maintain or grow their social connections.

STRATEGY 12

Grow Age-Friendly Communities with Support from Local Government and Community-Based Organizations

a. Local governments should support and fund the development of age-friendly communities by:

- **i.** Working directly with community leaders and residents of communities to identify opportunities for intergenerational community connections; opportunities to celebrate aging and the contributions of older adults; and opportunities to maximize the experience, talents, and interests of older adults.
- **ii.** Including perspectives and representation from older adults most affected, including older adults who represent the racial and economic diversity of communities and advocates for people with disabilities, in aging planning processes.
- **iii.** Ensuring a "healthy aging ambassador" is responsible for applying the "Aging in All Policies" approach to county- and municipal-level policymaking, planning, and program development.

b. AARP NC, the North Carolina Department of Health and Human Services, Hometown Strong, and the UNC School of Government, and other units of the UNC system should collaborate to:

- **i.** Develop educational opportunities for local government officials—especially city, county, and regional planners—to learn about the "Aging in All Policies" framework and best practices in age-friendly community development with considerations for issues such as pedestrian safety, transportation, zoning, etc.
- **ii.** Identify an entity to host a learning collaborative of communities working to be designated as age-friendly to discuss best practices, lessons learned, and opportunities for sharing their experiences with other communities interested in becoming age-friendly.
- **iii.** Identify funding needs and potential sources of funding for this work.

Desired Result – North Carolina communities will be places where everyone has access to infrastructure and services to make healthy aging at home possible.

Why does the task force recommend this strategy? – Policy and infrastructure at the community level are key determining factors in whether older adults can age in their homes and still have access to the things they need to maintain their health and well-being. Access to transportation, physical activity, and social connections are just some of the features of a community that can impact how a person can safely age at home. Community leaders set policies and priorities that can create an age-friendly culture and environment.

Context – As of August 2023, the state of North Carolina, eight counties, and eight cities are members of the AARP Network of Age-Friendly States and Communities.[A,40] The elected leadership of these communities have committed to "actively work toward making their town, city, county or state a great place to live for people of all ages."[41] Counties and cities that are part of the network develop an action plan based on community surveys identifying needs within the 8 Domains of Livability: 1) Housing, 2) Outdoor Spaces and Buildings, 3) Transportation, 4) Civic Participation and Employment, 5) Communication and Information, 6) Respect and Social Inclusion, 7) Social Participation, and 8) Health Services and Community Support **(See Figure 1, Page 15)**.[26]

The Blue Zones Project is another initiative that is working to make communities better places for everyone to age. Brevard, North Carolina, has participated in this project. Based on research about the places in the world where people live the longest and experience health into older age, this model focuses on supporting nine lifestyle habits related to belonging, eating wisely, physical movement, and outlook on life.[42] According to the Blue Zones Project, this translates into "improv[ing] or optimiz[ing] city streets (smoking policies, bike lanes, sidewalks), public spaces (parks, lakes, walking paths), schools (cafeterias, safe walking paths to school), restaurants, grocery stores, employers, faith-based organizations, and community involvement."[43]

"Healthy Aging Ambassador"

The concept of a "healthy aging ambassador" was supported by the task force to encourage communities to identify an individual or group that could be accountable for applying the "Aging in All Policies" lens on the local level **(See Strategy 11, Page 59)**. This role may already exist in some places and would naturally look different depending on local needs and structures. This role would be responsible for increasing awareness and action toward developing an age-friendly community and would be connected to the community members, aging services providers, and community-based organizations that can represent the perspectives and needs of older adults.

Partners

Two of the partners identified in this strategy are Hometown Strong and the UNC Chapel Hill School of Government. These organizations serve important statewide leadership roles for North Carolina communities.

First, Hometown Strong's mission is to "empower rural communities by providing resources and support to improve the quality of life for residents.... [through] economic development, education, healthcare, and community engagement."[44] Like the aging initiatives discussed above, Hometown Strong "work[s] closely with local leaders and organizations to identify the specific needs of each community and develop customized solutions." One of its priorities is Age My Way NC, a "collaborative effort between the State of North Carolina and AARP NC to help identify priorities for making our neighborhoods, towns, cities, and rural areas great places for people of all ages."

Second, the UNC Chapel Hill School of Government is home to the Center for Public Leadership and Governance, which "equips public officials with the knowledge and skills they need to lead and govern their organizations and communities."[45] The center offers dozens of courses for public officials to learn about their role, best practices, and leadership techniques.[46] This direct connection with North Carolina's local public officials is a potential resource to connect those leaders with education about developing age-friendly communities.

How would this impact the health of older adults?

Local leadership and community engagement to create age-friendly culture, policies, and infrastructure will help older adults have access to the housing, transportation, food, social connections, and other resources they need to retain their health and well-being.

A AARP Network of Age-Friendly States and Communities North Carolina members are Archdale, Jamestown, Cary, Durham, Kinston, Leland, Matthews, and Mt. Airy as well as Buncombe, Orange, Durham, Forsyth, Lenoir, Mecklenburg, and Wake, counties. https://states.aarp.org/north-carolina/governor-roy-cooper-commits-the-state-to-improvements-that-benefit-all-ages. See Chapter 1, Page 15 for more information about the AARP Network of Age-Friendly States and Communities.

STRATEGY 13

Help Older Adults Improve or Maintain Their Physical Activity, Strength, Flexibility, and Balance

Local parks and recreation departments should convene and partner with senior centers, local health departments, Senior Games, faith-based organizations, other community activity organizations (e.g., YMCAs), local business representatives, health care payers, local planning entities, Senior Health Insurance Information Programs (SHIIP), and SNAP-Ed-implementing agencies to:

a. Learn from and engage with older adult community members about their preferences and needs for activities to improve or maintain their physical activity and strength.
b. Identify and increase implementation and use of programs and services to encourage physical activity and the maintenance of strength across different levels of physical ability among older adults, including evidence-based fall-prevention programs. This work should include an examination of how accessible and welcoming programs are for different groups within the community based on income, race, ethnicity, and physical and sensory disability status.
c. Identify safety concerns and access considerations for older adults to engage in physical activity in the community (e.g., community safety, access to sidewalks, fall risks on streets and sidewalks, indoor and outdoor activity options, and virtual exercise programs) and partner with local government leaders and planners to develop options to address concerns.

Desired Result – Overall physical strength and capacity of older adults will be increased.

Why does the task force recommend this strategy? – Physical activity encompasses a range of activities, such as aerobic exercise, strength training, yoga, and balance development. According to the Centers for Disease Control and Prevention (CDC), adults aged 65 and older should engage in at least 150 minutes a week of moderate-intensity activities, such as walking, and two days a week of strength training.[47] Regular physical activity can decrease the risk of falls and prevent or delay many health issues, such as heart disease and some types of cancer, as well reducing symptoms of depression.[48,49]

As adults age, they face the potential loss of strength, endurance, and balance; regular physical activity can help prevent and manage these experiences as well as disease. Physical activity programs and facilities for older adults should account for the preferences and physiological changes that older adults may have.

Context – While physical activity is an important component of maintaining health for older adults, it can be a challenge to achieve. According to America's Health Rankings:

- 19% of North Carolinians aged 65 and older say that they have met federal physical activity guidelines in the past 30 days.[B,50]
- 28% of North Carolinians aged 65 and older say that they have done no physical activity or exercise other than their regular job in the past 30 days.[51]

Community Leadership in Physical Activity

Local parks play a significant role in physical activity within a community. People with access to parks and trails tend to walk and engage in more physical activity than those with limited access.[52] Recreation departments and YMCAs can offer indoor facilities that provide a dedicated space for a variety of affordable physical activities. Local parks and recreation centers can provide the physical spaces for special programs like Senior Games, a year-round health promotion program for adults aged 50 years and older to compete in sports and arts categories.

Faith-based organizations serve as a source of trust and social support for many older adults. Partnering with local parks and recreation centers and YMCAs would allow these organizations to serve as connectors for those who may not otherwise have access to facilities or fitness education.

SNAP-Ed, which provides nutrition education related to Food and Nutrition Services (also known as Supplemental Nutrition Assistance Program [SNAP]), takes the form of many different programs in North Carolina. For example, the North Carolina Nutrition Education Program offers education on a healthy diet, obesity prevention, and physical activity education.[53] Partnering with local parks and recreation centers will allow for a space to educate older adults on physical activities and nutrition best suited for their health.

Understanding Older Adult Preferences for Physical Activity

Engaging older adults in activities that they prefer raises the likelihood of continued physical activity.[54,55] An evaluation of many research articles on older adult physical activity preferences noted that walking was the preferred method. Other preferred modes of activity were swimming or aqua fitness, aerobic activities, gardening, and dancing. The study noted variability in the preferred social context (i.e., solitary or group setting) for exercise depending on age. However, the authors identified a significant limitation in the available research: much of the research base on this topic focused on White female populations. This emphasizes the need to engage a representative group of community members to understand the variety of preferences that different parts of the population may have for physical activity options depending on age, income, race, ethnicity, and disability status.

Safety and Accessibility of Exercise Programming

Individuals who lead exercise classes and programs for older adults need an understanding of the specific health and safety needs of this population; for example, the necessity of maintaining coordination, balance, and strength to prevent injuries, such as those that occur from falls.[56] There are several organizations that provide this certification, such as the National Academy of Sports Medicine.

B Federal physical activity guidelines are 150 minutes of moderate or 75 minutes of vigorous aerobic activity and two days of muscle strengthening per week. https://www.americashealthrankings.org/explore/measures/exercise_sr

Aging is heterogeneous, with older adults experiencing a multitude of levels of capability. The accessibility of programming is integral to success and properly trained instructors can contribute to program safety by implementing tools such as a chair to maintain balance and maximize the abilities of a wide range of older adults.

In addition, with higher temperatures becoming more common, especially in summer months, access to indoor exercise spaces is an important consideration. Hot weather can pose risks to all people and older adults are at greater risks, particularly those with pre-existing health conditions.[57] Exercising in cooler spaces is a safer option during particularly hot days.

How would this impact the health of older adults?

People who engage in physical activity to maintain their strength and flexibility have a reduced risk of falling.

Increased physical activity provides the ability to have increased mobility in the community.

Nutrition education services can help older adults understand their unique nutrition needs.

Group exercises can provide social connections.

RECOMMENDATION 5

Collaborate to Encourage Actions that Support Healthy Aging Across the Lifespan

Key components of the Health in All Policies framework can be applied to an Aging in All Policies approach to healthy aging – notably efforts to develop a multisectoral and inclusive approach to policy and program decision-making. These collaborations may include agencies beyond health or aging advocacy organizations. For example, universities and community colleges, schools, recreation and arts departments, and local government offices can provide valuable insight and and resources related to meeting aging policy goals. Rather than siloing aging initiatives, it is important to integrate healthy aging and the perspectives of older adults into research, policy, and programmatic goals. This approach emphasizes the need for multisectoral partnerships and intergenerational interactions.

Intergenerational and multisectoral collaboration can also address cultural stigma toward aging and older adults in predominant culture. Professional, recreational, and volunteering opportunities that connect people of all ages can show young people positive images of aging as they interact with older adults who are productive, athletic, creative, and active in their communities. Additionally, intergenerational relationships have been shown to provide older adults with empowerment and a sense of meaning. It is important to note that many cultural and ethnic groups within our state already hold the values of respect, inclusion, and dignity for older adults. These communities and groups can be looked to as a source of best practice and learning for others committed to this work.

Dedicated legislative attention and resources are needed to support healthy aging in our state. With a wide variety of important issues to address, an intentional focus on aging-related topics is needed in both the North Carolina House and Senate committee structure. A greater focus on these topics would help to address pressing issues and resource needs in a timely manner and encourage consideration of how policy actions today will affect future older adults in the state.

STRATEGY 14

Dedicate Resources to Answering Important Research Questions and Developing Data on Aging Services

a. The University of North Carolina (UNC) System General Administration and North Carolina Community College System should undertake or arrange for a study that includes:

- **i.** Identification of existing Gerontology and Geriatric Medicine programs, curricula, and resources on campuses across the UNC and Community College systems;
- **ii.** Assessment of the adequacy of the existing programs and curricula and the interaction of these programs across the systems; and
- **iii.** Recommendations for enhancing research, education, training, and continuing education to respond to North Carolina's aging demographic, promote healthy aging, and address the workforce needs in serving an aging population.

b. The North Carolina Division of Aging and Adult Services and aging partners should evaluate the outcomes and lessons learned from the additional funding for aging services programs that was available through the American Rescue Plan Act and identify:

- **i.** Innovations and programs that should warrant state support,
- **ii.** Opportunities to sustain effective programs and whether this requires modification of existing state policies and rules, and
- **iii.** The most relevant and accessible outcome measures that can be collected from these programs to facilitate their continued support.

Desired Result – An increase in available training for older adult services, translation of research to assist in enhancing aging policies and programs, and sustained resources for effective programs.

Why does the task force recommend this strategy? – By 2028, 1 in 5 North Carolinians will be aged 65 and older, and by 2038 it is estimated that 95 out of 100 counties will have more people aged 60 and older than under age 18.[35] With the growth in the older adult population, there will be increased need for and use of health care and older adult services and programs. These programs are administered and managed by individuals with specialized knowledge of the needs of older adults and family caregivers. University and community college academic programs in gerontology or aging services can help prepare the next generation of workers for filling these roles. However, work is needed to identify where these programs already exist, the adequacy of curricula to meet future needs, and gaps that should be filled.

The American Rescue Plan Act (ARPA) of 2021 is a federal law that was passed to provide relief, contain COVID-19, and help the economy. In administering these funds, the North Carolina Division of Aging and Adult Services (DAAS) focused on service innovation in supportive services, nutrition, health promotion, and family caregiver support services. There was also a push to strengthen staff capacity and address workforce issues. However, the issue of sustainability of these enhanced services is a critical question, as these federal funds sunset in 2024. An evaluation of the outcomes from the enhanced services and potential savings they contributed to the state can help to identify where limited resources should be targeted or additional resources are needed for sustainability. This type of evaluative research is an example of why and how the academic community can work together with state, regional, and local entities toward maximizing use of resources for the well-being of older adults and their family caregivers.

Context -

Gerontology and Geriatrician Education

Gerontology is the study of the aging process and includes the physical, mental, and social changes in people as they age. It also entails the application of these changes and the changes in society to policies and social programs. ***Geriatrics*** is a type of medical science that deals with the prevention and treatment of diseases in older adults; it is a field in the broader scope of gerontology.

Within North Carolina, there are several bachelor's and master's level degrees in gerontology. For example, UNC-Greensboro offers a Master of Science degree as a fully online graduate program and UNC-Charlotte offers a graduate certificate program designed to provide supplementary graduate education. Winston-Salem State University offers a Bachelor of Arts degree, Barton College offers a Bachelor of Science, and Wake Tech offers an Associate in Applied Science. For geriatrician programs, UNC-Chapel Hill and Duke offer a geriatric medicine fellowship, a medical residency, and opportunities for medical students to experience the field of geriatrics. East Carolina University College of Nursing offers geriatric health programs for both undergraduate and graduate nurses. As of 2021, there were 301 physicians with a geriatrics specialty in North Carolina, down from 309 in 2013.[58] Nearly half of the counties in the state do not have a physician with this specialty.[58]

However, there are gaps in the education provided. Much of the research around older adult care has been reported to be insufficient in addressing special needs of older adults who experience homelessness, who are LGBTQIA+, or have been formerly incarcerated.[59] This is echoed in the curricula, which has no standardization in geriatric medicine to include health inequities.[59]

ARPA Funds and Aging Services

The American Rescue Plan Act (ARPA) authorized more than $8.8 billion in state and local recovery funds to North Carolina. This included more than $2 billion in appropriations to all 100 counties combined.[60] The North Carolina Department of Health and Human Services (NCDHHS) was a recipient of ARPA funds and used them to strengthen existing programs and invest in new ones.[C] For example, $11 million was provided to promote and support aging in place, with funds supporting repairs and improvements to housing to enhance safety, mobility, and independence for older adults.[61] NCDHHS was given $2 million to establish intergenerational programming by connecting children with low-income older adults experiencing social isolation.[61] NCDHHS also received funding for three projects to increase food access to older adults, including the Pilot Discharge Project, which evaluated the effectiveness of providing 1,000 high-risk older adults with healthy meals for two weeks after a hospital discharge to help reduce hospital readmissions.[62] In addition, the federal Administration for Community Living provided $43 million in grants to North Carolina, funded through ARPA.[63] This grant was to help provide nutrition services, help older adults connect with others to reduce social isolation, and re-open senior centers. DAAS worked with Area Agencies on Aging to develop "ARPA funding service plans" that included a list of service codes that would not have been allowed under the traditional Home and Community Care Block Grant program, such as shopping and errand services and enhanced chore services like yard work.

The public health emergency funds for benefits such as food stamps ended March 2023. The effects of the ending of these emergency allotments have yet to be measured.

How would this impact the health of older adults?

Overall, an adequate supply of aging services and geriatrician workforce will help to support older adults while identifying needs and services related to falls, mobility, nutrition, and social connections.

Funds provided an opportunity to improve housing to support safety and falls prevention.

Mobility enhancements, such as more accessible transportation, can be maintained with sustained funding.

Sustained funding will provide more nutritious meals through programs like congregate meals.

Grants through ARPA funds allowed older adults to reconnect with peers and connect intergenerationally.

C A North Carolina Division of Aging and Adult Services administrator reported in a presentation to the NCIOM Task Force on Healthy Aging that $43 million in ARPA funds were designated for Home and Community-Based Services (HCBS). Prior to that, $24.6 million from the federal Coronavirus Aid, Relief, and Economic Security Act of 2020 was designated for HCBS in North Carolina.

STRATEGY 15

Address Cultural Stigmas of Aging

State and local agencies and partners should increase opportunities for intergenerational community interactions by:

a. Redeveloping/growing programs like Senior Education Corps, AmeriCorps Seniors (Foster Grandparent and other programs), AARP Foundation Experience Corps, and NC Education Corps.

b. Pursuing philanthropic support for resources/collaboratives to help parks and recreation, arts, Senior Games/Silver Arts, cooperative extensions, senior centers, schools, libraries, faith-based partners, etc., to develop intergenerational programming.

Desired Result – Create mutually beneficial experiences that address the social needs of older adults and members of younger generations and increase social connections.

Why does the task force recommend this strategy? – Intergenerational community interaction is characterized by meaningful contact between older adults and younger people. These interactions allow both age groups the chance to experience relationships that can reduce social isolation and combat ageism, which refers to a negative aging stereotype that includes discriminatory actions and attitudes toward older adults.[64] With an intergenerational approach through programs like the Senior Education Corps and AmeriCorps Seniors Foster Grandparent programs, the needs and interests of both generations can be engaged. Intergenerational integration can enhance mutual understanding and contribute to feelings of belonging to a wider community.[65] The intergenerational framework values the unique contributions of each generation while respecting the interdependence of the involved groups.

Context – Intergenerational interactions have positive effects on all parties involved:

- For younger generations, relationships with older adults can improve perceptions of aging (i.e., reduce ageism), increase the likelihood that they seek advice from older adults, improve prosocial behavior, increase volunteerism, and improve attitudes about school and the future.[66]
- For older generations, relationships with younger generations can improve physical activity and function, increase social interactions, improve executive function and memory, and decrease experiences of depression.[67]

Examples of Intergenerational Programming and Opportunities

The AARP Foundation Experience Corps is a community-based volunteer program that focuses on students, schools, and older adult volunteers. As an evidence-based intervention, the model tracks both student and volunteer outcomes; for example, evaluation of Social-Emotional Learning outcomes of students in the program found significant improvements personal responsibility, relationship skills, and decision-making, while volunteers felt helpful, more active, and like they had accomplished something.[68,69] In addition, volunteers experiences improved executive function and memory.[70]

> **[For older adults] it is their developmental stage of life that provides them with experiences, skills, and abilities that are especially well suited for addressing the growing needs of young people, skills, and abilities that are underutilized and undervalued.**
>
> **- Carr DC and Gunderson JA. The Third Age of Life: Leveraging the Mutual Benefits of Intergenerational Engagement**

The North Carolina Division of Aging and Adult Services offers intergenerational programming through its senior centers, though there is no requirement to do so, nor is there an accessible list of the facilities that offer these programs. Incorporating intergenerational practices into current programming can respond to community needs and offer a wider range of resources for both older and younger adults.

The Home and Community Care Block Grant (HCCBG) regulations allow for the use of grant funds for public services activities such as programming for older adults and educational programs; the HCCBG can cover the cost of operations and maintaining the facility in which the programming takes place.[71]

How would this impact the health of older adults?

Instructing youth about normal aging and tips to prevent falls can enhance the safety of intergenerational households.

Older adults who participate in intergenerational programs have been shown to sustain physical function and strength.

Intergenerational programming focused around nutritious meals, sharing of recipes, and cooking can benefit youth and older adults.

Older adults who make connections with members of younger generations improve their social connectedness.

> **AmeriCorps training prepared me to tutor elementary grade students struggling with reading and writing. The youngsters I worked with were all bilingual, but I am not. Because of this difference, we had valuable things to teach each other. This experience was one of my most fulfilling service moments over the years. The emotional reward to witness students gaining confidence and pride is indescribable.**
>
> **- AmeriCorps Seniors volunteer, https://americorps.gov/stories/halsy-taylor-0**

STRATEGY 16

Ensure Legislative Attention to Aging Issues

a. The North Carolina General Assembly should ensure that legislative committee structures promote discussion and review of policy that impacts older adults, family caregivers, and aging across the lifespan.

b. The North Carolina Division of Aging and Adult Services, in collaboration with AARP NC and the North Carolina Coalition on Aging, should convene an annual meeting of representatives from state agencies and statewide organizations involved in aging issues (e.g., Division of Public Health, Division of Services for the Blind, Division of Services for the Deaf and Hard of Hearing, Department of Commerce, Department of Transportation), the Office of the Governor, Governor's Advisory Council on Aging, North Carolina Senior Tar Heel Legislature, NC Association on Aging, NC Association of Area Agencies on Aging, NC Association of County Commissioners, UNC-Asheville Center for Health and Wellness, Disability Rights NC, NC Housing Coalition, NC Falls Prevention Coalition, Senior Health Insurance Information Programs (SHIIP), Meals on Wheels North Carolina, and others as identified to discuss priorities and identify opportunities for alignment of goals and activities.

Desired Result – There will be state-level coordinated attention, urgency, and action to address the needs of the population as it ages.

Why does the task force recommend this strategy? – Given the growing older adult population and the urgent issues facing this population, the task force wants to ensure that the legislative committee structure is adequate to provide the attention and action needed to meet modern and future needs. Likewise, the task force wants to encourage ongoing discussion and collaboration among sectors and entities that are engaged in activities to meet the needs of older adults and their families. Ongoing discussion and collaboration will help to decrease overlapping efforts, align energy and limited resources, and identify gaps. This strategy is one way to carry out activities identified in Strategy 11 - Promote Aging in All Policies related to supporting an "aging in all policies" lens.

Context

General Assembly Legislative Committees

House and Senate committees within the North Carolina General Assembly are tasked with studying legislative bills that are assigned by chamber leadership. Committee structure is determined at the beginning of a biennium in the rules for each chamber and is essentially the same for each session. In the House the Families, Children, and Aging Policy Committee has responsibility for reviewing age-related legislation, while in the Senate this responsibility lies with the Pensions and Retirement and Aging Committee.[72,73] Each committee is chaired by two legislators and has membership from the Democratic and Republican parties.

Common practice in recent history is for bills that are passed out of a House or Senate committee to then go to the respective Rules Committee in the chamber for review before going to the floor for vote.

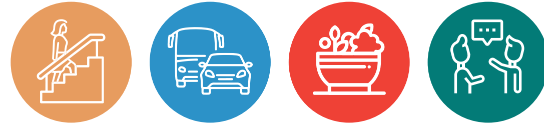
Statewide Aging Organizations

Many statewide organizations are committed to advocating for or addressing the needs of older adults. The list presented in Strategy 16b is not exhaustive but represents organizations and agencies that should "discuss priorities and identify opportunities for alignment." These organizations and agencies include:

- **North Carolina Division of Aging and Adult Services -** This division is housed within the Department of Health and Human Services and "works to promote the independence and enhance the dignity of North Carolina's older adults, persons with disabilities and their families through a community based system of opportunities, services, benefits and protections."
- **AARP NC –** State affiliate of AARP, the "nation's largest nonprofit, nonpartisan organization dedicated to empowering Americans 50 and older to choose how they live as they age."
- **North Carolina Coalition on Aging –** Statewide organization with a mission to "improve the quality of life for older adults through collective advocacy, education, and public policy work."
- **Department of Transportation –** The mission of this department within state government is "connecting people, products and places safely and efficiently with customer focus, accountability and environmental sensitivity to enhance the economy and vitality of North Carolina."
- **Division of Public Health -** This division is housed within the Department of Health and Human Services and "works to promote and contribute to the highest possible level of health for the people of North Carolina."
- **Division of Services for the Blind -** This division is housed within the Department of Health and Human Services and "provides services to people who are visually impaired, blind and deaf-blind to help them reach their goals of independence and employment."
- **Division of Services for the Deaf and Hard of Hearing -** This division is housed within the Department of Health and Human Services and "works to ensure that all Deaf, Hard of Hearing, or DeafBlind North Carolinians have the ability to communicate their needs and to receive information easily and effectively in all aspects of their lives, especially their health and well-being."
- **Department of Commerce –** This department's mission is to "improve the economic well-being and quality of life for all North Carolinians."
- **Office of the Governor –** This office represents the North Carolina governor's initiatives and priorities.
- **Governor's Advisory Council on Aging –** This council has several duties, including "mak[ing] recommendations to the Governor and the Secretary of Health and Human Services aimed at improving human services to the elderly."
- **North Carolina Senior Tar Heel Legislature -** This is a nonpartisan body with representatives from each county across the state with several duties, including "assess[ing] the legislative needs of older citizens by convening a forum modeled after the North Carolina General Assembly."
- **NC Association on Aging –** This is a statewide organization that "represent[s] community-based service providers in the North Carolina aging network."
- **NC Association of Area Agencies on Aging –** This is a statewide organization with the mission to "build capacity and coordinate the activities of the 16 Area Agencies on Aging (AAAs) in North Carolina."

- **UNC-Asheville Center for Health and Wellness –** This organization's mission is to "develop healthy North Carolina communities with equitable opportunities, with a particular focus on addressing health disparities in the prevention and treatment of chronic health conditions."
- **NC Association of County Commissioners –** This association is the "official voice of all 100 counties on issues considered by the General Assembly, Congress and federal and state agencies," and provides expertise and training on advocacy, research, risk management, and leadership.
- **NC Housing Coalition –** This is a statewide organization that is "leading a movement to ensure that every North Carolinian has a home in which to live with dignity and opportunity."
- **Disability Rights NC –** This is a legal advocacy agency with the mission to advance and defend the rights of people with disabilities in North Carolina.
- **NC Falls Prevention Coalition –** This coalition "works to reduce the number of injuries and deaths from falls among adults" through a variety of methods, including "maintain[ing] a statewide structure to coordinate falls reduction efforts."
- **Senior Health Insurance Information Programs (SHIIP) –** These programs "counsel Medicare beneficiaries and caregivers about Medicare, Medicare supplements, Medicare Advantage, Medicare Part D, and long-term care insurance."
- **Meals on Wheels North Carolina –** This is a statewide organization that "serves as the principal advocate and leadership organization for Meals on Wheels and Congregate Nutrition providers in the state."

How would this impact the health of older adults?



Statewide attention and coordinated action will create the best opportunity to meet the needs of older adults through policies and programs that support safe and affordable housing, access to transportation, adequate nutrition, and opportunities for social connection and civic engagement.

ADDITIONAL RESOURCES:

Strategy 11 - Promote Aging in All Policies

- Health in All Policies: A Guide for State and Local Governments
- Planning for Aging Societies
- The Healthy Ageing Collaborative

Strategy 12 - Grow Age-Friendly Communities with Support from Local Government and Community-Based Organizations

- AARP Network of Age-Friendly States and Communities
- Blue Zones Project
- Hometown Strong
- UNC Chapel Hill School of Government – Center for Public Leadership and Governance
- Socially Connected Communities – Solutions for Social Isolation

Strategy 13 - Help Older Adults Improve or Maintain Their Physical Activity and Strength

- North Carolina Parks & Recreation
- North Carolina Senior Games
- CDC physical activity for older adults
- SNAP Education
- North Carolina Alliance of YMCAs

Strategy 14 - Dedicate Resources to Answering Important Research Questions and Developing Data on Aging Services

- NC ARPA funding
- UNC School of Medicine Division of Geriatric Medicine
- NC Community College System

Strategy 15 – Address Cultural Stigmas of Aging

- National Center to Reframe Aging
- AmeriCorps Seniors
- Operation Polaris 2.0
- NCDHHS Senior Centers
- Generations United

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NCIOM

CHAPTER 4

Community Services and Programs that Support Aging in Place

COMMUNITY SERVICES FOR AGING IN PLACE

There is a diverse array of experiences when it comes to aging. Some older adults may retire, reduce their working hours, or change careers. Others may begin their life as "empty nesters"—couples or individuals who live alone after raising children. Some may dedicate their time to lifelong interests and hobbies, and others may pursue brand new endeavors. Others take on family caregiving responsibilities. A common thread among many older adults, however, is the desire to stay in their homes or communities for as long as possible.[1,2]

The US Centers for Disease Control and Prevention (CDC) defines "aging in place" as "the ability to live in one's own home and community safely, independently, and comfortably, regardless of age, income, or ability level." Aging in place can positively impact both older adults and their communities. Older adults associate staying in their homes with autonomy, independence, identity, and connection.[3,4] By staying in their communities, older adults are also able to participate in organizations, volunteer their time for important causes, contribute to the local economy, and exchange social support with community members of all ages.[5]

Many community services and programs already exist to meet the needs of older adults. However, funding for programs is limited and awareness of their availability can be a challenge for getting services to people who need them. As we strive to support our aging population, it is important to strengthen existing services and programs while further integrating aging into public health and health care. This chapter presents three recommendations and related strategies for doing that:

Recommendation 6 - Strengthen Existing Programs and Services

Strategy 17 - Strengthen North Carolina's Local Senior Centers

Strategy 18 - Increase Access to the Program of All-Inclusive Care for the Elderly (PACE)

Strategy 19 - Increase Knowledge about and Prevalence of Current Programs and Supports

Strategy 20 - Conduct Research and Evaluation on Current Programs to Increase Access to Services

Strategy 21 - Increase and Modernize the Home and Community Care Block Grant

Strategy 22 - Strengthen Adult Protective Services

Recommendation 7 - Include Aging in Local Public Health & Hospital Community Health Assessments

Strategy 23 - Ensure Integration of Age-Related Issues in Community Health Assessments and Action Planning

Recommendation 8 - Connect Health Care with Aging Issues

Strategy 24 - Identify and Address Health Issues Related to Getting Adequate Nutrition

Strategy 25 - Use Screening and Assessments to Identify Issues of Falls Risk, Fitness to Drive, and Social Isolation

Aging His Way with a Dedication to Health and Leadership

Corbin exercising

Corbin is a community leader who strives to care for his health so he can be there for his family. Growing up as the son of older parents, he saw them experience poor health later in life, which he says has given him "an appreciation of ***controlling the things I can control like diet, exercise, and sleep***." As he turns 54, his drive to stay healthy has "clicked into a different level."

His family's extensive service in the military—Corbin himself is a former Marine—has played a part in his drive to be at his best. About a year ago he started lifting weights and now does so six days a week. He says, "***It's so much fun! Even at an age where I don't know if I'm sore or if it's arthritis.***"

Corbin's drive to stay physically active and healthy motivates and encourages other people. He served as Vice Chairman of the Lumbee Tribe in Pembroke, North Carolina, from 2017 to 2023. His time in leadership was filled with immense challenges for the community as they experienced Hurricanes Matthew and Florence and the COVID-19 pandemic. During those times he saw many tribal members displaced from their homes without transportation, shelter, or food. Other tribal members stepped in to fill needs, and partnerships were developed to provide services. Even with all those efforts, he saw people falling through the cracks. Although he sometimes wonders what more he could have done, he has realized that even if one person can't solve every problem, "***if you can improve things or make people aware of what is available, then you have done good work.***"

Corbin's experiences leading through disaster emphasized the importance of understanding a community's culture to meet their needs. "Transportation was one of the huge issues we saw in those times. Our folks are different. In terms of leaving home, our seniors don't want to go stay at a hotel for a week or two even if it is what they need medically or for safety reasons." He has also learned how the trauma of experiencing a natural disaster can have a lasting impact. "***All it takes is a good solid rain and your mind goes back to those hurricanes***. If it happens for me, I can only imagine small children and senior citizens, what goes through their mind."

Now he is thinking about the next generation—how he can be there for them and teach them. His two adult sons have been a blessing to him. Thinking about them, Corbin says, "I'm not a grandfather yet, but I would like to be. When I am, I want to be able to enjoy that. I owe it to my grandchild to be the best version of myself." He remembers many years of helping his mother, who used a walker, with trips in and out of the hospital and how it was tough on her knowing she wanted to be a healthier version of herself.

Corbin continues to follow his goal to strive for his best and support others in doing the same. In addition to lifting weights, he teaches Sunday school to teenagers. To continue to identify with young people and lead them, he "***always tries to get involved in whatever they're doing—swimming, biking, running a 5k***." Although he sometimes wonders if it's time to be more careful, he has "***realized they don't see me as that person who needs to walk away yet***." He also competes in many events in the Senior Games and has won 15 medals this year in basketball, swimming, track and field, football, softball, basketball, bocci, and pool.

Being a part of the Senior Games has been an inspiring experience for Corbin. At his first competition he watched two women in their 90s run the 100-yard dash. "Watching them, it was the most fun and so exciting. ***That day, it changed for me. Yes, I want to win, but I really want to watch everyone else***."

RECOMMENDATION 6

Strengthen Existing Programs and Services

As North Carolina's aging population continues to grow, it becomes imperative to adapt and bolster existing programs and services to meet the needs of older adults. While federal, state, and local programs for older adults have existed for decades, the aging population, and their needs, have evolved over time. Between 2020 and 2040, the proportion of the North Carolina population aged 65 and older is projected to increase from 17% to 21%. Many older adults, especially those residing in rural or underserved areas, may not have access to vital services, or they may be unaware of the availability of services. Additionally, barriers such as financial constraints, social isolation, geographic limitations, physical or sensory disability, and availability of technology can hinder access to theses essential services. Hence, enhancing the knowledge of existing programs and making necessary modifications and investments is crucial to promoting health aging.

AGING SERVICES IN NORTH CAROLINA

Many existing programs in our state provide services to help older adults remain independent. Across 95 of 100 counties in North Carolina, there around 170 senior centers.[6] These centers work to leverage resources to support the health and well-being of older adults with information and referral to services, home-delivered or group meals, transportation, educational sessions, exercise classes, and much more.[A]

Food programs such as congregate meals, home-delivered meals (e.g., Meals on Wheels), the Commodity Supplemental Food Program, and the Supplemental Nutrition Assistance Program (SNAP) help older adults who need access to food.

Programs such as adult day programs, the Program for All-Inclusive Care for the Elderly (PACE), the Centers for Independent Living North Carolina Statewide Independent Living Council, State/County Special Assistance In-Home Program for Adults, and home modification help older adults live safely and successfully within the community when their health and/or mobility has limited their ability to live independently at home.

The strategies to achieve ***Recommendation #6 – Strengthen Existing Programs and Services***, call on ways to sustain and enhance programs that are already serving many North Carolinians, particularly to meet the needs of those who are not currently reached.

A Individual and group services vary by senior center location.

STRATEGY 17

Strengthen North Carolina's Local Senior Centers

a. The North Carolina General Assembly should strengthen the skill and ability of senior centers to provide vital social connections, activities, exercise, and other programs integral to the lives of older adults and their families by:

i. Supporting the 2023–2024 Senior Tar Heel Legislature priority to "Increase Recurring Funding for Senior Centers by $1.26 Million"

ii. As part of this funding increase, the General Assembly should also request a study of the current senior center certification program to evaluate effectiveness and identify opportunities for strengthening certification to ensure that needs of older adults are being met, that centers are serving a population representative of the community with regard to race, ethnicity, and disability of older adults, and to evaluate how funding can meet the goal of incentivizing certification.

b. The North Carolina Division of Aging and Adult Services should conduct the analysis of the senior center certification program recommended in Strategy 17.

i. To identify strengths and weaknesses and opportunities for improvement. This process should include Area Agencies on Aging, a representative sample of senior centers and participants, and representatives of the Senior Tar Heel Legislature and Governor's Advisory Council on Aging.

Priority of the Senior Tar Heel Legislature 2023–2024

Increase the Senior Center General Purpose Appropriation by **$1,265,316** in recurring funds.

Senior Center General Purpose funding is currently **$1,265,316**, which is not meeting the demands of a growing population.

Desired Result – North Carolina's senior centers will have a strengthened capacity to serve the diverse groups of older adults in their communities.

Why does the task force recommend this strategy? – Senior centers offer a variety of programs and services that help older adults connect to needed resources, experience social connections, and remain physically active. Despite the importance of senior centers for many older adults in communities across North Carolina, state Senior Center General Purpose funding has decreased by 18% since 2004 when adjusted for inflation, while the population of people aged 60+ has grown by 82% during the same time (**see Figure 5**).[7] With increased funding should also come accountability, which is why the task force recommends a review of the senior center certification program to evaluate whether it is fulfilling its purpose of ensuring best practices in programming and administration. A review and revision of the certification requirements and process can help to make sure senior centers are meeting modern needs (e.g., supporting digital literacy) and serving a variety of community constituents.

Context – Senior centers offer a wide array of services and programs, which can include but are not limited to:

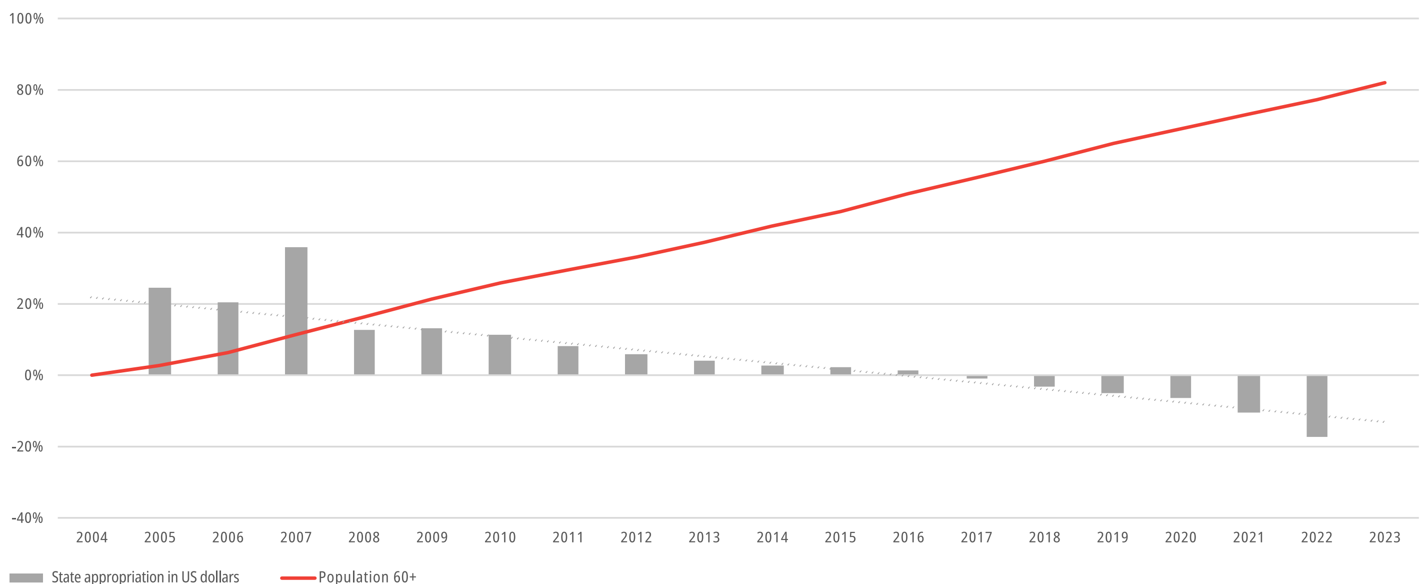
Individual services:[8]

- Information and referral
- Case assistance
- In-home assistance
- Home-delivered meals
- Job search and training
- Legal assistance
- Health insurance counseling and claims assistance
- Transportation
- Volunteer opportunities

Group services:

- Congregate meals
- Educational sessions
- Cultural events
- Health education sessions and wellness activities
- Retirement planning
- Support groups
- Community service projects
- Intergenerational programs
- Recreational trips

FIGURE 5. Senior Center General Purpose Funding, Adjusted for Inflation, Compared to Change in 60+ Population, 2004-2023



Source: Senior Tar Heel Legislature Priority #2, Funding for NC Senior Centers. https://ncseniortarheellegislature.org/wp-content/uploads/2023/01/2023-24-STHL-LEGISLATIVE-PRIORITIES-FACT-SHEETS.pdf

Participation in senior center activities is associated with a variety of benefits for older adults, including lower levels of depression, increased supportive friendships, lower levels of stress, and improved perceptions of social and physical health.[9]

Senior Center General Purpose Funding and Certification

Senior centers are typically funded through three to eight different funding sources.[9] These sources can include municipal or county government tax dollars, federal and state government, fundraising events, grants, participant contributions, in-kind donations, and volunteer hours.[9]

In North Carolina, Senior Center General Purpose (SCGP) funding is allocated from the state to Area Agencies on Aging to distribute to local senior centers. One purpose of the SCGP is to incentivize senior centers to complete a state certification process to increase their base funding levels. Funding levels are determined by a center's status as a "Center of Merit" or "Center of Excellence" and funds require a 25% local match.[10]

The certification process reviews the following criteria for senior centers:

- Information and referral/case assistance services
- Publicity for the center and its programs
- Marketing to special populations and the community
- Activities
- Opportunities for volunteers
- Advocacy
- Transportation to the center
- Governance
- Input from older adults
- Planning
- General personnel practices
- Individual training and professional development planning
- Other operational issues

Anita is a retired physician and an active member of her community who enjoys spending time with her friends at the local senior center. At the senior center, she participates in exercise classes, keeps up her computer and other technology skills, and finds deep joy in the relationships she has built through the center's knitting group. Anita has even found opportunities to share her professional expertise and passion for caring for people by coordinating information sessions on different health topics for center participants and by helping to develop a partnership with a nearby clinic for monthly health screenings at the center. In these ways, the senior center has both benefited from Anita's participation and provided endless opportunities for her to explore and learn new things, create and sustain friendships, and keep up her physical activity.

**This is a composite story that represents the experiences of many older adults who participate in senior center activities.*

How would this impact the health of older adults?

Senior centers can offer physical activity and falls-prevention programming to reduce the risk of falls in older adults.

Senior centers often offer physical activity programming and transportation services to help older adults stay mobile.

Many senior centers participate in congregate meal programs and/or offer other nutrition support services.

Senior centers offer a variety of programming that helps older adults build and maintain social connections.

STRATEGY 18

Increase Access to the Program of All-Inclusive Care for the Elderly (PACE)

a. NC Medicaid should help to increase access to the Program for All-Inclusive Care for the Elderly (PACE) through improved eligibility and enrollment processes.

b. The General Assembly should help to increase access to the PACE by fulfilling the recommendation of the Governor's Advisory Council on Aging to expand program availability throughout the state, including providing additional resources to the Division of Health Benefits for program administration.

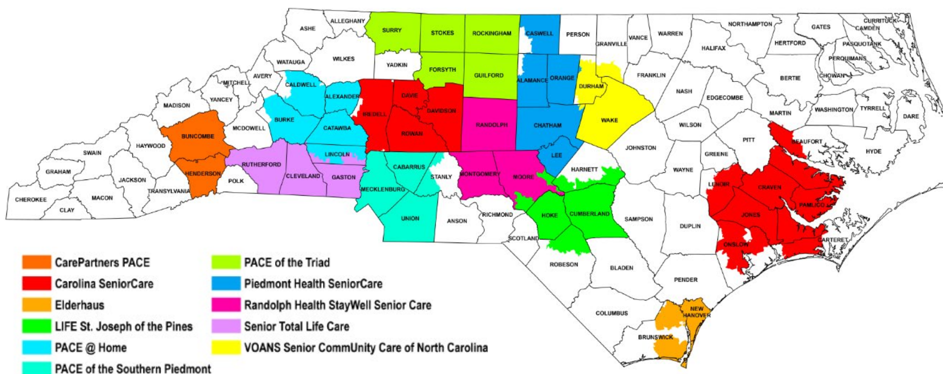
Recommendation of the Governor's Advisory Council on Aging

Continue the phased expansion of the PACE (Program of All-Inclusive Care for the Elderly) managed care model statewide and provide additional resources to support the administration of the PACE program by the North Carolina Division of Health Benefits.

Desired Result – Expand access to PACE for older adults in need of services throughout the state.

Why does the task force recommend this strategy? – The PACE model has shown that PACE participants reported better self-rated health status, fewer unmet needs, and lower likelihood of depression. Many areas of North Carolina are not currently served by a PACE provider, making it impossible for many eligible older adults to receive services. This is particularly true in rural areas of the state.

FIGURE 6. PACE Organizations in NC Service Areas



Source: NC PACE Association. https://www.ncpace.org/PACE-Programs-in-NC

Context – PACE is an innovative, community-based managed care program for older adults with complex medical needs. People eligible for PACE must be:

- Aged 55 or over
- Certified to need nursing home care
- Living in a PACE service area
- Able to live safely in the community with PACE support at the time of enrollment.[11]

The program provides a range of integrated preventive, acute, and long-term-care services to assist older adults with aging in place. There are currently 11 PACE organizations operating in 12 different areas around North Carolina with a total of 2,100 individuals served.[12] PACE centers provide services including transportation, meals served at home, dentistry, primary care, and behavioral health.[13] PACE provides team-managed care through a continuous process of assessment, treatment planning, and service provision. Payment is capitated, with Medicare or Medicaid contributing a fixed, monthly capitation payment depending on the enrollees' income. In North Carolina, 90% of PACE participants are dually eligible for Medicare and Medicaid and 9% are eligible for Medicaid only.[11]

Currently, PACE is provided to Medicaid beneficiaries if that state chooses to provide PACE as a Medicaid benefit. Older adults who do not qualify for Medicaid must pay a monthly premium; however, there are no deductibles for prescription drugs, services, or approved care.

Federal and State Initiatives to Expand PACE

The PACE Expanded Act was introduced to Congress in 2022 to recommend ways to expand existing PACE programs and to allow for the establishment of new ones.[14] One recommendation would enable PACE enrollment at any time; right now, PACE programs can only enroll beneficiaries on the first of the month. Opening enrollment all month long would shorten the waiting time before enrollment. The Act also recommends streamlining applications and approvals; CMS only accepts applications once a quarter for new PACE programs and for existing programs looking to expand into a new service area.

In North Carolina, NC Medicaid (Division of Health Benefits) helps to provide access to physical and behavioral health care and services. NC Medicaid must also approve the service area defined for each PACE organization. Since PACE organizations are the sole providers of these these Medicare and Medicaid-related services, there is a decrease in administrative burden for PACE clinicians and participants; however, application, administrative, regulatory, and start-up funding issues create the burdens and affect the viability of PACE programs.[15] Delays are also caused by the fact that PACE programs must be fully operational, including a care team, while waiting for state and CMS approval, which can take up to a year. The PACE Expanded Act recommends reducing the approval time to expedite this process.

How would this impact the health of older adults?

PACE programs require a focus on falls prevention, which can help to reduce preventable injuries.

Transportation assistance to and from medical appointments is provided through PACE programs.

Nutritional counseling and healthy meal delivery are resources provided by PACE programs.

PACE programs have adult day health care programs, allowing for social interactions to prevent isolation and loneliness.

STRATEGY 19

Increase Knowledge about and Prevalence of Current Programs and Supports

The North Carolina Department of Health and Human Services should work with Offices and Divisions within the Department and Area Agencies on Aging to develop:

a. An outreach strategy and identify partners at the state and local levels (e.g., faith leaders, libraries, local government, regional AHECs) to increase knowledge and use of existing services and programs. This includes but is not limited to Home and Community Care Block Grant funding, adult protective services, guardianship, 211, NCCARE360, FNS/SNAP, falls prevention programs, transportation assistance, food prescription programs, and the 988 Suicide and Crisis Lifeline. Special attention should be paid to accessibility of programs for different groups based on income, race/ethnicity, and disability status.

b. Recommendations and strategies to increase funding for and number of programs such as CAPABLE, A Matter of Balance, Handy Helpers, CHAMP (Community Health and Mobility Partnership), community paramedicine, Regional Falls Prevention Coalitions (to connect all counties), programs employing community health workers, programs that help older adults with health literacy, medication access, and Medication Therapy Management (MTM, e.g., Senior PharmAssist), and other programs to address the needs of older adults aging at home and the needs of family caregivers.

Desired Result – Increased coordination among various programs will allow for more comprehensive services and preventive strategies for older adults.

Why does the task force recommend this strategy? – Many effective programs exist to address the needs of older adults. These programs do not always have adequate resources to meet the needs of everyone who could benefit from their services and many who could benefit are not aware of these services. Ongoing coordination and funding development is needed to meet the needs of a growing older adult population and raise awareness about available programs and services.

Context – One example of a program that currently faces low participation is SNAP, or Food and Nutrition Services (FNS) as it's referred to in North Carolina. Only around 34% of older adults who are eligible for the program actually participate.[16] Reasons cited for this include confusion around the application process, stigma associated with receiving services, and concern that the benefit amount is not worth the effort to apply. FNS is an income-based program that requires yearly recertification. Outreach agencies could help educate older adults to understand their eligibility and the advantages to the benefit.

There is also limited uptake of Medicare Savings Programs (MSP), which are available to older adults with low incomes to help pay for Medicare premiums, and in some cases provide cost-sharing for services.[17] Despite the challenges low-income older adults experience with health care expenses, up to 53% of those eligible do not participate (depending on the specific program).[18] Individuals can find out about these programs through medication access programs like the Senior Health Insurance Information Assistance Program (SHIIP), administered through senior centers and other local organizations such as Senior PharmAssist in Durham, NC. The NC Seniors' Health Information Insurance Program (SHIIP) trains local programs at the community level.[19]

See additional information about Home and Community Block Grant funding in **Strategy 21, Page 82**; Adult Protective Services in **Strategy 22, Page 84**; FNS/SNAP in **Strategy 4, Page 34**.

Partners

Some examples of potential partners for outreach to older adults for awareness of programs and services include NC SHIIP, Meals on Wheels, NCCARE360, and the 988 suicide prevention hotline.

NCCARE360 is a statewide coordinated care network supported by NC 211 that electronically connects providers and individuals to a statewide resource directory. It is meant to reduce provider siloes and create a collaborative, community-oriented approach to delivering care in North Carolina.

North Carolina ranks 17th in the country for death by suicide in older adults with close to 16 deaths per 100,000 people aged 65 and older.[20] The new national 988 suicide prevention hotline is available for phone calls and text. 988 is promoted to those aged 13 and up; there has not been significant promotion to older adults. There are opportunities for messaging aimed at older adults, but there is currently no funding in place to do so.

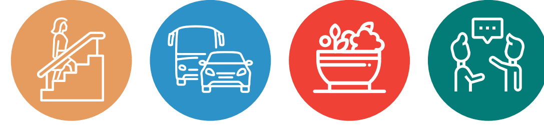
Trusted community leaders and groups are essential partners in this work. For example, in many rural areas and for many people of color, churches and houses of worship provide the primary place for older adults to gather. Thus, an important source for outreach and information dissemination is through churches, mosques, and temples.

Examples of Programs and Services

- **Community Aging in Place – Advancing Better Living for Elders (CAPABLE)** is an interdisciplinary, in-home program targeting older adults with functional limitations. CAPABLE is a four-to-five-month program that teaches participants new skills and exercises and identifies needed home modifications to improve function and safety.
- **A Matter of Balance** is one of several evidence-based falls prevention programs that is designed to reduce the fear of falling and increase physical activity among older adults. Community classes are offered both virtually and in-person in two-hour sessions.
- **Handy Helpers** is an example of a local program that offers assistance with minor home repairs, such as painting, gutter cleanings, and changing light bulbs for adults aged 60 and over.

- **Community Health and Mobility Partnership (CHAMP)** is an example of a program to improve the health of older adults and to decrease the risk of falling. CHAMP offers individualized home exercise programs that place emphasis on muscle strength, balance, and mobility.
- **Community Paramedicine** programs are designed to address local problems like coordination of health services. They are integrated with EMS agencies and fill health care gaps.
- **Regional Falls Prevention Coalitions** help to reduce the number of injuries and deaths from falls among older adults. They are currently divided into seven separate regions, but not all counties are included.
- **Community Health Workers** are public health workers who are trusted members of their community and provide a range of services including health education and support for access to community resources. They can make home visits and meet older adults in health care settings to help identify barriers and facilitate communication.
- **Senior PharmAssist** helps Durham older adults obtain and manage medications. It also provides health education, Medicare counseling, and community referrals.

How would this impact the health of older adults?



Community services and programs across the state address needs related to falls prevention, mobility, food security and nutrition, and social connections. Making sure these programs are financially supported and that people know about them will help more older adults age in place safely with better health and well-being.

STRATEGY 20

Conduct Research and Evaluation on Current Programs to Increase Access to Services

a. The North Carolina General Assembly should fund:

i. A study to understand the adult day health program landscape, how to expand in rural areas, what the funding landscape is now (i.e., adequacy, range of rates from different funding sources), and how to ensure equitable access for populations who are lower-income, historically marginalized, and/or experiencing physical or sensory disabilities.

i. The UNC General Administration System to support research and evaluation studies, with input from the North Carolina Division of Aging and Adult Services, that would inform future aging service planning and development and the promotion and support of "Aging in All Policies" (**also see Strategy 14**).

b. The North Carolina Department of Transportation should work with relevant partners, such as the Division of Aging and Adult Services, Area Agencies on Aging, local departments of health and social/human services and health/medical providers to identify innovative ridesharing and transportation-hailing solutions that are demand-responsive (e.g., RideSheet), streamlined, and consumer-friendly and seek funding for additional program implementation and advertising across the stat.

c. The North Carolina Department of Health and Human Services should identify Division representatives and other partners to review terminology used in human services program applications, systems, and other data collection sources and make recommendations about inclusive methods of collecting gender, race/ethnicity, family status, and other demographic information.

d. The Governor's Highway Safety Program, in collaboration with the North Carolina Department of Health and Human Services and the UNC Highway Safety Research Center, should develop training materials for relevant aging services providers on how to screen for fitness to drive and make appropriate referrals to medical providers.

Desired Result – Research and evaluation will guide activities, priorities, and best practices to enhance access to a variety of services for older adults.

Why does the task force recommend this strategy? – Through the task force process, members identified topics for possible research and evaluation related to services for older adults. Research and evaluation can help increase understanding of how programs or services are working, best practices for replicating them, and/or ways to enhance access to them. This strategy details several areas of research and evaluation to address some specific service needs.

The task force also wishes to emphasize the importance of planning for ongoing evaluation of all programs and services beyond those detailed in this strategy. Evaluation is essential to identifying whether programs are achieving intended outcomes and meeting the needs of all intended participants or beneficiaries, with particular attention to unintended disparities in who is served when considering race, ethnicity, disability status, and other characteristics. Ongoing evaluation of new and existing programs can also help identify how cost-effective programs are in supporting health and wellness.

Context –

Adult Day Health Programs

According to the National Adult Day Services Association, "Adult Day Services centers provide a coordinated program of professional and compassionate services for adults in a community-based group setting. Services are designed to provide social and some health services to adults who need supervised care in a safe place outside the home during the day. They also afford caregivers respite from the demanding responsibilities of caregiving."[21] Services can include social activities, transportation, meals and snacks, personal care, and therapeutic activities.[22] Studies show that participants in these programs experience improvements in physical and emotional problems and perceived well-being, as well as positive changes in social support and quality of life.[22] Caregivers of people with disabilities who attend adult day programs experience lower caregiver burden and improved well-being, including reduced isolation, worry, guilt, and stress.[22]

In North Carolina, only around half of counties have an adult day program available, drastically limiting the number of people who could be served. Adult day service centers in North Carolina are certified annually by the North Carolina Division of Aging and Adult Services. Starting a new program can be challenging, with barriers including funding, staffing, and identifying transportation options for participants. Information on program landscape in the state (e.g., funding status and adequacy) is needed to understand potential opportunities to expand access in rural areas.

University of North Carolina System and Aging Studies

The University of North Carolina (UNC) System schools have historically collaborated on aging-related research, education, and community service. This began in the 1990s with the development of the UNC Institute on Aging, which received state funding, conducted research, and hosted an annual conference on aging. The Institute eventually dissolved and the Partnership in Aging Program (PiAP) at UNC-Chapel Hill was developed with a narrower focus on Orange County. That program continues and has demonstrated success in local collaborations. Development of similar programs or an umbrella structure across the state would allow for the expansion of aging studies and collaboration with local partners at the university and community college level. Gerontology programs or certificates are also available at other North Carolina universities, including UNC-Greensboro, Winston-Salem State University, UNC-Charlotte, and UNC-Wilmington.

Ridesharing and Transportation-Hailing Services

Nationally, around 24% of older adults do not have access to a vehicle, 21% report that they are no longer able to drive, and 52% say they no longer drive long distances.[23] Adults aged 60 and older in North Carolina can contact their local transit authority to learn about transportation options for general and medical needs, although transit authority services vary significantly throughout the state and may or may not meet the needs of the communities that they serve.

Ridesharing – typically a service arranged through a third party and using another driver's private vehicle – has the benefit of providing door-to-door service on demand. These services may help to address barriers some can experience where there are little to no public transportation options available or they do not meet accessibility needs.

Another area of potential study and action relates to insurance policy when using personal cars for volunteer transportation. Some task force members raised this as a concern, however, it is unclear if there is a policy barrier to address or if there is misunderstanding of the policies currently in place in North Carolina related to volunteer driving and insurance coverage.

Demographic Terminology

Having accurate and robust data helps to inform evaluations of services and programs. Task force members identified some challenges with current social services data collection in the use of birth names, binary gender options, limited racial and ethnic identification categories, and other demographic limitations. Analysis and modernization of these data collection fields can inform future program and service improvement, particularly for historically underserved and/or marginalized populations.

Fitness to Drive and Referrals

The Governor's Highway Safety Program has the goal of "reducing the numbers of traffic crashes and fatalities in North Carolina" by "promot[ing] highway safety awareness through a variety of grants and safe-driving initiatives."[24] With this goal, partnership with the North Carolina Department of Health and Human Services Division of Aging and Adult Services could be a useful strategy to identify providers and services that can be outreach partners in the identification of older adults for further screening and connection to resources related to driving. See more information about screening for fitness to drive and referrals to medical providers in **Strategy 25 on Page 88**.

The UNC Highway Safety Research Center has a mission to "improve the safety, sustainability, and efficiency of all surface transportation modes through a balanced, interdisciplinary program of research, evaluation and information dissemination." Along with the Governor's Highway Safety Program, they lead the ncseniordriver.org program, which has resources for older adult drivers, caregivers, and professionals in health, social services, law enforcement, and other fields.

How would this impact the health of older adults?

Services like adult day programs can help older adults with disabilities remain safe during the day and avoid falls.

A variety of transportation services can help more older adults move around their communities safely.

Adult day programs and transportation services help older adults maintain access to appropriate nutrition.

Adult day programs and transportation services help older adults remain socially connected.

STRATEGY 21

Increase and Modernize the Home and Community Care Block Grant

The North Carolina General Assembly should:

a. Fulfill the Senior Tar Heel Legislature's recommendation to increase recurring state funding for the Home and Community Care Block Grant (HCCBG) by $8 million.

b. Fund the North Carolina Division of Aging and Adult Services to:

1. Study and update HCCBG policies that impact how local providers can use funds.
2. Improve provider reimbursement to streamline data-sharing and increase capacity for evaluation.
3. Modernize the Aging Resources Management System (ARMS) as a tool for provider reimbursement and program planning and evaluation.

Priority of the Senior Tar Heel Legislature 2023–2024

Allocate an additional $8M in recurring funds for the Home and Community Care Block Grant.

The Home and Community Care Block Grant is the primary funding source for community-based programs that support people 60 and older and current funding is insufficient to meet the need. The current state appropriation is $36.9M.

Desired Result – Increased funding for the Home and Community Care Block Grant (HCCBG) to improve the capacity to serve older adults and family caregivers in North Carolina.

Why does the task force recommend this strategy? – The HCCBG is the primary source for non-Medicaid-funded home- and community-based services for older adults in North Carolina. American Rescue Plan Act (ARPA) of 2021 funding has allowed for a flexibility in adding in new services that traditional block grant funding would not have allowed, such as food vouchers, carryout meals, and supports for social connections through purchase of technology equipment like tablets. When the ARPA funds terminate, these kinds of services may be lost to older adults. Modernizing the grant will allow for the continuation of similar services.

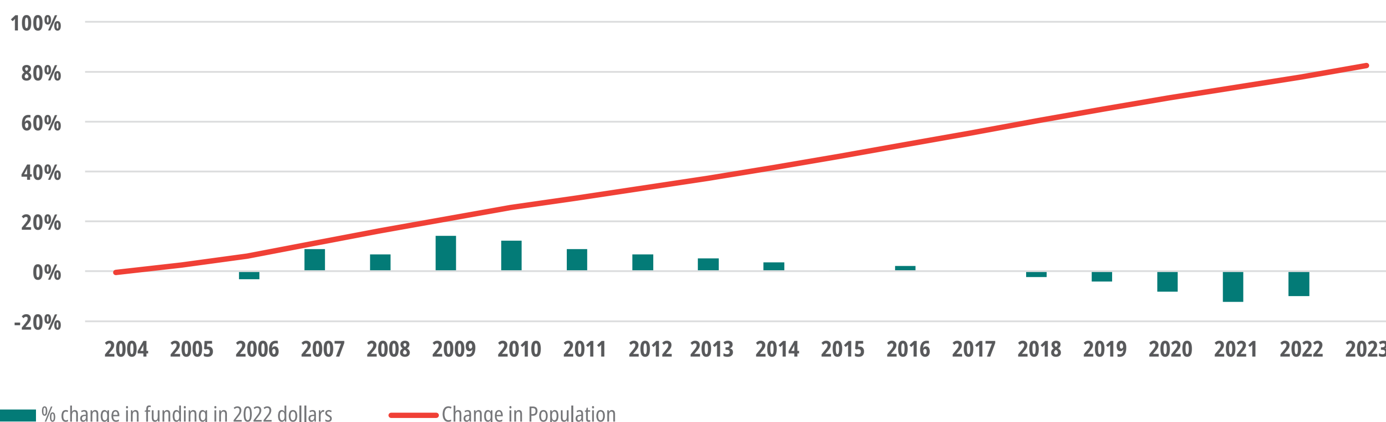
Context – The HCCBG was established by North Carolina General Statute 143B-181.1(a)(11) and became effective in 1992.[25] The North Carolina Division of Aging and Adult Services (DAAS) administers the HCCBG, which is made up of funds from the Older Americans Act (45%) and separate state and local funds (each county is required to provide 10% of HCCBG funds).[26] Area Agencies on Aging (AAAs) monitor programs that receive HCCBG funds. In FY 2021–2022, 88,007 individuals were assisted through HCCBG services, primarily nutrition services (71,590 individuals), with a total of $101 million in funds dedicated to those services ($34 million from the state).[26] Adjusting for inflation and population growth, the HCCBG appropriation has decreased by 10% since 2004 (**See Figure 7**).

Services have not been able to expand, with more than 10,000 older adults on the waiting list for HCCBG services.[27]

There are 18 allowable services under the HCCBG (**see Figure 8**), and each county provides some, but not all, of these services due to limited funding. Funding is allocated to Area Agencies on Aging based on the Intrastate Funding Formula that takes into account an area's proportion of the state population aged 60 and older and the proportion of the older adult population in that area who live in poverty, represent non-White racial/ethnic groups, and live in rural areas.[28] Eligibility criteria for HCCBG-funded services is:

- Individuals aged 60+ years and their unpaid primary caregivers
- Generally based on functional needs of the individual.[26]

FIGURE 7. Change in HCCBG Appropriation (Adjusted for Inflation) and 60+ Population Growth, SFY 2004-2023



Source: NC Senior tar Heel Legislature. Priority #3. Funding for NC Home & Community Care Block Grant. https://ncseniortarheellegislature.org/wp-content/uploads/2023/01/2023-24-STHL-LEGISLATIVE-PRIORITIES-FACT-SHEETS.pdf

B Information about the potential of ARMS system updates was gathered through discussion with DAAS staff familiar with the system.

FIGURE 8. Services Funded Under the Home and Community Care Block Grant

Congregate Nutrition	Housing and Home Improvement	Institutional Respite Care
Home-Delivered Meals	Information and Case Assistance	Health Screening
Adult Day Care	In-Home Aide	Health Promotion and Disease Prevention
Adult Day Health Care	Senior Companion	Mental Health Counseling
Care Management	Transportation	Senior Center Operations
Skilled Home (Health) Care	Group Respite	Volunteer Program Development

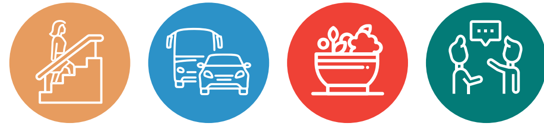
Source: Fiscal Research Division. Presentation to Joint House and Senate Appropriations Committees on Health and Human Services. Division of Aging and Adult Services (DAAS) Overview. https://webservices.ncleg.gov/ViewDocSiteFile/75939

Aging Resources Management System (ARMS)

The Aging Resources Management System (ARMS) is a state system that tracks client demographic data and performance data for reimbursement purposes.[29] It is accessible by all Area Agencies on Aging, service providers, and governmental bodies that need access to the data. ARMS was designed to collect client data, provide budgetary control, link databases to track services and costs, and meet federal reporting requirements.[29]

However, ARMS was designed for inclusion of one funding source at a time, which creates issues when there are multiple funding sources for a service. The system's outdated design has made additions and maintenance is a significant challenge. An overhaul of the system to modernize and maintain its capabilities will require initial and sustained funding. Modernization of the system would allow for care management capabilities, connections with other data systems, and more advanced system analysis to improve service delivery.[B]

How would this impact the health of older adults?



Increased funding and improved data systems would allow for expanded access to quality programs that can prevent falls, expand mobility, improve nutrition, and increase social connections.

Antonio is a retired businessman and his wife Maria is a retired school teacher. Maria suffered a stroke a few years ago that has limited many of her physical and mental functions. Antonio drops her off several days a week at an adult day health program. The program offers a safe place for Maria to be so that Antonio can go to the gym, work at his part-time job, and run errands like grocery shopping. Antonio is grateful for the program, which is supported by Home and Community Care Block Grant (HCCBG) funds along with various forms of participant payments. He says of the program, "It allows me to do the things I need to do during the day and know that she is being taken care of." Maria receives medications that she needs during the day and participates in activities designed for her capabilities. The organization that provides the adult day health program offers respite care, which is also supported through HCCBG funds. Twice a year Antonio joins his friends for a weekend of golfing and is able to use the respite service to make sure Maria is cared for, giving him needed rest from caregiving responsibilities.

***This is a composite story that represents the experience of people who can benefit from HCCBG-supported services.*

STRATEGY 22

Strengthen Adult Protective Services

a. The North Carolina General Assembly should work with Adult Protective Services (APS) at the state and local levels and advocates for older adult to evaluate the current state statute for APS to identify opportunities for modernization and funding.

b. Fulfill the 2023–2024 Senior Tar Heel Legislature priority of increasing recurring funding for Adult Protective Services by $8 million.

Priority of the Senior Tar Heel Legislature 2023–2024

Allocate an additional $8M in recurring funds for Adult Protective Services (APS) to address staff shortages.

In SFY 21, APS received 32,075 reports across the state, compared to 14,001 reports in SFY 2005-06, reflecting an increase of 129% in 17 years.

Desired Result – There will be proactive intervention to prevent maltreatment and self-neglect of older adults.

Why does the task force recommend this strategy? – Adult Protective Services (APS) provides a vital lifeline to the most vulnerable older adults and people with disabilities in our communities. The rise of APS reports over the years, coupled with insufficient funds and staffing, means that these vulnerable community members are at risk for fraud and abuse. To ensure that older adults can be safe as they age in their homes, the task force recommends that APS laws be modernized and funding increased.

What Is Adult Protective Services?

"Services provided to ensure the safety and well-being of elders and adults with disabilities who are in danger of being mistreated or neglected, are unable to take care of themselves or protect themselves from harm, and have no one to assist them."

- APS Presentation to the NCIOM Task Force on Healthy Aging

Context – According to the UNC School of Government ncIMPACT Initiative, "at least 10% of elders are abused in some way each year, including through physical abuse, financial fraud, scams, caregiver neglect, psychological abuse and sexual abuse."[30] The APS statute in North Carolina was developed to help older adults when they are unable to take care of themselves and if they have no one able to assist with essential services. This law was written in 1975 and has not been updated since. The North Carolina Division of Aging and Adult Services is engaged in an APS improvement project to address reform needs. One area that current law does not address is how to address self-neglect and other forms of maltreatment with early action. Colorado APS is piloting a program that meets this need through an alternative response to low-risk allegations by providing "opportunities for APS staff, clients, and their families to work together to best meet the needs of at-risk adults and mitigate harm in a supportive way."[31]

It is estimated that only about 1 in 24 cases of elder abuse is reported to authorities.[32] According to APS reports, the most common form of mistreatment is neglect, including self-neglect and caretaker neglect.[33] In North Carolina for State Fiscal Year 2019-2020, 83% of reports involved older adults who lived alone or with family (rather than in an institution).[33] Sixty four percent of reports involved self-neglect.[33] The number of reports has risen steadily over the past two decades and reached 34,470 reports in 2022.[34]

APS Funding

In North Carolina, the federal Social Services Block Grant (SSBG) provides 21% of the funding for county Division of Social Services (DSS) staff, leaving the counties to provide the remaining 79%.[32] There are currently no funds allocated from the state. These funds are often depleted by halfway through a calendar year.[32] This funding is also shared with local social services departments, which can result in fewer resources directed to APS.[35] Most counties report that they are in need of two additional full-time APS staff members to adequately address the needs of older adults in their communities.[32]

The North Carolina Coalition on Aging (NCCOA) also recommends additional investment of state dollars in APS to provide funding for program staff and essential services. With the substantial rise in APS reports, an increase in staffing will allow the evaluation of more claims of older adult neglect and mistreatment.

Programs to Provide Check-Ins with Older Adults

In North Carolina, multidisciplinary teams (MDTs) have been created to combat older adult abuse. These teams may include judges, APS social workers, physicians, law enforcement, and psychologists. MDTs are tasked with reviewing cases of abuse in the community and addressing systemic change to curb the issue of elder abuse.

Local examples of MDTs include the Wake County Sheriff's Office re-implementation of the Citizen Well Check Program, a service for Wake County residents aged 65 and older. These wellness checks consist of daily calls from the Sheriff's Office to check in on the older adult. If there is no answer by the third call, their emergency contact is notified. Other programs include Wellness Watch in Winston-Salem, Greensboro, and surrounding areas, which offers weekly calls by a care team designed to provide important health information and two hour-long in-home wellness visits per month.

How would this impact the health of older adults?

Adult Protective Services can identify issues of neglect and mistreatment that can impact the safety of an older adult's home, their ability to care for themselves, difficulty meeting nutritional needs, and their connection to other people.

RECOMMENDATION 7

Include Aging in Local Public Health & Hospital Community Health Assessments

STRATEGY 23

Ensure Integration of Age-Related Issues in Community Health Assessments and Action Planning

a. The Division of Public Health, North Carolina Institute for Public Health, and North Carolina Healthcare Association should help to increase inclusion of aging-related issues in the work of local public health and hospitals by providing these entities with education and technical assistance related to aging priorities, services, and supports to include falls prevention, senior nutrition, mobility, accessibility, transportation planning, and social isolation in community health assessments.

b. Local health departments and nonprofit hospitals should ensure aging-related issues are included in community health assessments and should grow partnerships with aging-related community organizations.

Desired Result – Improved data collection on community issues related to healthy aging and incorporation of aging-related issues in ongoing community strategies and partnerships.

Why does the task force recommend this strategy? –
Community health assessments identify community strengths and challenges related to health and well-being. Older adults are an important demographic with unique health-related needs that should be quantified and addressed through this assessment. The public health and nonprofit hospital community health assessment process can draw greater attention to the needs of adults and their informal and paid caregivers, and partnerships with aging-related community organizations can strengthen the ability to address those needs. A convening of Trust for America's Health recommended similar activities in its 2017 publication, "A Public Health Framework to Support the Improvement of the Health and Well-being of Older Adults."[C]

Context – Community health assessments use data collection and analysis to identify key health needs and issues with room for improvement.[36] This information is then used to help state and local health departments develop health improvement plans and identify priority issues.[37] Typically, these assessments use principles such as organizing partners, creating a community vision and value statement, and collecting and analyzing data.[37] For local health departments in North Carolina, these assessments are required every three to four years as part of an accreditation process.[38] Nonprofit hospitals are required by federal tax law to conduct similar assessments every three years.

Chatham County Public Health is an example of successfully integrating aging into their community health assessment. Their community assessment has involved the local Health Alliance, Chatham Hospital and many local providers, including aging.

Community Health Assessment Technical Assistance
The North Carolina Institute for Public Health (NCIPH) provides technical assistance for community assessments, offering local health departments and hospital systems a community health assessment and improvement toolkit with training resources from the Centers for Disease Control and Prevention and other sources. NCIPH can also conduct services like primary data collection, action planning, and report development.[39] As part of its work with local health departments and non-profit hospitals, NCIPH can include trainings on older adult services to keep healthy aging as a priority for community health assessments.

The North Carolina Division of Public Health is responsible for reviewing and approving all community health assessments and can be tasked with examining the assessments to ensure inclusion of aging issues. This is consistent with the Aging in All Policies approach.

The North Carolina Healthcare Association (NCHA) advocates for hospitals, health systems, and care providers, and can provide support and connections necessary for the inclusion of aging issues in the assessments.

Partnerships to Support Action
Partnerships between local health departments and aging-related organizations could help strengthen the likelihood that healthy aging services remain a priority. Appropriate partners include the North Carolina Coalition on Aging (COA), which represents the aging population through a membership of consumers, providers, and advocacy programs and organizations. Members of the COA include the North Carolina Association on Aging, Meals on Wheels Association of North Carolina, and the North Carolina Senior Games. A community assessment approach informed by and working in partnership with COA would give voice to issues that affect older adults. Similarly, local organizations like senior centers and Area Agencies on Aging would be appropriate partners to help identify and address aging-related health needs in a community.

How would this impact the health of older adults?

Increased incorporation of aging-related health assets and needs in community health assessments would improve a multi-sector community focus on falls prevention, mobility, nutrition, and social connections for older adults.

C Trust for America's Heath. Creating an Age-Friendly Public Health System: Challenges, Opportunities, and Next Steps. March 2018. https://www.tfah.org/wp-content/uploads/2018/09/Age_Friendly_Public_Health_Convening_Report_FINAL__1___1_.pdf

RECOMMENDATION 8

Connect Health Care with Aging Issues

Older adults often need more health care services compared to younger adults due to the normative aging process and acquired disability or illness. Approximately 80% of adults aged 65 years and older have at least one chronic condition, and 68% have two or more chronic conditions.[40] The prevalence of multiple chronic conditions increases with age.[41]

Due to their unique health needs, older adults have more contact with the health care system than younger adults. In 2016, there were 498 office-based physician visits per 100 adults aged 65 years and older – far more than the 190 office-based physician visits per 100 adults aged 18 to 44.[42] In 2020, adults aged 75 and older had the highest rate of emergency department visits (63 visits per 100 persons) compared to all other non-infant age groups.[43] In 2019, adults aged 55 and older accounted for 30% of the population but 56% of total health spending.[44]

The frequency of contact with the health care system allows for health care settings to be points of screening, assessment, and intervention on key aging issues: nutrition, falls prevention, driving safety, and social isolation.

THE ROLE OF SCREENING IN HEALTH CARE AND COMMUNITY-BASED SETTINGS

Given the frequency of older adults' contact with the health care system and community-based agencies, standardized screening can identify those who have nutritional challenges, risk for falls, driving risk, or who may face social isolation. It is important to note that these topics may be sensitive for many. Many older adults fear losing their independence, and most older adults in the United States express a desire to age in their homes and communities.[45,46] Some may worry that disclosing trouble with mobility or other issues may result in a loss of autonomy because they may not know that they have a legal right to services in the most integrated setting appropriate for their needs. Some may feel shame. Thus, it is important to communicate the purpose of assessments with older adults and refer them to services that can help meet their needs for nutrition, mobility, transportation, and social connection.

STRATEGY 24

Identify and Address Health Issues Related to Getting Adequate Nutrition

a. The North Carolina Oral Health Collaborative should work with partners to identify standards and improve awareness of oral health for older adults by:

- **i.** Collaborating with the North Carolina Academy of Nutrition and Dietetics, North Carolina Medical Society, Old North State Medical Society, Family Physicians Association, North Carolina Nurses Association, and other health care trade associations to build awareness of older adult oral health issues and identify simple screening and referral protocols.
- **ii.** Collaborating with the North Carolina Division of Aging and Adult Services, Area Agencies on Aging, state and local public health, and senior centers to identify opportunities and funding to build awareness of older adult oral health issues and ways to connect older adults to dental services, including for those who are homebound and those who otherwise face barriers due to their income, geographic location, or special needs.
- **iii.** Developing a recommendation for service frequency and coverage of dental care for older adults.

b. The North Carolina Healthcare Association (NCHA) should work with experts in food security and nutrition to identify and support a standard evidence-based tool for hospitals to use in the identification of malnutrition. NCHA should also advocate for adequate training of any hospital staff who conduct malnutrition assessments, as well as referral mechanisms for those identified as food insecure and/or malnourished (e.g., NCCARE360).

Desired Result – Older adults will have improved access to oral health care, education about oral health, and ability to maintain adequate nutrition.

Why does the task force recommend this strategy? – There is a bidirectional relationship between oral health and nutrition. A variety of oral health conditions, such as tooth loss and periodontal disease, can lead to poor nutritional status due to problems chewing food. Poor nutrition can lead to cavities that result in tooth loss and periodontal disease. Oral health is now recognized as an essential part of overall physical health.[47] Oral health education is an important component in improving health outcomes.[48]

Context – As of 2021, 1 in 5 adults aged 65 and older had untreated tooth decay and about 2 in 3 had gum disease.[49] Older adults who live below the federal poverty level are three times more likely to have lost all their teeth than adults who are living above the federal poverty level.[47] In North Carolina, rates of complete tooth loss in older adults are consistently higher than the national average, with 15.8% of North Carolinians aged 65 and older reporting that they have had all their teeth removed due to decay or gum disease in compared to an average of 13.4% of people nationwide.[47,50] Tooth loss has multiple impacts on health; older adults without most of their teeth often end up avoiding fresh fruits and vegetables, leading to malnutrition, which can lead to reduced muscle and cognitive function. In addition, lack of teeth can contribute to a loss in self-esteem, leading to loneliness and social isolation.[51–53]

The North Carolina Oral Health Collaborative aims to remove barriers to oral health and help implement policies that reduce oral health disparities through partnerships, advocacy, and education. This mission makes the Oral Health Collaborative an important party in addressing oral health needs of older adults.

Access to Dental Services

Medicare does not cover dental services, which leads many older adults to experience high out-of-pocket expenses.[54] A Medicare Advantage Plan, sometimes called Part C, is a health plan offered by private companies approved by Medicare.[55] Depending on plan selection, dental coverage may only include preventive services, some are reimbursement plans while others work via a narrow network of providers.[56] As of 2019, approximately 24 million Medicare beneficiaries nationally did not have dental coverage and 11% of Medicare beneficiaries had access to dental coverage through Medicaid.[56]

Many low-income individuals receive dental care through nonprofit safety-net dental clinics.[57] The majority of North Carolina's 100 counties have at least one safety-net dental clinic.[57] Many of these facilities accept private insurance, Medicaid, and sliding-scale fees for those without insurance. The North Carolina Institute of Medicine is currently partnering with the NC Oral Health Collaborative to identify strategies for strengthening the delivery of oral health services through North Carolina's Medicaid program throughout the state.

Mobile dentistry could also play an important role in providing dental care for older adults, especially for those who are homebound or have transportation difficulties.[58] In New Hanover County, a program initiated in 2022 and coordinated by New Hanover County Health and Human Services and the Senior Resource Center provides dental care to adults who are aged 55 and older with lower incomes.[59]

Malnutrition

Although the term malnutrition is sometimes used interchangeably with hunger, these conditions are not the same. Malnutrition is a lack of balance in nutrients, such as protein, vitamins, and minerals from food, while hunger is weakness or discomfort from a lack of food. Being malnourished results in a deficiency in nutrients that leads to adverse effects on mental and physical health.[60] Malnutrition can be a result of food insecurity—when access to food is limited, uncertain, or inconsistent—or a result of reduced intake of nutritious food for other reasons, such as poor oral health.[61] Challenges with the ability to chew can lead to a five-fold increase in the likelihood of becoming malnourished.[62] In addition, common medications can cause dry mouth, which slows down the production of saliva, affecting the ability to break down nutrients and impacting the experience of eating.[63]

Screening and early intervention are the first steps necessary in the treatment of health conditions caused by malnutrition, such as those marked by a loss in muscle mass and strength. Earlier evaluation and treatment of malnutrition can have a positive effect on clinical outcomes, such as an improvement in physical function and a reduced hospital stay.[64] The Joint Commission requires hospitals to screen for malnutrition within 24 hours of admission, but there are no guidelines for what type of health care professional conducts the screening, which may affect the efficacy of the questioning as well as what actions are taken if an older adult is found to be at risk.

It is often assumed that being underweight is a key factor in malnutrition. One commonly used malnutrition assessment—measurement of body mass index (BMI)—is limited in its scope to estimating body fat percentage without factoring in nutritional intake. A more reliable instrument for measuring or assessing malnutrition in older adults is the Malnutrition Universal Screening Tool (MUST). The MUST assessment considers height and weight, unplanned weight loss, and effects of acute disease, and contains guidelines to help develop a care plan. Another commonly used screening tool, the Mini Nutritional Assessment (MNA®), is designed specifically for older adults.[65]

How would this impact the health of older adults?

Adequate nutrition provides enough strength to remain mobile and prevents the risk of falls.

Proper oral health helps older adults maintain adequate nutrition.

Maintaining oral health and adequate nutrition helps older adults remain active in the community and confident in social interactions.

Helen is a retired librarian who likes to participate in her neighborhood walking club. Recently she was experiencing some dizziness and weakness that was causing her to miss out on the daily walks. After speaking with her doctor, Helen realized that her symptoms may be related to her diet. She had gradually been phasing out certain foods that she was not enjoying anymore or were causing her pain when she ate. This meant she wasn't getting the proper amount of protein and nutrients she had been getting before. Helen went to her dentist to find out what was causing the pain and her dentist identified several cavities. She explained to Helen that some of her regular medications may be causing dry mouth, which can lead to development of cavities and generally make the experience of eating less enjoyable. Helen's dentist repaired the existing cavities and counseled her on strategies to help with her dry mouth. Helen plans to speak with her doctor about the medications that may be causing this issue and see if she can make any changes.

**This is a composite story that represents the experiences some older adults may have with oral health and nutrition.*

STRATEGY 25

Use Screening and Assessments to Identify Issues of Falls Risk, Fitness to Drive, and Social Isolation

a. The North Carolina Department of Health and Human Services should:

i. Update client intake forms for social services programs to include questions to screen for falls risk and social isolation.

ii. Partner with the North Carolina Community Health Workers Association to identify training and targeted outreach opportunities for community health workers to educate about and screen for falls risk, fitness to drive, and social isolation at community-based organizations serving older adults (e.g., senior centers).

iii. Partner with the North Carolina Area Health Education Centers (AHEC), North Carolina Community Health Workers Association, North Carolina Nurses Association, North Carolina Medical Society, Old North State Medical Society, and North Carolina Association of Pharmacists to identify and promote educational opportunities for health care providers and direct care workers on:

1. Health impacts of social isolation and ways to address this issue with older adults.
2. Importance of screening and assessments for fitness to drive and available screening tools.
3. Relevance of vision and hearing changes to risk of falls and social isolation and recommended screenings.
4. Relationship between polypharmacy and risk of falls and methods to decrease medication burden.
5. Moving beyond fall-risk screening to assessing specific risk factors for falls to know how to appropriately intervene.

b. The North Carolina Health Care Association, North Carolina Medical Society, and other health care professional organizations should:

i. Promote the inclusion of screening and assessment for falls risk and social isolation on standardized screening for patients, particularly for older adults, and a screening for traumatic brain injury if a patient has experienced a fall.

ii. Promote the inclusion of falls prevention and social isolation as topics for community outreach services or events.

iii. Work with and help financially support the NC Falls Prevention Coalition and their partners to promote the development or expansion of evidence-based intervention plans and programs for individuals screened as at risk for falls and ensure relevant health care providers are educated on these intervention plans. Intervention plans should include referral pathways to help community-dwelling older adults access an appropriate evidence-based community falls-prevention program.

Desired Result – Increase health care worker knowledge about falls risk, fitness to drive, and social isolation and ways to address these issues in older adults.

Why does the task force recommend this strategy? – Falls risk, fitness to drive, and social isolation are issues that are intertwined with individual health. Because older adults rely on and trust health care providers for their knowledge and perspective on issues impacting their health, there is significant opportunity for providers to identify issues related to these topics and begin the process of addressing needs.

Context -

Falls Prevention

In the United States, an older adult is treated in an emergency department for a fall every 15 seconds.[66,67] Governor Roy Cooper's proclamation during the 2022 Falls Prevention Awareness Week states that "unintentional falls are the leading cause of fatal and nonfatal injuries among people in our state age 65 and older, causing 1,357 deaths, 19,688 hospitalizations, and 83,788 emergency department visits in 2020."[68] Most falls result from a combination of intrinsic risks, such as balance issues and environmental risks like an unsecured rug or cracked sidewalk.[69] **See Chapter 1, page 19** for more information about the impact of falls on older adults.

The Centers for Disease Control and Prevention (CDC) STEADI (Stopping Elderly Accidents, Deaths, and Injuries) initiative provides tools for health care providers to screen older adults' falls risk, assess factors for falls risk, and identify interventions to reduce falls risk. The three main steps to STEADI—screen, assess, and intervene—can be adapted to various clinical practice settings.[70] The STEADI falls risk assessment consists of falls history, medication review, a physical exam, and environmental assessments.[71]

A falls risk assessment is a required part of the Welcome to Medicare examination as well as the Medicare Annual Wellness visit.[72] The American Geriatrics society recommends that adults aged 65 and older be screened annually for a history of falls or balance impairment.[73] Patients do not often volunteer information about falls, so asking annually is recommended in order to identify adults at high risk for future falls.[69]

Screening for traumatic brain injury after a fall is also an important clinical process. Adults aged 65 and over have the highest rates of brain injury hospitalizations of any age group.[74] Older adults with a traumatic brain injury are more likely to require lengthy hospitalization, to be more severely disabled after hospital discharge, and to be more at risk for falls.[75]

Fitness to Drive

In 2020, there were around 48 million licensed drivers aged 65 and older in the United States, a 68% increase since 2000.[66] Age-related changes in physical function, vision, and chronic disease can affect some older adults' driving capabilities.[66] Drivers aged 70 years and older have higher crash death rates than middle-aged drivers, primarily due to increased vulnerability to injury.[66]

Physicians have a role in identifying an individual's medical fitness to drive. The Fitness-to-Drive Screening Measure is a free online screening tool that can identify at-risk drivers; however, the assessment tool is 54 items long and takes around 20 minutes to administer, limiting its usage by clinicians.[76] A shortened version of the measure has been developed. Fitness-to-drive tools are often used by occupational therapists to determine an older adult's driving capabilities after an illness, injury, or accident.

Social Isolation

The health impacts of social isolation are well documented, leading to a higher risk of dementia as well increased risk of depression, anxiety, and heart disease.[77] Educating older adults on the risks while promoting involvement in social service programs can decrease the poor health outcomes associated with social isolation. **See Chapter 1, page 20** for more information about the importance of social connections for older adults.

A standardized screening for loneliness—the UCLA 3-Question Loneliness Scale—measures an individual's perception of isolation.[78] The five-item Steptoe Social Isolation Index can be used to indicate an individual's level of social isolation. Individuals identified as lonely and/or socially isolated should be asked if they would like help and, if so, referred to resources.

Sensory Changes in Older Adulthood

Loss of hearing and/or vision can contribute to experiences of social isolation and can increase the risk of falls. Older adults with sensory limitations are more likely to experience depression and struggle with activities of daily living and are less likely to engage in social activities.[79] The fear of falling due to vision loss often leads to decreased physical activity, which in turn can lead to decreased muscle strength and tone, which may play a role in future falls.[80] To mitigate these risks, the American Optometric Association recommends annual eye exams for everyone aged 60 and older. Devices such as glasses, magnifiers, and talking watches may be offered to assist with daily living.[81] Age-related hearing loss is associated with cognitive decline and falls risk; screenings for hearing loss may allow for diagnosis and treatment to decrease the risk of cognitive impairment.

Polypharmacy

Polypharmacy—the taking of multiple medications—has been associated with an increased risk of falls due to the effects of many of the commonly prescribed drugs for older adults.[82] According to a 2019 CDC report, about one-third of older adults used five or more prescription drugs and three out of four older adults take at least one medicine that is linked to falls or car accidents.[82] Polypharmacy or "medication overload" increases the risk of adverse drug effects and loss of balance and coordination.[83] Some non-medication treatments, such as counseling and exercise, have been suggested as substitutes for some of the medications linked to recurrent falls in older adults.[83] Some medication therapy management services have been specifically designed to decrease the risk of falls in older adults.[84]

Community Health Workers (CHWs)

The North Carolina Community Health Workers Association is home to more than 650 community health workers, who serve as liaisons between medical and social services in the community. Through a range of activities including outreach, education, social support, and advocacy, CHWs build health knowledge and self-sufficiency for community members. The unique knowledge CHWs have about the communities they serve makes them well-equipped to work with older adults to identify and help address issues related to falls, nutrition, driving, and social isolation.

North Carolina Falls Prevention Coalition

The North Carolina Falls Prevention Coalition aims to reduce injuries and death from falls among older adults throughout all the regions in North Carolina. Strategies include increasing understanding of falls prevention through improved data collection and analysis and raising awareness of strategies to reduce falls, such as routine screening; identifying Falls Prevention County Champions to meet the needs of all 100 counties in North Carolina; and promoting the National Falls Prevention Awareness Week with educational programs available free via webinars to anyone interested.

How would this impact the health of older adults?

Assessment of falls risk, fitness to drive, malnutrition, and social connections —and referral to resources if needs are identified—can help older adults prevent falls, stay more mobile, maintain adequate nutrition, and stay socially connected.

ADDITIONAL RESOURCES:

Strategy 17 - Increase Access to the Program of All-Inclusive Care for the Elderly (PACE)

- Program of All-Inclusive Care for the Elderly (PACE)
- NC Pace Association
- National PACE Association

Strategy 20 - Conduct Research and Evaluation on Current Programs to Increase Access

- UNC Partnerships in Aging Program
- NCseniordriver.org
- UNC Highway Safety Research Center
- Governor's Highway Safety Program

Strategy 21 - Increase and Modernize the Home and Community Care Block Grant

- NC Senior Tar Heel Legislature
- NCDHHS HCCBG Procedures Manual
- NC DAAS HCCBG County Budget Instructions

Strategy 22 – Strengthen Adult Protective Services

- NCDHHS Adult Protective Services
- UNC Elder Abuse Prevention
- The North Carolina Adult Protection Network
- NC Senior Tar Heel Legislative Priorities
- North Carolina Coalition on Aging
- North Carolina Partnership to Address Adult Abuse

Strategy 23 – Ensure Integration of Age-Related Issues in Community Health Assessments and Action Planning

- North Carolina Institute for Public Health
- North Carolina Healthcare Association
- North Carolina Division of Public Health
- NCDHHS Community Health Assessment

Strategy 24 – Identify and Address Health Issues Related to Getting Adequate Nutrition

- North Carolina Oral Health Collaborative
- NCIOM Issue Brief: Malnutrition & Older Adults in North Carolina

Strategy 25 - Use Screening and Assessments to Identify Issues of Falls Risk, Fitness to Drive, and Social Isolation

- NC Falls Prevention Coalition
- CDC STEADI initiative
- Older Adult Falls and Related Traumatic Brain Injury: Overview, Prevention Strategies, and Statewide Resources
- Article - Driving Decisions: Distinguishing Evaluations, Providers and Outcomes
- A Guide to Screening for Social Isolation and Loneliness

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CHAPTER 5

Workforce to Meet the Needs of Older Adults

As reiterated throughout this report, the aging population in North Carolina is growing, and the experiences and needs of this population are varied. Older adults express a desire to age in their communities as opposed to long-term care settings. Some of these adults may live with family caregivers while others may live alone. Meeting the needs of the growing older adult population will require an assurance that there is adequate staffing of health care facilities, aging and adult services agencies, and other community-based organizations with a workforce that is prepared to serve a diverse aging population.

AGING SERVICES WORKFORCE

The U.S. Department of Health and Human Services estimates that about 70% of people aged 65 years and older will need some form of long-term services and supports (LTSS).[1] In fact, the United States will need 2.5 million LTSS workers (counselors, social workers, community and social service workers, home health aides, personal care aides, and more) by 2030 to meet the needs of the aging population.[2] However, more workers are leaving these positions than filling them.[3] A survey of the LTSS workforce found that workforce shortages led to increased workloads, low staff morale, and increased turnover.[4] Respondents suggested benefits like tuition reimbursement/payment and competitive wages to increase retention.[4]

COMMUNITY-BASED WORKFORCE

As more older adults age in place, they will spend more of their lives in their homes and communities as opposed to long-term care facilities with more centralized care. While many adults can live independently, the health and life changes that accompany the aging process necessitate reasonable accommodations and thoughtful action by community-based workers as they fulfill their everyday responsibilities. For instance, first responders may benefit from knowledge on falls prevention and response. Additionally, transportation workers may benefit from understanding mobility issues among older adults.

COMMUNITY HEALTH WORKERS

The American Public Health Association defines a community health worker (CHW) as a "frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served."[5] CHWs often serve as liaisons between community health and social services and individuals who may need those services. They may offer interpretation and translation services, provide culturally appropriate health education, help people access care, give informal counseling on health behaviors, provide social support, and provide direct services like first aid or certain health screenings (e.g., blood pressure, blood sugar, etc.).[6]

FAMILY CAREGIVERS

Many older adults rely on informal caregiving from family, friends, or neighbors. Family caregivers can provide emotional support and assistance with daily tasks for the older adults in their lives.[7] They may also provide medical care in the home and help with health navigation, information-seeking and finding, and decision-making in health care settings.[7] A 2023 AARP report estimates that there are 1.28 million caregivers in North Carolina who provide over 1 billion hours of care per year.[A,8] More than half of family caregivers are children or children-in-law, and about 12% are domestic partners or spouses.[9]

This chapter presents four recommendations and related strategies to address workforce needs for the older adult population:

Recommendation 9 - Ensure an Adequate Aging Network Workforce for the Future

Strategy 26 - Understand Current Aging Network Workforce Characteristics and Future Workforce Needs

Strategy 27 - Respond to Current and Future Needs for Aging Services and Aging Network Workforce

Recommendation 10 - Ensure a Strong Community Workforce to Serve Older Adults

Strategy 28 - Increase Knowledge and Awareness for Serving Older Adults in the Community

Recommendation 11 - Improve Ability of Community Health Workers to Address the Needs of Older Adults

Strategy 29 - Increase Awareness of, and Sustainable Payment for, Community Health Workers

Recommendation 12 - Support Family Caregivers

Strategy 30 - Increase Access to Employment and Well-Being Support for Family Caregivers

A AARP's report defines a family caregiver as "Any relative, partner, friend, or neighbor who has a significant personal relationship with, and who provides a broad range of assistance for, an older person or an adult with a chronic, disabling, or serious health condition."

RECOMMENDATION 9

Ensure an Adequate Aging Network Workforce for the Future

In the 2022 National Poll on Healthy Aging, 88% of respondents (Americans aged 50-80) reported that they felt it is "important to remain in their homes for as long as possible."[10] This requires a robust, trained workforce in the community and, if needed, in older adults' homes. As North Carolinians age in place, it is imperative to have a robust aging network workforce that is prepared to address the needs of older adults. Government support, strategic partnerships, and ongoing collaboration and education can support the current and future workforce in this endeavor.

As North Carolina seeks to ensure an adequate aging services workforce for the future, it is important that aging and adult services organizations understand the characteristics and needs of the current workforce. A comprehensive evaluation may include state and geographical variations of roles housed in aging network organizations, the types of positions needed in these organizations, typical salaries offered, salaries needed to attract workers, and general workforce capacity. Additionally, it should seek to describe the demographic makeup of the workforce, with particular attention to gender, age, race, and ethnicity. The evaluation should also consider the workforce's training needs, including use of and access to technologies.

This evaluation can provide guidance for aging service organization succession plans and collaborative capacity-building opportunities with universities, community colleges, and other partners to train and support future members of the workforce. Retired health care, social services, and aging service professionals may also provide valuable insight on these issues.

STRATEGY 26

Understand Current Aging Network Workforce Characteristics and Future Workforce Needs

The Department of Labor should partner with the North Carolina Division of Aging and Adult Services and North Carolina Workforce Development Boards, as well as other health care and aging network partners, to evaluate the characteristics of the aging network workforce in North Carolina and projected workforce needs in the coming years. This evaluation should examine variations in workforce capacity and salaries across the state, demographics of the workforce (e.g., age, race, and ethnicity), and use of and access to technology.

Desired Result – There will be an understanding of the diversity of the current aging services workforce and geographic gaps in capacity and salary. This will help inform efforts to increase workforce capacity to meet the needs of the growing older adult population.

Why does the task force recommend this strategy? – North Carolina's older adult population continues to increase. In the next two decades, the state's older adult population is projected to increase by an estimated 1 million individuals, or 61%.[11] As this demographic shift occurs, there will be an increased need in the community for a workforce to serve this population. The current workforce that cares for older adults – both through direct care services and through program provision and administration – is also aging and retiring, leaving fewer workers to serve this older population.[12] North Carolina needs current information about the aging network workforce, including demographics and salaries, to plan for the future workforce. A workforce with a diversity of backgrounds and skills such as competency with technology and accessibility-related skills like language interpretation and sign language will best serve older adults in our state.

The direct care workforce, which includes personal care aides, home health aides, and nursing assistants, should also be an area of focus to identify current gaps and future needs. This workforce is addressed in **Strategy 27 – Respond to Current and Future Needs for Aging Services Workforce**.

Context – The aging services network is made up of those organizations that carry out the work of the Older Americans Act – including local senior centers, Area Agencies on Aging, and state and local departments and councils on aging. These organizations plan and provide programs and services, or administer funds to support programs and services, that help to meet the social, transportation, housing, nutrition, and other needs of many older adults.

Partners

The North Carolina Workforce Development Boards are groups of community leaders appointed by local elected officials that oversee workforce programs in their area. In North Carolina, there are 22 local boards, each with representation from members of the local business community, economic development agencies, community-based organizations, education, and more. They also oversee local NCWorks Career Centers to deliver workforce solutions and assist those in search of a job in finding one. The North Carolina Coalition on Aging (NCCOA) launched a similar initiative in 2020 related to the state's direct care workforce – the Essential Jobs, Essential Care project. Together with a national advocacy organization, the NCCOA focused on three policy areas; improving pay, enacting workforce innovations, and strengthening data collection.[13] The Essential Jobs, Essential Care initiative paved the way for recognizing the importance of building and transforming North Carolina's direct care workforce, including a wage increase for director care workers in home and community-based services for fiscal years 2021 through 2023.[14]

How would this impact the health of older adults?

An adequate and diverse aging network workforce will help older adults have timely and accessible links to programs and services that help reduce falls, improve mobility, promote proper nutrition, and provide social connections.

STRATEGY 27

Respond to Current and Future Needs for Aging Services and Aging Network Workforce

a. The North Carolina Center on the Workforce for Health should include a focus on health care sectors and disciplines that care for older adults.

b. The Division of Aging and Adult Services and Area Agencies on Aging should partner to:

i. Develop resources for succession planning for aging network providers. Partners should include representatives from Area Agencies on Aging, senior centers, and other aging network providers.

ii. Identify opportunities for partnerships between universities/community colleges and local aging and adult services to connect with the future workforce, share intergenerational activities, and link to capacity-building opportunities. Partners should include the Food and Nutrition Services Employment and Training Program; rehab training programs including PT, OT, SLP, and others; and the UNC System and NC Community College System, among others.

iii. In partnership with NC AHEC, identify opportunities for incorporating retired health care professionals into the aging services workforce for employment.

Desired Result – A strong workforce will be able to meet both the health care and service needs of older adults and family caregivers in North Carolina.

Why does the task force recommend this strategy? – As the population in North Carolina continues to age, the aging services workforce needed to keep this population healthy and safe while living in the community will grow, similar to the need for the aging network workforce described in Strategy 26. State-level actions will be required to respond to these increased workforce needs.

Context – The direct care workforce includes personal care aides, home health aides, and nursing assistants who provide care in both home and institutional settings. There are currently more than 120,000 direct care workers for older adults in North Carolina.[15] In aging service provider organizations, it is common for 20% of available positions to be open with no applications.[16] By 2028, North Carolina is expected to need at least 20,000 additional direct care workers.[17] There will also be an estimated 186,000 openings to fill.[18] Despite their essential roles in health care, direct care workers' wages decreased between 2009 and 2019 after adjusting for inflation.[18] One barrier to higher salaries is low reimbursement rates from public funding for programs that employ direct care workers. This is a complex challenge, as increased reimbursement without overall increases in available funds would likely mean fewer people receive services.

Center on the Workforce for Health

The North Carolina Center on the Workforce for Health is being created as a statewide center focused on collaborative and comprehensive development of North Carolina's workforce for health. The Center is being developed as a collaboration between the North Carolina Area Health Education Centers (NC AHEC), the Cecil G. Sheps Center for Health Services Research Health Workforce Research Center (Sheps), and the North Carolina Institute of Medicine (NCIOM). It will provide a forum for health employers, workers, policymakers, and others to identify potential solutions for success and monitor progress toward addressing workforce challenges. Planned areas of focus are direct care, behavioral health, and nursing. Currently, the Center does not have a specific emphasis on aging services providers.

Caregiving Workforce Strategic Leadership Council

In March of 2023, the North Carolina Department of Health and Human Services and the North Carolina Department of Commerce convened the Caregiving Workforce Strategic Leadership Council. This council aims to address the workforce shortage in part by increasing the number of caregivers and developing an action plan based on data and expert input in areas such as the direct care workforce and nursing.[19] A final report outlining the council's recommendations will be published in late 2023.

Building the Future Workforce

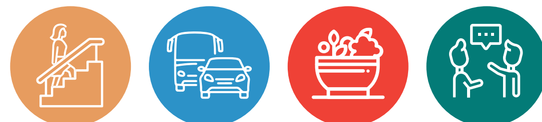
Programs such as the Food and Nutrition Services Employment and Training Program provide skills-based training for individuals aged 16 and older who are able to work at least 20 hours per week. Partnering with older adult services can provide intergenerational relationships between younger and older adults and introduce them to possible careers in the aging network.

Similarly, partnerships between aging network providers, universities, and community colleges may help to fill current gaps in workforce needs through internships and workforce training programs and also inspire more students to enter the field of aging. One example of this is CareYaYa, which partners with college students to offer an "Uber for caregiving," with the ability to hire help for things like companionship, technology, housekeeping, grooming, meals, and pet care for $15 to $25 per hour.[20] The students also benefit from exposure to the adult care sector and gain relevant experience for future careers in health care.

Incorporating Retired Health Care Professionals

Rather than fully retiring, some health care professionals, such as nurses, prefer to reduce their hours or take on less physical labor. Late-career or retired health professionals can be a valuable source for mentoring students and new graduates interested in older-adult care. NC AHEC has programs in place to support these roles, such as encouraging retired nurses to serve as preceptors, mentors, or volunteers, and can grow them with a focus on aging.

How would this impact the health of older adults?



An adequate and diverse aging services and aging network workforce will help older adults remain safe in their homes and have access to needed services.

RECOMMENDATION 10

Ensure a Strong Community Workforce to Serve Older Adults

STRATEGY 28

Increase Knowledge and Awareness for Serving Older Adults in the Community

Desired Result – Professionals serving older adults in the community will have a better understanding of this population's unique strengths and needs and be able to adapt services to meet these needs.

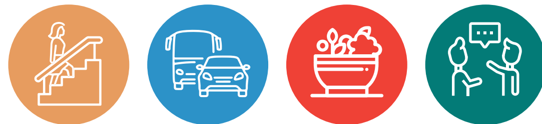
Why does the task force recommend this strategy? – Older adults are sometimes stereotyped as suffering from poor health, loneliness, and cognitive incompetency.[21] These negative stereotypes can affect behavior and judgments toward older adults, which can in turn result in inequitable treatment.[22] On the other hand, there are unique experiences and challenges that older adults may have that can inform how services can be tailored to this population. Educating members of the community, especially those who serve older adults regularly, about ageism and the strengths and needs of older adults will help to address this issue.

Context – There are many professional fields outside of health care involved in meeting the needs of older adults. For example, older adults have different mobility needs and accessible transportation services are critical to helping them live independently within their communities. Transportation workers help fill gaps in community transportation options through resources like door-to-door services, volunteer driver programs, and public transit.[23]

The behavioral and medical issues associated with dementia-related diseases can bring older adults into contact with first responders.[24] However, first responders are not often trained to recognize or handle the complexities associated with the care of people with dementia.[25] Police officers who were trained on dementia were found to better recognize dementia-related behaviors, increasing the safety of the older adult in interactions with law enforcement. EMS providers are also infrequently trained in screening for cognitive impairments, even though older adults with dementia are more likely to visit an emergency room or be hospitalized.[24] Increasing awareness can also lead to successful partnerships to address issues like falls prevention.[26]

These are just a few examples of the variety of professionals in the community who could benefit from education or training related to serving older adults.

How would this impact the health of older adults?



Community services providers who are more educated about the strengths and needs of older adults can better accommodate those needs, helping to reduce falls, improve mobility, and identify when someone may need more assistance related to nutrition and social connections, and where and how to make referrals when needed.

William and his wife Rosalee live in a small town. Rosalee has been experiencing signs of dementia for the past few years and her symptoms have worsened recently. William is her caregiver and loves to take her with him to run errands, go for walks, and have dates to spend quality time together. Their community committed to becoming dementia friendly after William advocated for Rosalee and shared some of their experiences. This has meant that many local businesses, first responders, and public service employees have been trained on best practices for serving people living with dementia and their caregivers. William has seen how this training has led to improved signage in shops and restaurants, and changes to lighting, flooring, and seating in some public spaces. These changes have helped Rosalee adapt better to some of her new symptoms and help William support her during their outings.

**This is a composite story inspired by the toolkit from the Wisconsin Healthy Brain Initiative titled "A Toolkit for Building Dementia-Friendly Communities.*

RECOMMENDATION 11

Improve Ability of Community Health Workers to Address the Needs of Older Adults

STRATEGY 29

Increase Awareness of, and Sustainable Payment for, Community Health Workers

The North Carolina Community Health Workers Association, North Carolina Association on Aging, North Carolina Coalition on Aging, and relevant partners should collaborate to increase the opportunity for community health workers (CHWs) to be a resource in identifying and addressing needs of older adults and family caregivers in communities by:

a. Identifying opportunities to increase the number of CHWs serving North Carolina's communities and increase awareness of the role CHWs can have within a health care team and in connection with local aging services providers.

b. Developing sustainable payment models for CHW services, such as a regional/hub model that would provide funding directly to community-based organizations that employ CHWs.

c. Creating a learning collaborative and/or opportunities for community-based organizations that deploy CHWs to learn from others about partnerships formed to pay for CHW services. Also, grow educational opportunities and tools to help CHWs be successful in addressing the needs of older adults and family caregivers.

Desired Result – Older adults and family caregivers will be connected to resources, services, and programs to meet their needs and support aging in place.

Why does the task force recommend this strategy? – Community health workers (CHWs) are in a prime role to help identify the needs of older adults living in the community and link them to local and online community resources. These team members of a community-based organization, social service, or health care provider practice can be the first to screen individuals for a variety of issues like social isolation, falls risk, fitness to drive, and nutritional needs. CHWs are members of the communities they serve and understand the cultural needs and nuances of community members. This positions them in a place of trust that can open opportunities to see how people live at home and hear their personal stories.

CHWs can only serve in this role effectively if they have the training required to understand the specific needs of older adults, the screening tools to identify needs, and connections to possible resources. This training, and the inclusion of CHWs on the staff of community-based organizations, social services, and health care teams, can only be sustained through reliable funding models.

Context – The North Carolina Community Health Workers Association advocates for the state's community health workers, who serve as liaisons between medical and social services in the community. Through a range of activities including outreach, education, social support, and advocacy, CHWs build health knowledge and self-sufficiency for community members. Among many positive outcomes, CHW interventions have been shown to help reduce health care costs, reduce unnecessary health service use,[27] and fill in gaps left where family and other social supports are not able to meet the needs of older adults.[28]

Certified CHWs in North Carolina are educated using a standardized core competency training available through ten community colleges across the state as of Fall 2023. NC AHEC's CHW program provides continuing education credits through training and professional development resources. These continuing education classes do not currently include specialized training on topics related to older adults.

CHWs and Older Adults

CHWs can address the needs of community-dwelling older adults. One example of this is the Indiana Geriatrics Education and Training Center, which hired CHWs and provided training on aging issues and screenings.[28,29] During the height of the COVID-19 pandemic, these CHWs were able to provide emotional support and resources to older adults that was typically provided by family members – addressing the needs of a vulnerable population during a precarious time and lessening the care burden of their loved ones.[28] This example illustrates the adaptability and critical role CHWs can play during a health crisis. Further, a systematic review of CHW interventions for older adults with complex health needs found that CHWs may benefit the health and well-being of older adults, especially in measures of mood and function.[30]

In a small rural community, an older adult woman living with hypertension was experiencing social isolation. Her husband had passed away a few months ago and she was still processing grief. She stopped taking her medicine and missed appointments with her physician. Her home blood pressure monitor readings were elevated. A CHW from within the woman's faith community visited with her every week and provided social support. They talked and played board games. They took some walks, listened to music and danced a little in the living room. The CHW encouraged the woman to see her physician and offered to go with her. After several weeks, the woman agreed to reschedule her appointment with her physician and the CHW accompanied her. The older woman started taking her hypertension medication again and continued her walks without the CHW. Although there are still some tough days, the woman voiced that she was "so grateful for the compassion and empathy" of the CHW. She shared with the CHW that her blood pressure was back to normal again and that she is feeling more "like herself." As for the CHW, she continues to check in and visit with the woman every month, championing the health of not just this woman, but all those within her community.

**This is the true story shared by a community health worker in North Carolina.*

Payment for CHWs

Collaboration is needed to address barriers to establishing and maintaining a CHW workforce, particularly within existing health systems and community based organizations. Some health care professionals do not understand the role, value, and impact of CHWs.[31] Even when health systems validate the importance of CHWs, there may be barriers to the creation of payment and reimbursement mechanisms.[31,32] Community-based organizations are driven by short-term grants that support payment to CHWs. This issue is of particular importance given the relative low wages of community health work.[33,34] The low wages of CHWs, despite their invaluable contributions, underscore the need for a reevaluation of compensation structures. Average pay for CHWs in North Carolina is $18.19 per hour, which is 10% below the national average.[35]

During the COVID-19 pandemic, the North Carolina Department of Health and Human Services received $56.6 million from the Centers for Disease Control and Prevention (CDC) to support CHWs.[36] This funding helped to hire and train around 600 CHWs. An additional grant of $9 million from the CDC to expand the CHW program is expected to be depleted by the end of 2023.[36]

The integration of CHWs into Medicaid payment structures and managed care systems is a promising development. NC Medicaid is also developing strategies for payment in the state's managed care system, including:

- "Deploying CHWs to reach specific communities and target populations—namely, Medicaid members not engaged in health care or members underutilizing Medicaid services, as well as maternal and pediatric members;
- Providing health plans with flexibility to use CHW services to improve health outcomes for select target populations; and
- Testing a model that considers employment and contracting of CHWs at a ratio of CHWs to health plan members."[37]

Outside of Medicaid, the work of CHWs is often supported through grants – a strategy that can be difficult to sustain in the long term.

How would this impact the health of older adults?

CHWs can help to identify home and community conditions that are necessary for optimum health and well-being for older adults. With proper training, they can observe home environments and perform assessments that can identify falls risks and needs related to mobility, nutrition, and social connections, and refer people to services or health care providers to meet their needs.

RECOMMENDATION 12

Support Family Caregivers

STRATEGY 30

Increase Access to Employment and Well-Being Support for Family Caregivers

a. The North Carolina General Assembly can support older adult employees and caregivers of older adults, people with disabilities, and children by:

- **i.** Implementing family and medical leave for all state employees.
- **ii.** Adopting policies like Family Medical Leave Insurance and requirements that employers allow employees to earn a minimum number of paid sick or personal leave days and allow them to request flexible work without penalty.
- **iii.** Exploring policies that support business owners who want to adopt family-friendly workplace policies.
- **iv.** Exploring policies to support counseling and support services for family caregivers.

b. The North Carolina Division of Aging and Adult Services and Area Agencies on Aging identify opportunities to strengthen support of local outreach efforts for family caregivers to facilitate good nutrition, falls prevention, access to essential transportation, safe housing, and social connectedness.

Desired Result – Family caregivers will have reduced stress and more flexible employment that will allow them to care for older adult family members living at home.

Why does the task force recommend this strategy? – Family caregiving's essential role in the health and well-being of older adults provides opportunities for legislative and employer support. As our state population continues to age, it is imperative that policymakers respond to the needs of family and other informal caregivers. If these caregivers are supported, they may be better equipped to identify and seek out solutions for aging-related issues with their loved ones.

Context – There are an estimated 1.28 million family caregivers in North Carolina who provide over 1 billion hours of care per year.[B,8] Family caregiving is uncompensated and often poses physical, emotional, and financial challenges. Nationally, around 30% of caregivers are in the "sandwich" generation – those who are raising children or grandchildren as they support an aging family member.[8]

Overall, caregivers are more likely to report psychological distress and symptoms of depression compared to non-caregivers, with growing emotional consequences as caregiving demands increase.[38–40] Additionally, caregivers may need to reduce their work hours or leave their careers entirely. Since women are more likely than men to fill more intensive caregiving duties, this time away from paid work exacerbates the gender pay gap.[41,42] For these reasons, a wholistic approach to addressing the physical and practical needs of family caregivers is needed, including attention to emotional well-being. Providing access to counseling and support services can assist caregivers in coping with the emotional challenges of providing care.

Caregiving Among Diverse Populations

The caregiving experience is variable based on resource availability, social support, and perceptions and expectations about caregiving for older adults. In addition, the experiences and cultural beliefs of different racial and ethnic groups impact use of long-term services and supports.[8] On average:

- More Black/African American and Hispanic/Latino caregivers are "involved in high-intensity care, which is marked by tending to someone with greater care needs" and "are more likely than other caregivers to report feeling a sense of purpose in caregiving, even when that care is intense (AARP and National Alliance for Caregiving 2020)."
- Black/African American caregivers "often provide care alone with no other help."
- Hispanic/Latino caregivers "tend to be younger and more often have children under age 18 still at home."
- American Indian and Alaska Native family caregivers "report a sense of reward and satisfaction from caregiving that is attributed to cultural attitudes toward older persons and collective care, even despite experiencing some stress as well."[8]

LGBTQ family caregivers, who represent around 9% of all caregivers, are also uniquely affected by caregiving responsibilities. Legal authority can present barriers to these caregivers when providing care to chosen (rather than genetic or legal) family or to a partner with whom the relationship has not been legalized.

Caregiving and Employment Considerations

Most family caregivers work either full-time or part-time, with a majority (54%) working in hourly wage positions.[8] Employment presents unique challenges to family caregivers who must balance their caregiving and work responsibilities. One survey found that around 20% of working caregivers had to leave their job to maintain their caregiving responsibilities, while 40% reduced their hours to part-time.[43] This is likely because paid sick and paid family leave are uncommon in the workforce. In North Carolina, about 78% of workers (4 million) do not have access to paid family leave through their employer.[44]

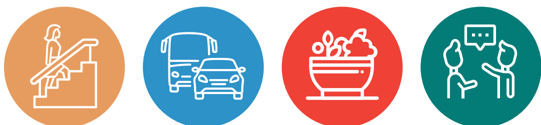
B AARP's report defines a family caregiver as "Any relative, partner, friend, or neighbor who has a significant personal relationship with, and who provides a broad range of assistance for, an older person or an adult with a chronic, disabling, or serious health condition."

Paid Leave

Paid family and medical leave refers to the ability to take a leave of absence for a "worker's own serious, longer-term health condition, to care for a family member with a serious health condition, or to care for or bond with a new child, and for reasons related to a family's member's military service."[45] Nationally, only 23% of workers had access to paid family leave in 2021.[45] Access to paid family leave varies by income, with only 6% of those with the lowest incomes having paid family leave compared to 43% of those with the highest incomes.[46] Nine states and the District of Columbia have enacted paid family and medical leave laws.[C]

State employees in North Carolina are now eligible for up to eight weeks of parental leave that may be used for the care of a newborn or adopted child, but not for other family members.[47]

How would this impact the health of older adults?



Family caregivers who have adequate employment options that include in-person, hybrid, and online opportunities and well-being supports will be able to provide care for older adults to help them continue to live at home. This care can help to reduce the risk of falls, enhance mobility, ensure adequate nutrition, and provide social connections.

Sarah is a mother and grandmother and has the joy of living with her daughter, Amy, and Amy's family. Sarah helps around the house as much as she can by making sure her grandchildren complete their homework and cooking occasional meals. She has a few health conditions that require regular visits to doctors and specialists, which Amy helps her coordinate and attends with her. Sarah used to be worried that this would interfere with Amy's work schedule, but Amy's employer has provided flexibility to allow for family caregiving needs. This flexibility has meant that the family can to continue to support each other in a variety of ways while not adding additional stress to their lives. Sarah is secure in knowing that she can continue aging in place with her family since Amy has found a balance between her professional and caregiving roles.

**This is a composite story that represents the experiences of caregivers and multi-generational families.*

C States that have enacted paid family and medical leave laws, as of 2021, are California, Colorado, Connecticut, Massachusetts, New Jersey, New York, Oregon, Rhode Island, and Washington.

ADDITIONAL RESOURCES:

Strategy 27 - Respond to Current and Future Needs for Aging Services and Aging Network Workforce

- NC Center on the Workforce for Health
- Food and Nutrition Services Employment and Training Program

Strategy 28 – Increase Knowledge and Awareness for Serving Older Adults in the Community

- National Aging and Disability Transportation Center
- State Aging Plan 2023-2027
- AARP North Carolina
- Strengthening Falls Prevention Efforts with the Help of First Responders

Strategy 29 – Increase Awareness of, and Sustainable Payment for, Community Health Workers

- North Carolina Community Health Worker Association
- NCDHHS - Office of Rural Health – Community Health Workers Section
- North Carolina Area Health Education Centers (NC AHEC) Community Health Worker Program
- NC Medicaid's Community Health Worker Strategy Guidance Paper

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> **Our rapidly growing and diverse older adult population strengthens our state and communities. We're going to continue our work to make North Carolina the best place in the country to grow older.**
>
> **- Governor Roy Cooper on Executive Order 280 North Carolina's Commitment to Building an Age-Friendly State**

North Carolina has a rapidly growing aging population. By 2028, one-fifth of all North Carolinians will be age 65 or older. By 2031, there will be more adults 65 years and older than children under 18. Most older adults want to "age in place" – living as much of their lives as possible in their homes and communities.

To support older adults, leaders must understand the influence of policy, community, and individual context across the life course. The experience of older adulthood is the culmination of experiences in childhood, adolescence, and early adulthood and a multitude of political, social, and economic factors. Some older adults may not have adequate wealth and income in their retirement due to historic and ongoing racial disparities in education, employment, and housing. Some may have spent less time in the workforce due to caregiving responsibilities. Similarly, one's marital status or family structure may influence their access to social support and assistance in older adulthood. Economic resources, accessible services, and opportunities for social inclusion can support food security, falls prevention, mobility, and social connectedness for individuals as they age.

There is a wide array of responsible parties needed to take action to fulfill the recommendations and strategies from the NCIOM Task Force on Healthy Aging that are detailed in this report. State level policy makers and local community leaders need to address the economic and social circumstances of those who are older adults now and those of us who hope to age to that status. These leaders are also important stewards of financial resources for programs that address many needs of older adults. Individuals and community leaders need to address ageism and create communities that help everyone have an opportunity to experience healthy aging. State leaders, program administrators, and many others need to ensure that the programs and services that serve older adults do so regardless of where they live, their economic background, or other aspects of their identities. State and local leaders also must ensure there is attention and action to address the workforce to serve older adults.

In response to our state's demographic changes and the expressed needs of this population, Governor Roy Cooper, the North Carolina Department of Health and Human Services' Division of Aging and Adult Services (DAAS), AARP NC, and other stakeholders have initiated multisector strategic planning to ensure that state organizations adequately meet the needs of older adults presently and all North Carolinians as they age. In addition to calling on the leaders identified in this report to take action, the task force is encouraged by the opportunity presented through the DAAS multisector plan for aging, known as All Ages, All Stages NC, and strongly supports their stated purpose:

> **'All Ages, All Stages NC: A Roadmap for Aging and Living Well' is North Carolina's groundbreaking multisector plan for aging (MPA). This comprehensive initiative aims to provide a strategic framework and practical guidelines to ensure that individuals of all ages and stages of life can thrive and age gracefully within the state. All Ages, All Stages NC recognizes the diverse needs and aspirations of North Carolina's residents, offering a roadmap that promotes holistic well-being, equitable access to services, and vibrant community engagement. By fostering collaboration between government, communities, and individuals, NC's MPA will create a future where every person can enjoy a fulfilling and empowered life, regardless of their age or circumstances.**
>
> **– NCDHHS, Division of Aging and Adult Services,**
> ***https://www.ncdhhs.gov/divisions/aging-and-adult-services/mpa-all-ages-all-stages-nc***

SOCIAL & ECONOMIC FACTORS THAT AFFECT HOW WE EXPERIENCE AGING

Recommendation 1 - Help Older Adults Retain More Financial and Material Resources To Support Healthy Aging

Strategy 1 - Help More North Carolinians Plan and Save for Retirement

a. The North Carolina Office of State Human Resources should identify opportunities to assist state employees with comprehensive pre-retirement education and planning related to finances, housing, and transportation needs for aging.

b. The North Carolina General Assembly should establish a state-facilitated program to help businesses offer paycheck deductions for retirement savings if they are currently not offering a retirement plan.

Strategy 2 - Increase Employment Opportunities for Older Adults

a. The Department of Commerce (including the NCWorks Commission), North Carolina Chamber of Commerce, local Chambers of Commerce, North Carolina Community Colleges System, University of North Carolina System (including Schools of Business and lifelong learning programs), and local Workforce Development Boards should collaborate to identify best practices and provide education to business owners and employers about:

i. Benefits and methods of attracting and retaining older adult employees, and

ii. Opportunities to retool the skills of older adults to meet employment needs.

b. The North Carolina Division of Aging and Adult Services and other administrators of the Senior Community Services Employment Program (SCSEP) should work with partners and organizations where older adults become connected to SCSEP to reach the capacity of the program.

c. Unite Us should work to develop connections with senior services providers to increase the use of the NCCARE360 statewide resource network to support older North Carolinians in areas like employment and income assistance.

Strategy 3 - Update Tax Policy to Help Older Adults with Lower Incomes

The North Carolina General Assembly should review and update income and property tax policies related to older adults to provide tax relief for those most in need. Tax policies to be reviewed include the Homestead Property Tax Exclusion, Circuit Breaker Tax Deferment, Refundable Earned Income Tax Credit, and the income and age brackets currently in place for older adults.

Strategy 4 - Increase Uptake of Food and Nutrition Services

a. North Carolina philanthropies should provide additional financial support for outreach contractors to increase awareness of the eligibility and enrollment process for Food and Nutrition Services (also known as SNAP), particularly in historically underserved communities. Financial support should also include sensitivity and cultural awareness training for outreach contractors on methods to reduce stigma for consumers accessing Food and Nutrition Services.

b. Outreach contractors should consult with the North Carolina Division of Social Services, Division of Aging and Adult Services, County Departments of Social Services, and Area Agencies on Aging on effective outreach methods in North Carolina's diverse communities to ensure all eligible individuals have the opportunity to enroll in the program.

c. The North Carolina Department of Health and Human Services should increase staff capacity to more quickly ensure that the Division of Child and Family Well-Being, Food and Nutrition Services Section is able to complete transition from the 1-year client recertification period to a 3-year client recertification period for FNS/SNAP as soon as possible.

d. The North Carolina Department of Health and Human Services should provide guidance on establishing partnerships between the health and medical community and health care payers to promote food prescription programs, the Senior Farmers' Market Nutrition Program, Commodity Supplements (senior boxes), and food programs for veterans and military families.

Strategy 5 - Reduce the Costs of Health Care Coverage

The North Carolina General Assembly should increase access to health insurance and reduce costs to older adults with lower incomes by:

a. Using its authority to reduce eligibility requirements for income and assets for the Medicare Savings Programs for lower income adults.

b. Increasing funding for outreach to inform consumers of opportunities for Medicare Savings Programs and the Part D "Extra Help" benefits for those with limited incomes, particularly in underserved communities and those where distrust of government programs or lack of knowledge about them may be more common.

c. Supporting outreach to older adults who are newly eligible for Medicaid due to the state's expansion of Medicaid eligibility.

Strategy 6 - Increase Awareness of and Protections from Fraud for Older Adults

The State Attorney General's Office should continue collaboration with the North Carolina Division of Aging and Adult Services and the North Carolina Senior Consumer Fraud Task Force to:

a. Work with the North Carolina Bankers Association, Carolinas Credit Union League, and North Carolina Retail Merchants Association to promote education and training of bank and retail employees on identification of possible victims of fraud and how to intervene in potential instances of fraud.

b. Evaluate what groups of older adults may be most vulnerable to fraud and identify opportunities for additional outreach.

Recommendation 2 - Ensure Safe and Affordable Housing For Older Adults

Strategy 7 - Ensure Statewide Focus on Housing Availability, Affordability, and Supports for Older Adults

a. The North Carolina Department of Health and Human Services should fulfill the recommendation of the Governor's Advisory Council on Aging to conduct, or identify another entity to conduct, a statewide comprehensive needs assessment of 1) current and future housing needs and 2) programs to address home building and home modification for older adults. The review should identify differences in the availability and cost of housing by race, ethnicity, disability status, geography, and income. The review should also consider and discuss variations in cost of utilities among these groups, adequacy of public funding for home modification and repair services, challenges related to falls prevention for homeowners vs. renters, and opportunities for increasing social connections for older adults through planned community/housing environments. The review process should include representation from community members and advocacy groups most impacted by housing issues to provide input on context and important considerations.

b. The North Carolina General Assembly, the Office of the Governor, and the North Carolina Housing Finance Agency should work together to:

i. Review results of the housing needs assessment recommended in 7a and appoint a task force to:

1. Identify policy options to address a) inadequate supply of housing, b) access to home modifications, and c) disparities in access to safe and affordable housing.

2. Identify effective incentives (e.g., inclusionary zoning, density bonuses) for home builders and buyers to develop and purchase homes built with universal design characteristics and increase available tax credits for home modifications to help older adults stay in their homes regardless of their income.

3. Identify opportunities to increase the service area for Centers for Independent Living across the state to support stable housing options for people with disabilities.

ii. Increase funding to support and sustain the North Carolina Housing Trust Fund.

Strategy 8 - Enhance Learning Opportunities Related to Housing Programs and Services

a. The North Carolina Falls Prevention Coalition should partner with statewide and local housing organizations to host annual summits rotated to different regions that include education for interested and responsible parties and consumers about what can be done to reduce the risk of falls in the home and community. The summits should include a focus on housing considerations and issues for people in rural areas, people with physical and sensory disabilities, people who live in public or rental housing, and other groups who may be underserved.

b. The North Carolina Division of Aging and Adult Services and Area Agencies on Aging should identify opportunities to support learning and opportunities to enhance efficiencies for older adult community service providers about possible uses for Home and Community Care Block Grant (HCCBG) funds when there is an increase in funding availability, other funding sources, and available community resources to help ensure safe and affordable housing for older adults (e.g., home modification programs). All trainings/presentations/efforts should include a focus on housing considerations and issues for people in rural areas, people with disabilities, people who live in public or rental housing, and other groups who may be underserved.

c. The North Carolina Statewide Independent Living Council, local Centers for Independent Living, and state and local housing coalitions should partner to develop education opportunities for local Housing Authorities and Housing Choice Voucher Program (formerly known as Section 8) landlords on the needs of older adults and people with disabilities related to home modifications and how universal design features can support the aging population and people with physical and sensory disabilities.

Recommendation 3 - Ensure Digital Equity for Older Adults

Strategy 9 - Increase Access to Broadband Internet across the State

In developing and implementing digital inclusion plans, local governments should work with community partners – including senior centers, libraries, faith-based groups, health care providers, and university and community college facilities (among other possible partners) – to ensure community members and smaller organizations serving older adults have access to reliable and affordable broadband internet service. Strategies may include increasing uptake of subsidized internet services and expanding programs that provide low-cost access to internet services and devices that are appropriate for the needs and abilities of older adults.

Strategy 10 - Increase Digital Literacy for Older Adults

The North Carolina Division of Aging and Adult Services should work with aging services partners and funders to:

a. Identify opportunities to sustain the work that will be done through the digital literacy grant along with other grantees of the North Carolina Department of Information Technology's Division of Broadband and Digital Equity.

b. Increase awareness of digital literacy services offered at various community locations (e.g., senior centers, libraries, cooperative extensions, local school systems, community colleges, and programs that pair youth with older adults for mutual mentorships).

PROMOTING A CULTURE OF AGING ACROSS THE LIFESPAN

Recommendation 4 - Create a Community Culture that Supports Healthy Aging

Strategy 11 - Promote Aging in All Policies

The Office of the Governor, the North Carolina Department of Health and Human Services, in collaboration with organizations such as the UNC Institute of Government, the North Carolina Association of County Commissioners, the North Carolina Coalition on Aging, North Carolina Community College System, and AARP NC should work together to educate policymakers at all levels on promoting an "Aging in All Policies" framework similar to "Health in All Policies."

Strategy 12 - Grow Age-Friendly Communities with Support from Local Government and Community-Based Organizations

a. Local governments should support and fund the development of age-friendly communities by:

i. Working directly with community leaders and residents of communities to identify opportunities for intergenerational community connections; opportunities to celebrate aging and the contributions of older adults; and opportunities to maximize the experience, talents, and interests of older adults.

ii. Including perspectives and representation from older adults most affected, including older adults who represent the racial and economic diversity of communities and advocates for people with disabilities, in aging planning processes.

iii. Ensuring a "healthy aging ambassador" is responsible for applying the "Aging in All Policies" approach to county- and municipal-level policymaking, planning, and program development.

b. AARP NC, the North Carolina Department of Health and Human Services, Hometown Strong, and the UNC School of Government, and other units of the UNC system should collaborate to:

i. Develop educational opportunities for local government officials—especially city, county, and regional planners—to learn about the "Aging in All Policies" framework and best practices in age-friendly community development with considerations for issues such as pedestrian safety, transportation, zoning, etc.

ii. Identify an entity to host a learning collaborative of communities working to be designated as age-friendly to discuss best practices, lessons learned, and opportunities for sharing their experiences with other communities interested in becoming age-friendly.

iii. Identify funding needs and potential sources of funding for this work.

Strategy 13 - Help Older Adults Improve or Maintain Their Physical Activity, Strength, Endurance, Flexibility, and Balance

Local parks and recreation departments should convene and partner with senior centers, local health departments, Senior Games, faith-based organizations, other community activity organizations (e.g., YMCAs), local business representatives, health care payers, local planning entities, Senior Health Insurance Information Programs (SHIIP), and Food and Nutrition Services (also known as the Supplemental Nutrition Assistance Program - SNAP) Education -implementing agencies to:

a. Learn from and engage with older adult community members about their preferences and needs for activities to improve or maintain their physical activity and strength.

b. Identify and increase implementation and use of programs and services to encourage physical activity and the maintenance of strength across different levels of physical ability among older adults, including evidence-based fall-prevention programs. This work should include an examination of how accessible and welcoming programs are for different groups within the community based on income, race, ethnicity, and physical and sensory disability status.

c. Identify safety concerns and access considerations for older adults to engage in physical activity in the community (e.g., community safety, access to sidewalks, fall risks on streets and sidewalks, indoor and outdoor activity options, and virtual exercise programs) and partner with local government leaders and planners to develop options to address concerns.

Recommendation 5 - Collaborate to Encourage Actions that Support Healthy Aging across the Lifespan

Strategy 14 - Dedicate Resources to Answering Important Research Questions and Developing Data on Aging Services

a. The UNC System General Administration and North Carolina Community College System should undertake or arrange for a study that includes:

i. Identification of existing Gerontology and Geriatric Medicine programs, curricula, and resources on campuses across the UNC and Community College systems;

ii. Assessment of the adequacy of the existing programs and curricula and the interaction of these programs across the systems; and

iii. Recommendations for enhancing research, education, training, and continuing education to respond to North Carolina's aging demographic, promote healthy aging, and address the workforce needs in serving an aging population.

b. The North Carolina Division of Aging and Adult Services and aging partners should evaluate the outcomes and lessons learned from the additional funding for aging services programs that was available through the American Rescue Plan Act and identify:

i. Innovations and programs that should warrant state support,

ii. Opportunities to sustain effective programs and whether this requires modification of existing state policies and rules, and

iii. The most relevant and accessible outcome measures that can be collected from these programs to facilitate their continued support.

Strategy 15 - Address Cultural Stigmas of Aging

State and local agencies and partners should increase opportunities for intergenerational community interactions by:

a. Redeveloping/growing programs like Senior Education Corps, AmeriCorps Seniors (Foster Grandparent and other programs), AARP Foundation Experience Corps, and NC Education Corps.

b. Pursuing philanthropic support for resources/collaboratives to help parks and recreation, arts, Senior Games/Silver Arts, cooperative extensions, senior centers, schools, libraries, faith-based partners, etc., to develop intergenerational programming.

Strategy 16 - Ensure Legislative Attention to Aging Issues

a. The North Carolina General Assembly should ensure that legislative committee structures promote discussion and review of policy that impacts older adults, family caregivers, and aging across the lifespan.

b. The North Carolina Division of Aging and Adult Services, in collaboration with AARP NC and the North Carolina Coalition on Aging, should convene an annual meeting of representatives from state agencies involved in aging issues (e.g., Division of Public Health, Division of Services for the Blind, Division of Services for the Deaf and Hard of Hearing, Commerce), the Governor's Office, Governor's Advisory Council on Aging, North Carolina Senior Tar Heel Legislature, NC Association on Aging, NC Association of Area Agencies on Aging, UNC-Asheville Center for Health and Wellness, Disability Rights NC, and NC Falls Prevention Coalition to discuss priorities and identify opportunities for alignment.

COMMUNITY SERVICES AND PROGRAMS

Recommendation 6 - Strengthen Existing Programs and Services

Strategy 17 - Strengthen North Carolina's Local Senior Centers

a. The North Carolina General Assembly should uphold and strengthen the skill and ability of senior centers to provide vital social connections, activities, exercise, and other programs integral to the lives of older adults and their families by:

i. Supporting the 2023-2024 Senior Tar Heel Legislature priority to "Increase Recurring Funding for Senior Centers by $1.26 Million"

Senior Tar Heel Legislative Priorities for 2023-2024 - Increase the Senior Center General Purpose Appropriation by $1,265,316 in recurring funds.

Senior Center General Purpose funding is currently $1,265,316, which is not meeting the demands of a growing population.

ii. As part of this funding increase, the General Assembly should also request a study of the current senior center certification program to evaluate effectiveness and identify opportunities for strengthening certification to ensure that needs of older adults are being met, that centers are serving a population representative of the community with regard to race, ethnicity, and disability of older adults, and to evaluate how funding can meet the goal of incentivizing certification.

b. The North Carolina Division of Aging and Adult Services should conduct the analysis of the senior center certification program recommended in Strategy 17

i. To identify strengths and weaknesses and opportunities for improvement. This process should include Area Agencies on Aging, a representative sample of senior centers and participants, and representatives of the Senior Tar Heel Legislature and Governor's Advisory Council on Aging.

Strategy 18 - Increase Access to the Program of All-Inclusive Care for the Elderly

a. NC Medicaid should help to increase access to the Program for All-Inclusive Care for the Elderly (PACE) through improved eligibility and enrollment processes.

b. The General Assembly should help to increase access to PACE by fulfilling the recommendation of the Governor's Advisory Council on Aging to expand program availability throughout the state, including providing additional resources to the Division of Health Benefits for program administration.

Recommendation of Governor's Advisory Council on Aging:

Continue the phased expansion of the PACE (Program of All-Inclusive Care for the Elderly) managed care model statewide and provide additional resources to support the administration of the PACE program by the NC Division of Health Benefits.

Strategy 19 - Increase Knowledge about and Prevalence of Current Programs and Supports

The North Carolina Department of Health and Human Services should work with Offices and Divisions within the Department and Area Agencies on Aging to develop:

a. An outreach strategy and identify partners at the state and local levels (e.g., faith leaders, libraries, local government, regional AHECs) to increase knowledge and use of existing services and programs. This includes but is not limited to Home and Community Care Block Grant funding, adult protective services, guardianship, 211, NCCARE360, FNS/SNAP, falls prevention programs, transportation assistance, food prescription programs, and the 988 Suicide and Crisis Lifeline. Special attention should be paid to accessibility of programs for different groups based on income, race/ethnicity, and disability status.

b. Recommendations and strategies to increase funding for and number of programs such as CAPABLE, A Matter of Balance, Handy Helpers, CHAMP (Community Health and Mobility Partnership), community paramedicine, Regional Falls Prevention Coalitions (to connect all counties), programs employing community health workers, programs that help older adults with health literacy, medication access, and Medication Therapy Management (MTM, e.g., Senior PharmAssist), and other programs to address the needs of older adults aging at home and the needs of family caregivers.

Strategy 20 - Conduct Research and Evaluation on Current Programs to Increase Access to Services

a. The North Carolina General Assembly should fund:

i. A study to understand the adult day health program landscape, how to expand in rural areas, what the funding landscape is now (i.e., adequacy, range of rates from different funding sources), and how to ensure equitable access for populations who are lower-income, historically marginalized, and/or experiencing physical or sensory disabilities.

ii. The UNC General Administration System to support research and evaluation studies, with input from the North Carolina Division of Aging and Adult Services, that would inform future aging service planning and development and the promotion and support of "Aging in All Policies" (also see Strategy 14).

b. The North Carolina Department of Transportation should work with relevant partners, such as the Division of Aging and Adult Services, Area Agencies on Aging, local departments of health and social/human services and health/medical providers to identify innovative ridesharing and transportation-hailing solutions that are demand-responsive (e.g., RideSheet), streamlined, and consumer-friendly and seek funding for additional program implementation and advertising across the stat.

c. The North Carolina Department of Health and Human Services should identify Division representatives and other partners to review terminology used in human services program applications, systems, and other data collection sources and make recommendations about inclusive methods of collecting gender, race/ethnicity, family status, and other demographic information.

d. The Governor's Highway Safety Program, in collaboration with the North Carolina Department of Health and Human Services and the UNC Highway Safety Research Center, should develop training materials for relevant aging services providers on how to screen for fitness to drive and make appropriate referrals to medical providers.

Strategy 21 - Increase and Modernize the Home and Community Care Block Grant

The North Carolina General Assembly should:

a. Fulfill the Senior Tar Heel Legislature's recommendation to increase recurring state funding for the Home and Community Care Block Grant (HCCBG) by $8 million.

Senior Tar Heel Legislative Priorities for 2023-24 – Allocate an additional $8M in recurring funds for the Home and Community Care Block Grant.

The Home and Community Care Block Grant is the primary funding source for community-based programs that support people 60 and older and current funding isinsufficient to meet the need. The current state appropriation is $36.9M.

b. Fund the North Carolina Division of Aging and Adult Services to:

1. Study and update HCCBG policies that impact how local providers can use funds.

2. Improve provider reimbursement to streamline data-sharing and increase capacity for evaluation.

3. Modernize the Aging Resources Management System (ARMS) as a tool for provider reimbursement and program planning and evaluation.

Strategy 22 - Strengthen Adult Protective Services

a. The North Carolina General Assembly should work with Adult Protective Services (APS) at the state and local levels and advocates for older adult to evaluate the current state statute for APS to identify opportunities for modernization and funding.

b. Fulfill the 2023-2024 Senior Tar Heel Legislature priority of increasing recurring funding for APS by $8 million.

Senior Tar Heel Legislative Priorities for 2023-24

Allocate an additional $8M in recurring funds for Adult Protective Services (APS) to address staff shortages.

In SFY 21, APS received 32,075 reports across the state, compared to 14,001 reports in SFY 2005-2006, reflecting an increase of 129% in 17 years.

Recommendation 7 - Include Aging in Local Public Health & Hospital Community Health Assessments

Strategy 23 - Ensure Integration of Age-Related Issues in Community Health Assessments and Action Planning

a. The Division of Public Health, North Carolina Institute for Public Health, and North Carolina Healthcare Association should help to increase inclusion of aging-related issues in the work of local public health and hospitals by providing these entitites with education and technical assistance related to aging priorities and services and supports to include falls prevention, senior nutrition, mobility, accessibility, transportation planning, and social isolation in community health assessments.

b. Local health departments and nonprofit hospitals should ensure aging-related issues are included in community health assessments and should grow partnerships with aging-related community organizations.

Recommendation 8 - Connect Health Care with Aging Issues

Strategy 24 - Identify and Address Health Issues Related to Getting Adequate Nutrition

a. The North Carolina Oral Health Collaborative should work with partners to identify standards and improve awareness of oral health for older adults by:

i. Collaborating with the North Carolina Academy of Nutrition and Dietetics, North Carolina Medical Society, Old North State Medical Society, Family Physicians Association, North Carolina Nurses Association, and other health care trade associations to build awareness of older adult oral health issues and identify simple screening and referral protocols.

ii. Collaborating with the North Carolina Division of Aging and Adult Services, Area Agencies on Aging, state and local public health, and senior centers to identify opportunities and funding to build awareness of older adult oral health issues and ways to connect older adults to dental services, including for those who are homebound and those who otherwise face barriers due to their income, geographic location, or special needs.

iii. Developing a recommendation for service frequency and coverage of dental care for older adults.

b. The North Carolina Healthcare Association (NCHA) should work with experts in food security and nutrition to identify and support a standard evidence-based tool for hospitals to use in the identification of malnutrition. NCHA should also advocate for adequate training of any hospital staff who conduct malnutrition assessments, as well as referral mechanisms for those identified as food insecure and/or malnourished (e.g., NCCARE360).

Strategy 25 - Use Screening and Assessments to Identify Issues of Falls Risk, Fitness to Drive, and Social Isolation

a. The North Carolina Department of Health and Human Services should:

i. Update client intake forms for social services programs to include questions to screen for falls risk and social isolation.

ii. Partner with the North Carolina Community Health Workers Association to identify training and targeted outreach opportunities for community health workers to educate about and screen for falls risk, fitness to drive, and social isolation at community-based organizations serving older adults (e.g., senior centers).

iii. Partner with the North Carolina Area Health Education Centers (AHEC), North Carolina Community Health Workers Association, North Carolina Nurses Association, North Carolina Medical Society, Old North State Medical Society, and North Carolina Association of Pharmacists to identify and promote educational opportunities for health care providers and direct care workers on:

1. Health impacts of social isolation and ways to address this issue with older adults.

2. Importance of screening and assessments for fitness to drive and available screening tools.

3. Relevance of vision and hearing changes to risk of falls and social isolation and recommended screenings.

4. Relationship between polypharmacy and risk of falls and methods to decrease medication burden.

5. Moving beyond fall-risk screening to assessing specific risk factors for falls to know how to appropriately intervene.

b. The North Carolina Health Care Association, North Carolina Medical Society, and other health care professional organizations should:

i. Promote the inclusion of screening and assessment for falls risk and social isolation on standardized screening for patients, particularly for older adults, and a screening for traumatic brain injury if a patient has experienced a fall.

ii. Promote the inclusion of falls prevention and social isolation as topics for community outreach services or events.

iii. Work with and help financially support the NC Falls Prevention Coalition and their partners to promote the development or expansion of evidence-based intervention plans and programs for individuals screened as at risk for falls and ensure relevant health care providers are educated on these intervention plans. Intervention plans should include referral pathways to help community-dwelling older adults access an appropriate evidence-based community falls-prevention program.

WORKFORCE TO MEET THE NEEDS OF OLDER ADULTS

Recommendation 9 - Ensure an Adequate Aging Network Workforce for the Future

Strategy 26 - Understand Current Aging Network Workforce Characteristics and Future Workforce Needs

The Department of Labor should partner with the North Carolina Division of Aging and Adult Services and North Carolina Workforce Development Boards, as well as other health care and aging network partners, to evaluate the characteristics of the aging network workforce in North Carolina and projected workforce needs in the coming years. This evaluation should examine variations in workforce capacity and salaries across the state, demographics of the workforce (e.g., age, race, and ethnicity), and use of and access to technology.

Strategy 27 - Respond to Current and Future Needs for Aging Services and Aging Network Workforce

a. The North Carolina Center on the Workforce for Health should include a focus on sectors and disciplines that care for older adults.

b. The Division of Aging and Adult Services and Area Agencies on Aging should partner to:

i. Develop resources for succession planning for aging network providers. Partners should include representatives from Area Agencies on Aging, senior centers, and other aging network providers.

ii. Identify opportunities for partnerships between universities/ community colleges and local aging and adult services to connect with the future workforce, share intergenerational activities, and link to capacity-building opportunities. Partners should include the Food and Nutrition Services Employment and Training Program; rehab training programs including PT, OT, SLP, and others; and the UNC System and NC Community College System, among others.

iii. In partnership with NC AHEC, identify opportunities for incorporating retired health care professionals into the aging services workforce for employment.

Recommendation 10 - Ensure a Strong Community Workforce to Serve Older Adults

Strategy 28 - Increase Knowledge and Awareness for Serving Older Adults in the Community

The North Carolina Association on Aging, AARP NC, North Carolina Coalition on Aging, and North Carolina Division of Aging and Adult Services, should partner to identify and prioritize types of professionals who can benefit from greater understanding of needs of older adults (e.g., first responders, transportation workers) and identify opportunities and partnerships to provide education that increases aging-related knowledge and best practices and addresses negative cultural stereotypes of aging and older adults.

Recommendation 11 - Improve the Ability of Community Health Workers to Address the Needs of Older Adults

Strategy 29 - Increase Awareness of, and Sustainable Payment for, Community Health Workers

The North Carolina Community Health Workers Association, North Carolina Association on Aging, North Carolina Coalition on Aging, and relevant partners should collaborate to increase the opportunity for community health workers (CHWs) to be a resource in identifying and addressing needs of older adults and family caregivers in communities by:

a. Identifying opportunities to increase the number of CHWs serving North Carolina's communities and increase awareness of the role CHWs can have within a health care team and in connection with local aging services providers.

b. Developing sustainable payment models for CHW services, such as a regional/hub model that would provide funding directly to community-based organizations that employ CHWs.

c. Creating a learning collaborative and/or opportunities for community-based organizations that deploy CHWs to learn from others about partnerships formed to pay for CHW services. Also, grow educational opportunities and tools to help CHWs be successful in addressing the needs of older adults and family caregivers.

Recommendation 12 - Support Family Caregivers

Strategy 30 - Increase Access to Employment and Well-Being Support for Family Caregivers

a. The North Carolina General Assembly can support older adult employees and caregivers of older adults, people with disabilities, and children by:

i. Implementing paid family and medical leave for all state employees.

ii. Adopting policies like Family Medical Leave Insurance and requirements that employers allow employees to earn a minimum number of paid sick or personal leave days and allow them to request flexible work without penalty.

iii. Exploring policies that support business owners who want to adopt family-friendly workplace policies.

iv. Exploring policies to support counseling and support services for family caregivers.

b. The North Carolina Division of Aging and Adult Services and Area Agencies on Aging identify opportunities to strengthen support of local outreach efforts for family caregivers to facilitate good nutrition, falls prevention, access to essential transportation, safe housing, and social connectedness.

North Carolina Institute of Medicine

North Carolina Institute of Medicine. A Place to Thrive: Creating Opportunities to Age Well in North Carolina. Chapel Hill, NC: North Carolina Institute of Medicine; 2023.

Funded by Funded by The Duke Endowment, the North Carolina Department of Health and Human Services Division of Aging and Adult Services and Division of Public Health, and AARP North Carolina.

Any opinion, finding, conclusion, or recommendations expressed in this publication are those of the Task Force and do not necessarily reflect the views and policies of the the views and policies of the task force funders. The North Carolina Institute of Medicine recognizes the broad range of perspectives, priorities, and goals of the individuals and organizations who have contributed to the process and report of the Task Force; while we strive to reach and reflect consensus, participation in the Task Force does not indicate full endorsement of all final recommendations

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