All Ages, All Stages NC

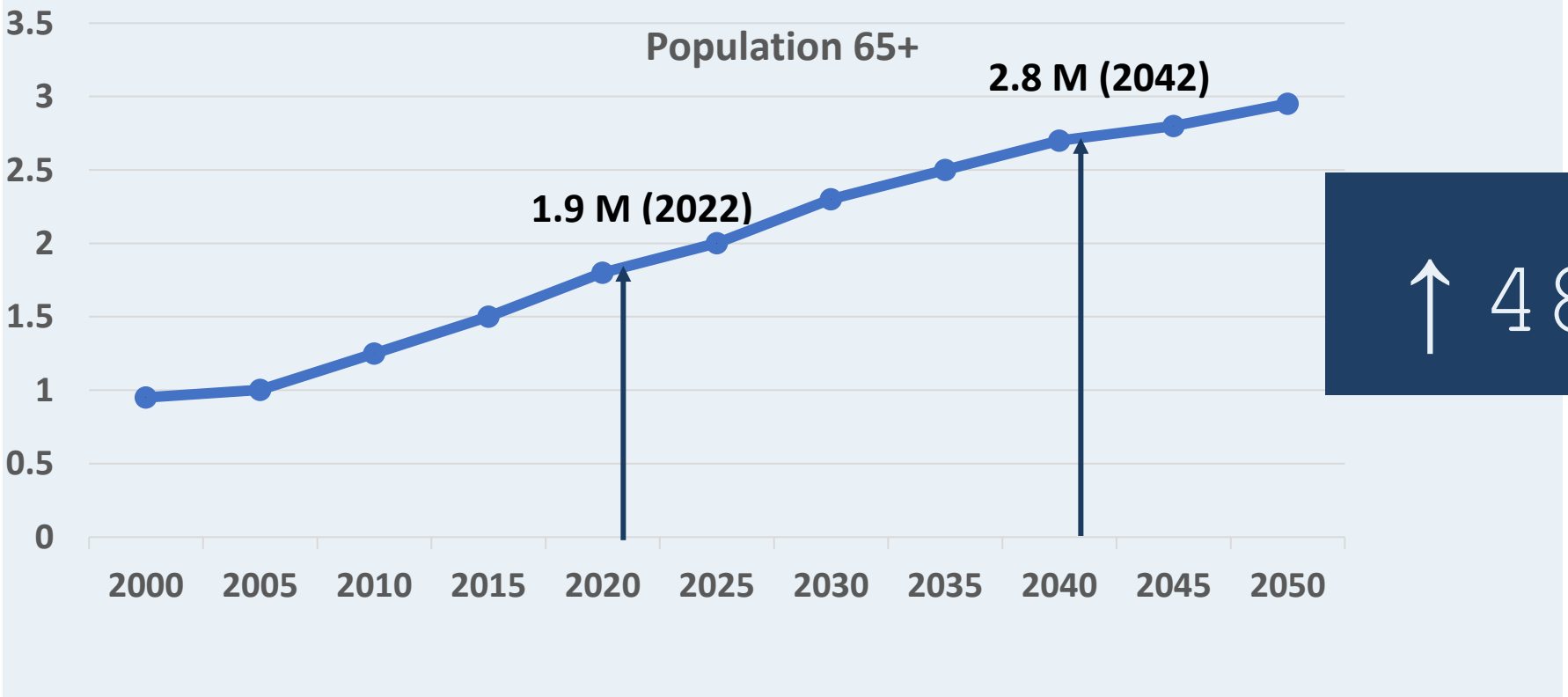
A Roadmap to Aging and Living Well

Stakeholder Convening

March 4, 2024

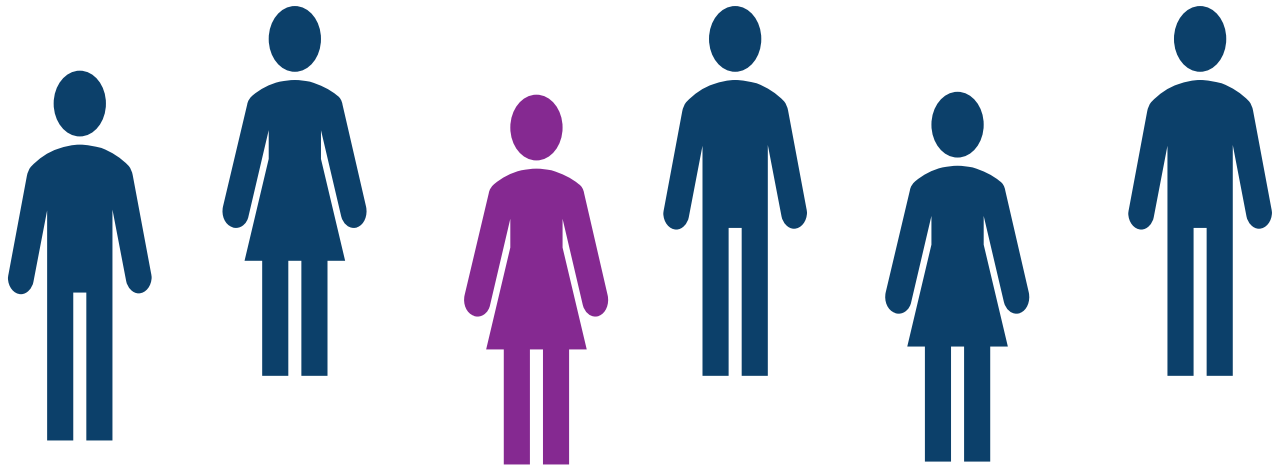
BACKGROUND
Why Are We Here Today?

NC is Aging



Source: NC Office of State Budget and management, Standard Population Estimates, Vintage 2022; Population Projections, Vintage 2023, www.osbm.nc.gov/facts-figures/population-demographics

2022



1 in 6 were 65+

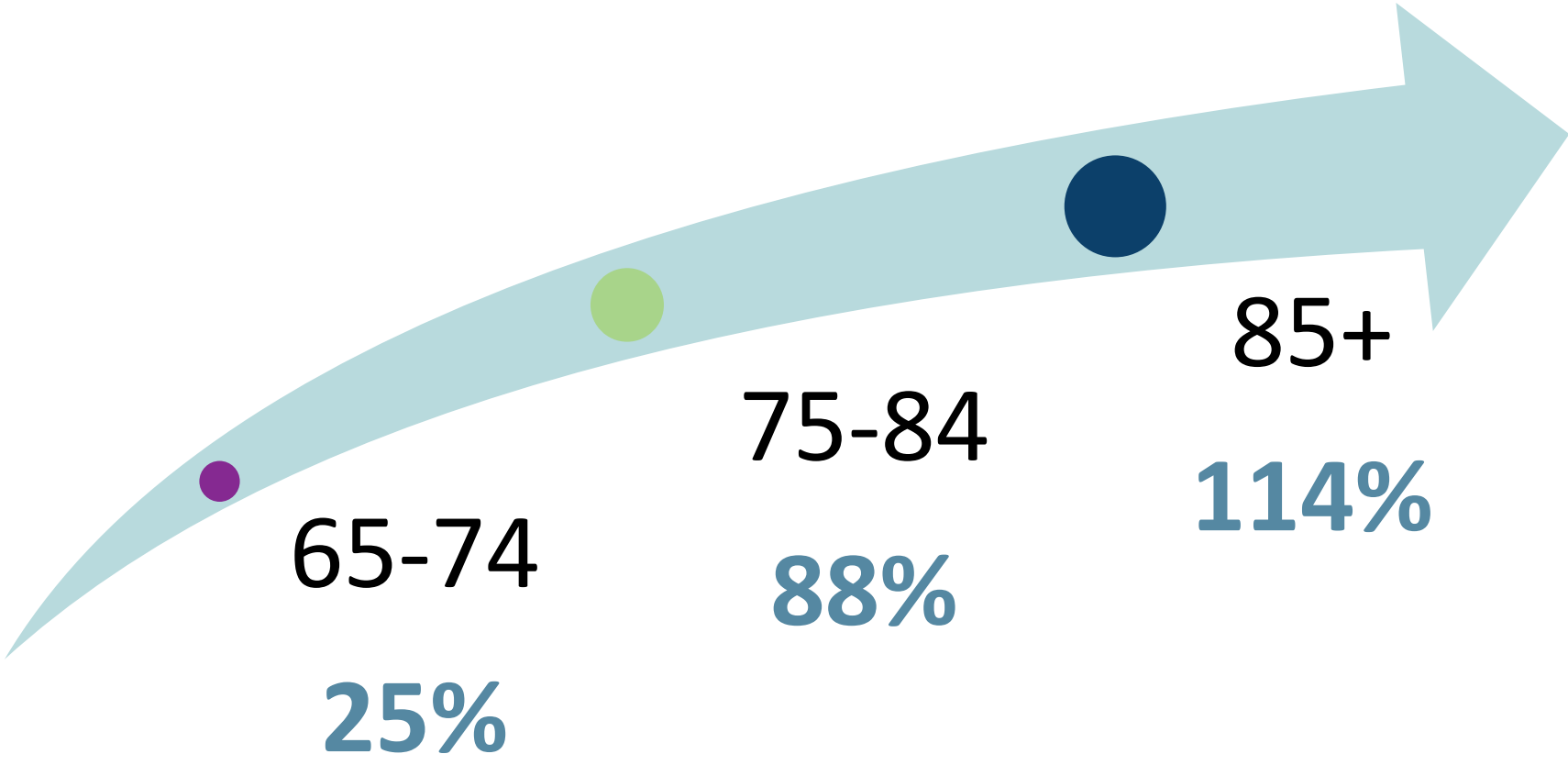
Source: NC Office of State Budget and Management, Standard Population Estimates, Vintage 2022; Population Projections, Vintage 2023, www.osbm.nc.gov/facts-figures/population-demographics

2025

1 in 5 will be 65+

Source: NC Office of State Budget and Management, Standard Population Estimates, Vintage 2022; Population Projections, Vintage 2023, www.osbm.nc.gov/facts-figures/population-demographics

Projected Growth: Next 20 Years



Source: NC Office of State Budget and Management, Standard Population Estimates, Vintage 2022; Population Projections, Vintage 2023, www.osbm.nc.gov/facts-figures/population-demographics

NC Caregivers, All Ages (2021)

369,000

Number of caregivers

533 Million

Total hours of unpaid care

$8.1 Billion

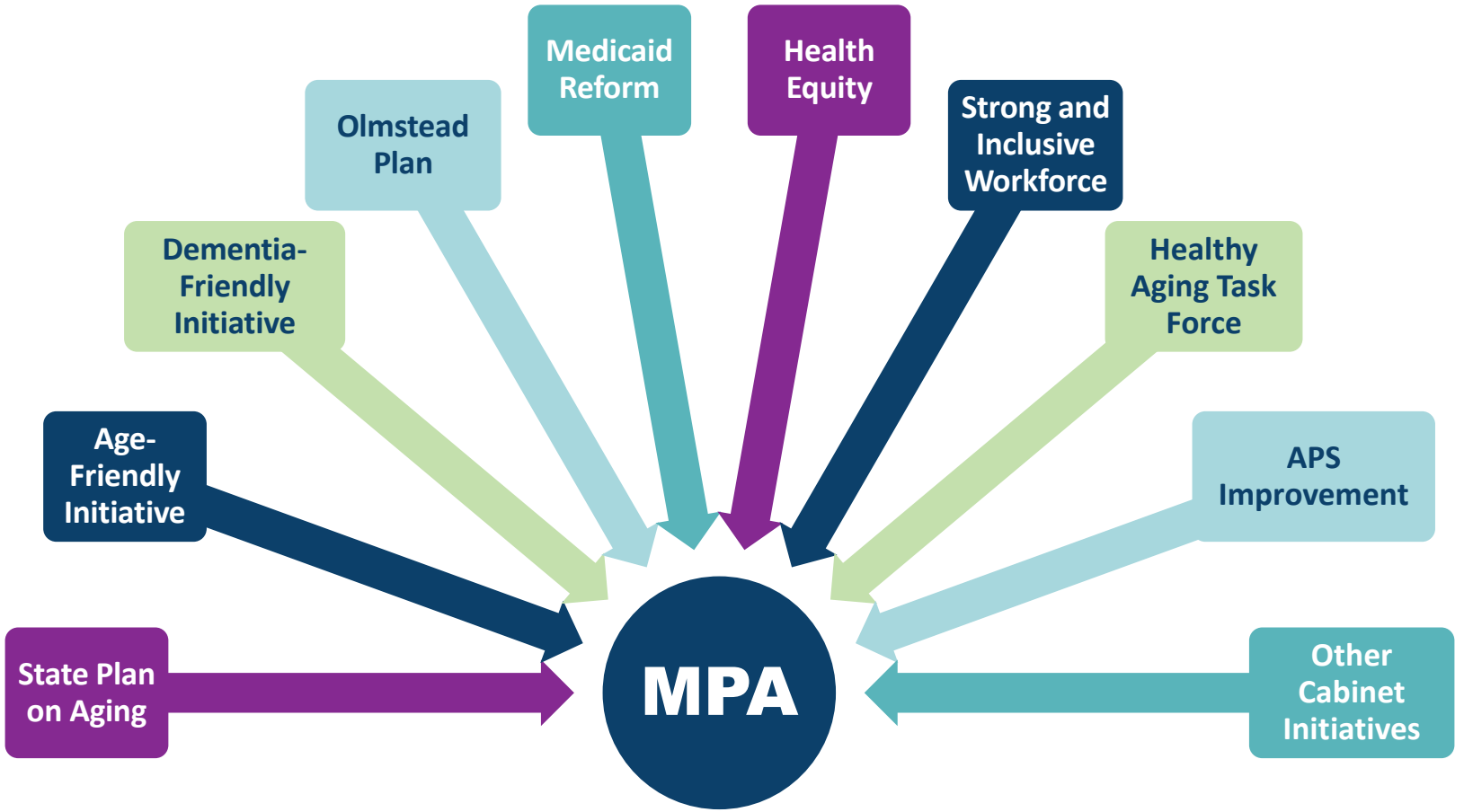
Total value of unpaid care

Source: Alzheimer's Association: Alzheimer's Disease Facts and Figures report, NC; https://www.alz.org/media/Documents/northcarolina-alzheimers-facts-figures-2023.pdf

Multisector Plan for Aging (MPA)

*A **cross-sector, state-led strategic planning resource** that can help states transform the infrastructure and coordination of services for their rapidly aging population, as well as people with disabilities.*

Existing Initiatives



Executive Order 280: NC's Commitment to Building an Age Friendly State

https://governor.nc.gov/executive-order-no-280/open

EO 280: Directive for MPA

DHHS shall implement planning process with working groups to develop Multisector Plan for Aging

- Shall be led by Division of Aging and Adult Services and Division of Health Benefits
- Report shall be submitted to Governor no later than one year from date of EO

https://governor.nc.gov/executive-order-no-280/open

NC's MPA

All Ages, All Stages NC

A Roadmap for Aging and Living Well

NC's MPA Steering Committee

Joyce Massey-Smith		Mary Bethel
Mona Azarbayjani	Emilia Ismael	Michael Olender
Cynthia Banks	Mackenzie Patak	Ed Rosenberg
Wrenia Bratts-Brown	Bill Lamb	Angie Sardina
Mark Ezzell	Sabrena Lea	Neal Shah
Rebecca Freeman	Sarajane Melton	Divya Venkataganesan

Timeline


May 2
Executive Order signed declaring NC age-friendly state and formalizing MPA initiative.
June 5
Hosted All Ages, All Stages kickoff meeting.
August
Finalized steering committee.
September 7
Convened stakeholder workgroup meeting.
September to February
Stakeholder workgroups meet to develop objectives and recommendations.
September to November
Conduct focus groups.

Timeline

January-February

Begin work on public information campaign

March

Steering committee receive workgroup objectives and recommendations

March 4, 2024

Reconvene stakeholder workgroups. Begin soliciting public input.

March 2024

Share objectives and recommendations with cabinet representatives. Begin drafting report. Incorporate input and feedback as needed.

April 2024

Refine report draft and share with stakeholders for additional input. Launch public awareness campaign.

April to May 2024

Establish 2-year outcome metrics and finalize data dashboard.

Focus Group Findings to Inform North Carolina's Multisector Plan for Aging

All Ages, All Stages NC Stakeholder Workgroup Convening

March 4, 2024

Louise Noble, MSW

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Aging and Adult Services

All Ages, All Stages NC
A Roadmap for Aging and Living Well

N.C. Center for Health & Wellness at UNC Asheville
Culture of Results™

Agenda

- Desired Results
- Research Methodology
- Key Findings
- Inclusion & Equity
- Recommendations
- Q & A
- Next Steps

Desired Results

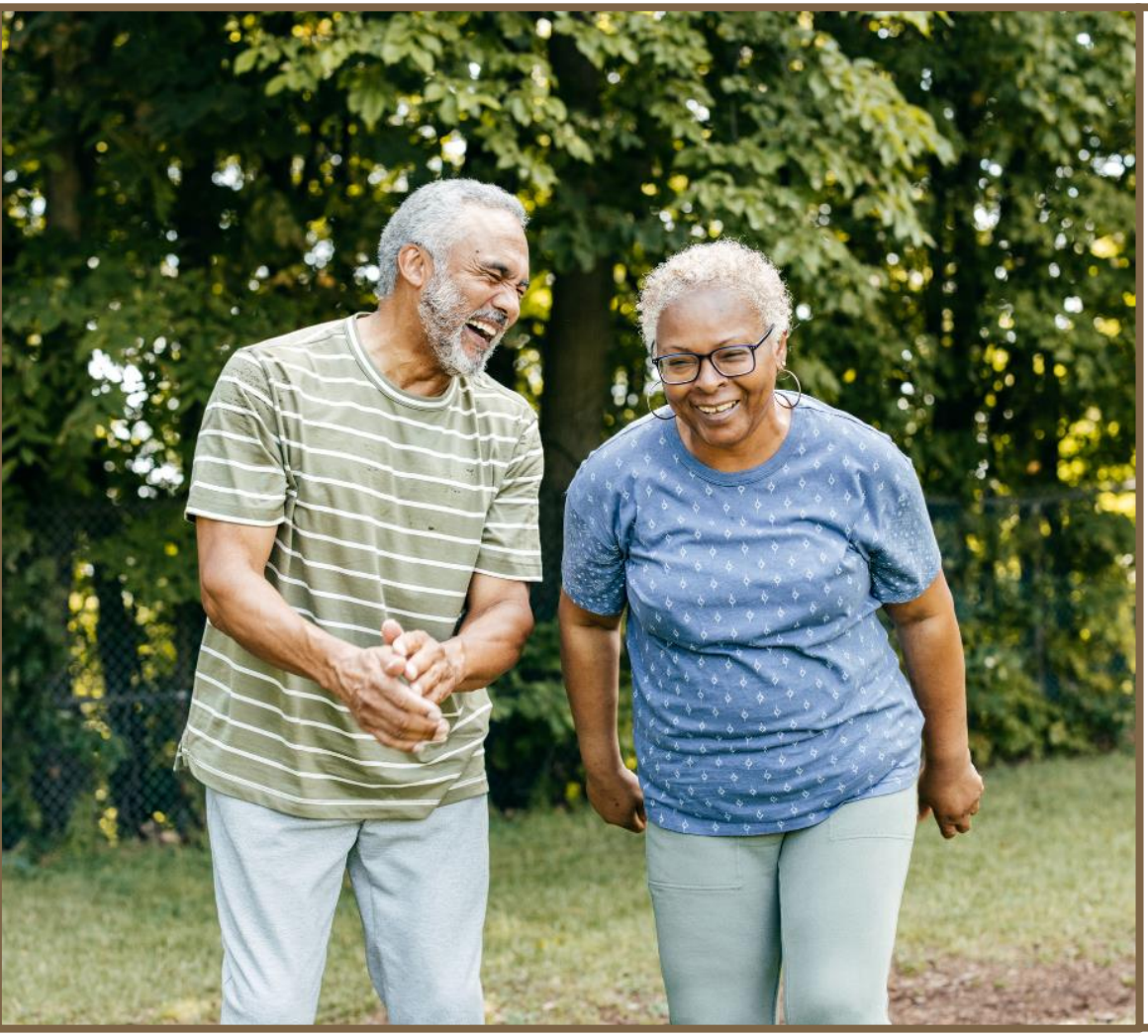
- Share key findings of a statewide research initiative to understand the strengths, challenges and experiences of older adults aging in NC
- Provide an overview of recommendations to inform the Multisector Plan for Aging

Research Methodology

Research Question

What are the experiences and conditions most deeply affecting key older adult populations in North Carolina?

Focus Group Instrument



Developed with input from:

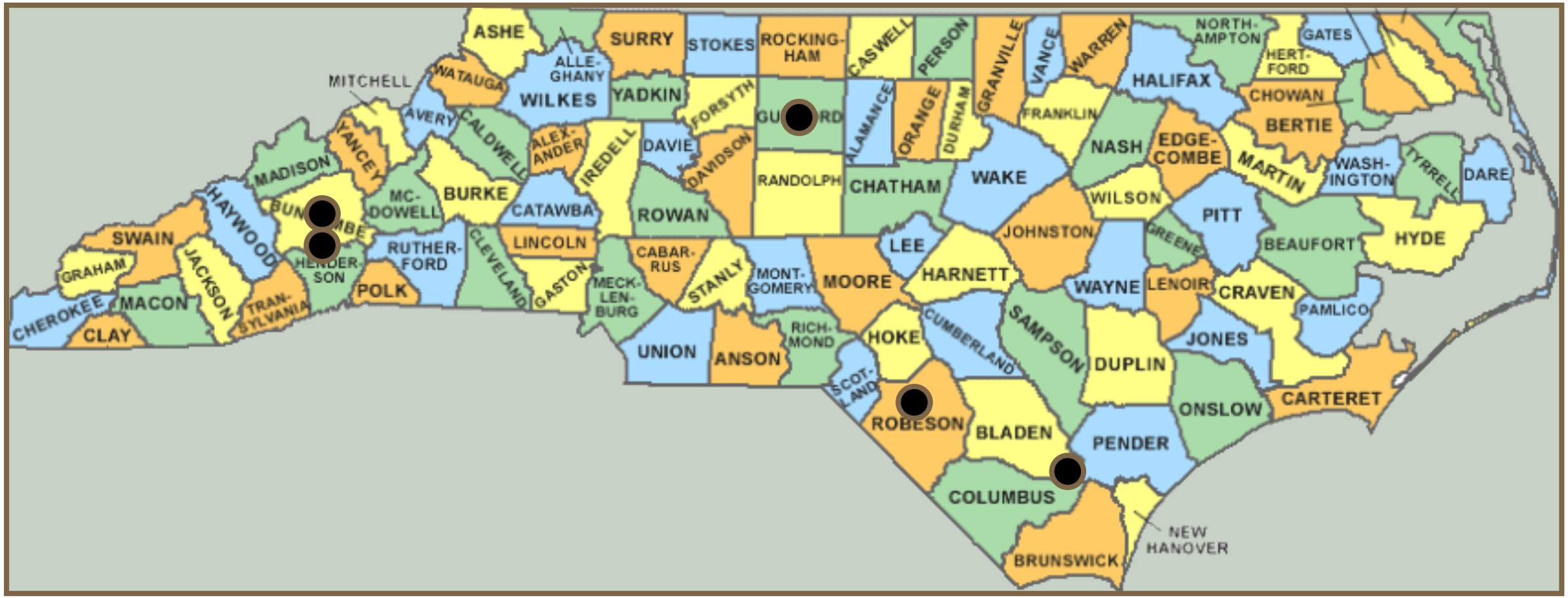
- DAAS
- All Ages, All Stages Steering Committee
- AARP's Senior Advisor on Diversity, Equity and Inclusion

Some questions were adapted from Vermont's Listening Sessions Question Guide.

Methodology Overview

- Held from 9.28.23 to 12.8.23
- 60 to 90-minute sessions
- Older adults aged 60+
- Series of seven groups conducted in strategic areas statewide with specific demographic groups
- Total of 77 participants

Sites


ASHE
ALLE-GHANY
SURRY
STOKES
ROCKING-HAM
CASWELL
PERSON
GRANVILLE
VANCE
WARREN
NORTH-AMPTON
GATES
HERT-FORD
MITCHELL
WATAUGA
WILKES
YADKIN
FORSYTH
HALIFAX
CHOWAN
AVERY
CALDWELL
ALEX-ANDER
IREDELL
DAVIE
DAVIDSON
ALAMANCE
ORANGE
DURHAM
FRANKLIN
BERTIE
MADISON
YANCEY
MC-DOWELL
BURKE
CATAWBA
ROWAN
RANDOLPH
CHATHAM
WAKE
NASH
EDGE-COMBE
MARTIN
WASH-INGTON
TYRRELL
DARE
HAYWOOD
WILSON
PITT
SWAIN
JACKSON
HENDER-SON
RUTHER-FORD
LINCOLN
CABAR-RUS
LEE
JOHNSTON
GREENE
BEAUFORT
HYDE
GRAHAM
CLEVELAND
GASTON
MECK-LEN-BURG
STANLY
MONT-GOMERY
MOORE
HARNETT
WAYNE
LENOIR
CRAVEN
CHEROKEE
MACON
TRAN-SYLVANIA
POLK
PAMLICO
CLAY
UNION
ANSON
RICH-MOND
HOKE
CUMBERLAND
SAMPSON
DUPLIN
JONES
SCOT-LAND
ROBESON
BLADEN
ONSLOW
CARTERET
PENDER
COLUMBUS
NEW HANOVER
BRUNSWICK

Shared Identity	Number of Participants	Location
African American	30	Asheville (urban/suburban)
African American	8	Riegelwood (rural)
African American	8	Greensboro (urban)
Hispanic/Latino	15	Arden (suburban/rural)
Jewish Heritage	7	Asheville (urban/suburban)
Lesbian, Gay, Bi-sexual, Transgender & Queer (LGBTQ+)	3	Asheville (urban/suburban)
Native American: Lumbee Tribe of NC	6	Fairmont (rural)

Language & Racial/Ethnic Concordance

- Hispanic group was conducted in participants' native language
- 2 groups (Hispanic and Asheville African American group) were led and moderated by community researchers (trained by our staff) with shared racial/ethnic identities

Data Collection

- Sessions were audio-recorded
- Post-session debrief
- Recordings reviewed for quotes & analysis
- Inventory of strengths, needs and challenges conducted and apportioned across MPA domains
- Data analyzed to identify themes
- Participant recommendations were identified, and research team recommendations were generated

Findings

Findings: Themes

- Confusion and lack of awareness about available resources and services
- Challenges, inconsistency and need for expansion in transportation access supports
- Barriers to aging in place
- Affordability of aging and long-term care options
- Additional supports needed for social connection
- Additional opportunities needed to share wisdom and expertise and to connect intergenerationally

Theme 1: Confusion and lack of awareness about available resources and services

- Limited awareness of availability, eligibility and how to access resources
- Confusion and concern about different Medicare plan benefits; concern lingered even after a plan was selected
- Limited awareness of Medicare navigators

Theme 2: Challenges, inconsistency and need for expansion in transportation access supports

- Gratitude for existing transportation resources and desire for expanded services
- Difficulty managing the amount of time (often 4 - 5 hours) spent on the van when using the service for an appointment
- Existing services sometimes inconsistent/unreliable

Theme 3: Barriers to aging in place

- **Support needed for home repair and maintenance tasks**
- **Home modifications needed for safety and for those with mobility issues**
- **Access to affordable DME**
- **Support needed with simple housekeeping tasks**
- **Additional transportation support needed**
- **Caregivers: cost, availability and respite and other supports**
- **Help paying for paid caregivers**

Theme 4: Affordability of aging and long-term care options

- Fixed income constraints, particularly with recent inflation
- Concerns about outliving assets
- Insufficient assets to pay for long-term care and concerns about what would happen when assets were depleted
- Deep frustration about working all of their lives and being ineligible for resources that others sometimes receive despite having never worked

Theme 5: Additional supports needed for social connection

- Expanded transportation resources needed to facilitate access to social events and activities
- Current limits on senior center van operation (mileage and hours/day) restrict group size and activity options
- Lingering pandemic-related fears continue to significantly impact participation
- Language-related barriers

Theme 6: Additional opportunities needed to share wisdom and expertise and to connect intergenerationally

- Strong desire to share wisdom and expertise with others (cooking, gardening, tribal lore and wisdom, etc.)
- Specific desire for increased opportunities to engage with younger generations although a “disconnect” with some ages was acknowledged
- “Reverse mentoring” opportunities (technology-related topics were mentioned)

Inclusion & Equity

Inclusion & Equity: Equal Opportunity, Access and Representation

Equity-related challenges were described by participants in six of the seven groups, including:

- Discrimination based on race or ethnicity and on sexual orientation
- Inequities in resource allocation

> “We operate in a building where all of our money goes through the vents and out the window with trying to heat it and cool it in the summer.”

Two senior centers

Inclusion & Equity: Equal Opportunity, Access and Representation

> We know that we are at the bottom of the totem pole; we know that whatever services are out there, we are going to get what's left over...It's very evident as you pass through various neighborhoods. In an area where you have a lot of whites together, they've got parks with all of the facilities…When something comes to the county, it goes to that area and then if there's something left, we might be able to get some of it.

Inclusion & Equity: Equal Opportunity, Access and Representation

- Discrimination based on sexual orientation
  - One LGBTQ+ participant lived in a retirement community that didn't permit same sex couples until recently

> **"When I moved here in 2018, they had just started allowing same sex couples to move in here. We were barred before that…And there are people here who, for religious reasons, still think that we shouldn't be here."**

Inclusion & Equity: Equal Opportunity, Access and Representation

Participants in the Hispanic group described several equity-related challenges that were unique to their group

- Language barrier
- Inability to get a driver's license which, in turn, impacted their ability to access many services and resources, including ESL classes
- Being ineligible for some services and resources, even for their citizen children
- Inability to advocate for themselves and demand equitable treatment in the workplace due to fear of reprisal

Inclusion & Equity:

Equal Opportunity, Access and Representation

> We don’t have any place to go when we have an accident at work. We don’t know of any place that will treat us without having to pay so much money because going to a place like that is so expensive. As immigrants, where can we go? I work in construction and if there’s an accident, the contractor doesn’t want to pay for it. I’ve known people who just go home and get down on their knees and pray because they don’t know where to go.

Recommendations

Recommendations (limited list – see report for complete list)

- Produce and disseminate statewide directory of resources
- Expand transportation services and availability of senior center vans
- Provide free or low-cost home safety modifications or home improvements/ repairs
- Use churches/community spaces where older adults already congregate for events
- Expand home and community-based preventative health services
- Involve older adults more often in decision-making processes for the policies that impact them
- Provide capacity-building opportunities (grant writing, data collection and management) to senior center staff in impoverished or underserved areas
- Establish used durable medical equipment lending libraries statewide

Recommendations (limited list – see report for complete list)

- Fund senior centers equitably statewide based on 65+ population estimates instead of property tax revenues
- Advocate for Social Security and Medicare payroll taxes paid by undocumented workers to be returned to the state to fund programs for them
- Expand opportunities for social connection/engagement, especially intergenerationally
- Expand opportunities for older adults to share their knowledge, wisdom and expertise
- Expand recruitment strategies to increase the number of doctors and allied health providers of color statewide for improved patient-provider racial concordance, communication and outcomes
- Consider an app with groups for newcomers and by interest or hobby that could also be used to cross-pollinate events across neighborhoods
- Partner with private corporations for sponsorship of social events & activities

Inventories of Strengths, Needs & Challenges

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Strengthening Communities for a Lifetime Domain Summary

Strengths
- Support with home and yard maintenance
- Transportation services (e.g.taxi voucher program with $100 in vouchers for $25)
- Trips, events and activities (with peers and intergenerational) sponsored by senior centers, tribal entities, faith-based entities, etc. that provide opportunities for education, creativity, social connection/ engagement and the celebration of heritage or pride in race, ethnicity, tribe or identity (e.g., Black history, Native American heritage, LGBTQ+ Pride events, etc.)
- Adult day programs
- Robocall programs that notify community members of events and activities in their area or neighborhood
- Support from family, friends, senior center staff and tribal elders, especially long relationships (some for 6+ decades)
- Meals on Wheels, food banks and other food insecurity resources

Needs
- Rent controlled housing
- Transportation services for no
(such as grocery shopping and
connection)
- Expanded transportation serv
wait times and extend eligibili
- Safer neighborhoods for part
outdoor activities after 6 pm
- Opportunities to spend time
wisdom and experience with
in Spanish and with younger
- Delivery service from food ba
insecurity programs, especia
whose heads of household a
get a driver's license

Challenges
- Increases in housing costs which are more difficult to manage with fixed income that often doesn't have adequate annual cost of living adjustments/increases
- Wait times for transportation services can be extensive - 5 or 6 hours from pick up to drop off with most of this time spent in the van or waiting for the van
- Lack of safety in some areas precludes participation in activities after 6 pm
- Inability to access some services due to undocumented status (not permitted to get a driver's license and/or ineligible for some services if **any** member of the household is undocumented)
- Language barrier precludes participation in events/activities aimed at promoting social connection and engagement

Recommenda
- Rental assistance program
- Increase availability of trans
decrease wait times and ex
cover other needs (grocery
and events that promote so
- Offer a low-cost transporta
a sliding fee scale
- Expand home and commu
preventative health service
nursing checks for those w
conditions, disabilities or e
- Expand availability of seni
to 8 hours/day, increase t
to permit longer trips and
across senior centers to p
- Expand opportunities for
are conducted in Spanish
- Expand intergenerational
- Establish/increase corpor
sponsorship of social eve
- Consider an app (like Me
newcomers and by inter
could also be used to cr
across neighborhoods t

Strengthening Communities for a Lifetime domain: North Carolinians will live in neighborhoods, and homes that support thriving at all stages and ages. Focus a and Homelessness, Transportation and Accessibility, Community Safety and Pr Connection and Inclusion, Food Security and Nutrition and Environmental Sust

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Supporting Older Adults and Their Families Domain Sum

Strengths
- Caregivers (often spouses and adult children but also friends) and general support from family, friends, senior center staff and tribal elders, etc.
- Program(s) that pay friends and family members for caregiving
- Home-based supports and services such as paid caregivers
- Caregiver respite
- Home safety information and modifications such as grab bars
- Durable medical equipment such as shower chairs, walkers, raised toilet seats, etc.
- Adult day programs
- Drive-through voting for people who are disabled or who have health conditions
- Visits by a Rabbi or clergy to those who are homebound

Needs
- Home safety assessments and mo
for persons with fall risk, disabilit
issues
- Help with basic repairs and main
facilitate aging in place
- Support with simple housekeep
or twice a month, especially afte
hospital stay
- Transportation for non-medica
grocery shopping when unable
- Durable medical equipment
- Information about how to pre
caregiving years
- Caregiver respite and trainin
- Subsidies/help with cost of p
- Broadband internet
- Weekly check-ins for those
dementia

Challenges
- Lack of flexibility in the workplace for caregivers, some of whom are caring for children and older adult parents and must accompany them when they go to doctor's appointments in addition to their own appointments
- Confusion/lack of awareness about the availability of durable medical equipment that can facilitate and support aging in place and the eligibility guidelines for it
- Lack of parking at some public sites (e.g. library in Weaverville) prohibits access for those with disabilities or mobility issues
- Most neighborhoods, especially those that are affordable, are not within walking distance of grocery stores & other needs

Recommend
- Offer free home safety as
modifications for persons
risk or mobility issues wh
decreased falls and expe
- Expand transportation s
(e.g. grocery shopping, p
- Establish lending "librar
medical equipment
- Expand home and com
preventative health se
nursing checks for tho
dementia, multiple ch
disabilities
- Produce and dissem
statewide directory
with eligibility guide
specific resources a
of businesses offer

Supporting Older Adults and Their Families domain: North Carolinians will resources that will enable them to stay in their homes and communities as their families in their efforts to provide care when needed. Focus areas m and Payment Models, Caregiver Support, Expansion of Public and Private Adaptive and Assistive Technologies, Addressing the Needs of Persons wi Persons with Special Challenges.

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Optimizing Health and Well-Being Domain Summ

Strengths
- "Extra Help" program's free care and medications
- Community-based medical care such as vaccination programs that offer free or low cost services that are easy to access
- Public health departments and Federally-Qualified Health Centers that offer discounted care and prescriptions
- Onsite MAHEC clinic located in retirement community with rotating specialists
- Local access to fitness equipment or exercise opportunities
- Staying active through opportunities and programming for exercise, craft activities (beading, sewing, quilting, woodworking, pottery, weaving) and cognitive stimulation (puzzles, Osher Lifelong Learning Institute courses, etc.), often sponsored by their senior center, tribe or Department of Parks and Recreation
- Outdoor public spaces and resources such as Parks & Rec/Community Centers with outdoor activities

Needs
- Patient-provider racial conco
- Improved/expanded local ac
equipment or exercise oppo
- Improved/expanded local ac
services, especially urgent ca
specialists
- Support with addressing ling
related fears and concerns t
impact social engagement
- An income-based sliding fee
subsidies to reduce the cost
services (some participants
their health/lives at risk by d
themselves to the hospital b
could not afford to pay for a
- Affordable long term care d

Challenges
- Confusion and inconsistent messaging about the availability and eligibility guidelines for durable medical equipment
- Confusion about differences in Medicare plans and ongoing stress about selecting the best plan to suit individual needs
- Lack of insurance (<age 65)
- Long wait times for specialists (sometimes as long as 5 months)
- High prescription costs and having to get them from Canada
- Maintaining the sacred nature of holy days when workplaces require employees to work on Saturdays or Sundays

Recommenda
- Expand home and commu
preventative health service
nursing checks for those w
dementia, multiple chronic
disabilities
- Consider tuition reimburse
incentive programs to sup
and specialized gerontolog
doctors and allied health p
ensure patient-provider ra
which can lead to a more
therapeutic relationship, i
communication, increased
adherence to medical adv
healthcare expenditures t
health outcomes. See Not
- Consider housing support
workforce to enable them
areas they serve

Optimizing Health and Well-Being domain: North Carolinians will have access to p services and supports that will optimize their life-expectancy and health quality. F include: Community Health Resources, Healthy Aging Programs, Continuum of Ca Financing and Delivery Innovations, Healthcare Workforce Support and Health Ed

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Affording Aging Domain Summary

Strengths
- Volunteering and advocacy, especially inclusion and equity-related
- VITA (Volunteer Income Tax Assistance) program
- OLLI (Osher Lifelong Learning Institute) Intergenerational relationships and programming that provides opportunities for reverse mentoring or that fosters reciprocal exchange of knowledge, wisdom and experience
- Opportunities to share knowledge and expertise (e.g., cooking, canning, knitting, gardening, etc.)

Needs
- Food insecurity program delivery to families with undocumented heads of households who are unable to get a driver's license
- Improved access to interpreters and language concordant medical services (Title VI protections against discrimination on the basis of national origin include English proficiency. See Note #3.)
- Information about estate planning
- Opportunities to contribute and share knowledge, experience and expertise with others in the community

Challenges
- Fear of calling the police for help due to undocumented status
- Inability to advocate for themselves and demand equal access to labor protections (such as filing a workers compensation claim) due to their undocumented status resulting in having to pay for the care needed from a work-related accident
- Inability to access some services due to undocumented status (not permitted to get a driver's license and/or some services are not available to families if **any** member of the household is undocumented)
- Language barrier and little free time/transportation for English classes
- Frustration from working hard and paying taxes all their lives and being ineligible now for some services or resources that others who have never worked qualify for
- Concerns about outliving assets and inability to pay for long term care
- Managing the cost of living on a fixed income amidst inflation and other increases in living costs

Recommendations
- Expand home/community-based preventative health services such as weekly nursing checks for those with early stage dementia, multiple chronic conditions or disabilities
- Provide capacity-building opportunities at senior centers with limited funding to support efforts by staff to seek grants, write proposals and conduct data collection and management for reporting on older adult population estimates instead of property tax revenue
- Fund senior centers equitably statewide based
- Provide opportunities for older adults to be involved in the decision-making processes for the policies/programs that affect them
- Provide more opportunities for older adults to share their knowledge, wisdom and expertise with others in the community
- Encourage non-profits and community-based orgs to provide "pro-rated" services based on the number of documented household members
- Advocate for Social Security and Medicare payroll taxes paid by undocumented workers to be returned to the state to fund programs for them. (See Note #4.)
- Expand availability of programming in Spanish or provide interpreters to increase access.

Affording Aging domain: North Carolinians will have the means to effectively strategize for their later stages of life, ensuring sufficient and sustainable financial provisions, fostering avenues for personal growth and advancement, and actively contributing their knowledge and expertise to the betterment of their communities. Focus areas may include: Inclusion and Equity (Equal Opportunity, Access, and Representation), Financial Preparation, Workforce Opportunities, Lifelong Learning, Intergenerational Engagement and Leadership Development.

Table of Recommendations Cross-walked with Themes & Principles of Equity for Potential Impact

Recommendation	Awareness	Access	Aging in Place	Affordability	Social Connection	Share Wisdom	Equity
Produce and disseminate by postal mail a statewide directory of resources and services with pertinent eligibility guidelines that could also include the names of businesses offering low-cost home repairs and inserts with county-specific resources and services	x	x	x	x	x	x	x
Expand transportation services to decrease wait times and to cover other needs such as grocery shopping, exercise and events that promote social connection and consider offering a low-cost transportation option with eligibility determined by sliding fee scale		x	x	x	x	x	x
Provide free or low-cost home safety modifications or home improvements and repairs			x	x			x
Expand opportunities for social connection/engagement, especially those with an intergenerational component, such as intergenerational adult day programs					x	x	
Establish used durable medical equipment lending libraries statewide		x	x	x			x
Provide more opportunities for older adults to share their knowledge, wisdom and expertise with the community					x	x	
Expand home and community-based preventative health services such as weekly nursing checks for those with early stage dementia, multiple chronic conditions or disabilities		x	x	x			x
Provide more opportunities for older adults to be involved in the decision-making process for the policies and programs that impact them	x	x	x	x	x	x	x
Expand opportunities for social connection/engagement and the availability of other programming in Spanish or provide Spanish interpreters	x	x		x	x	x	x
Use churches and community buildings where older adults already congregate as a gathering space for educational, creative, informative and other social engagement events	x	x	x		x	x	x
Expand the availability of senior center-owned vans by increasing the daily usage limit to 8 hours and the daily mileage limit and consider van sharing across senior centers to permit larger group participation in any given event		x		x	x	x	x
Provide capacity-building opportunities at senior centers with limited funding to support efforts by staff to seek grants, write proposals and conduct data collection and management for project reporting		x	x	x		x	x
Advocate for Social Security and Medicare payroll taxes paid by undocumented workers to be returned to the state to fund programs for them		x	x	x		x	x
Fund senior centers equitably statewide based on older adult population estimates instead of property tax revenue	x	x			x	x	x
Encourage non-profits and community-based organizations to provide "pro-rated" services based on the number of eligible/documented household members		x	x	x			x
Consider expansion of recruitment strategies to increase the number of doctors and allied health providers of color statewide for improved patient-provider racial concordance, communication and outcomes		x				x	x
Consider an app (similar to Meet Up) sponsored by the AAAs with groups for newcomers and by interest or hobby; it could also be used to cross-pollinate events across neighborhoods to foster connectivity	x				x	x	
Offer housing supports for healthcare worker recruitment to increase workforce and reduce their commute times		x	x				
Partner with private corporations for sponsorship of social events & activities					x		

Using Data to Advance Health Equity

Improved patient-provider racial concordance results in improved communication, increased trust and adherence to medical advice and lower healthcare expenditures through improved health outcomes.

- Patient-physician race concordance increases consultation time but decreases revisit rates after ED discharge, and the probability of inpatient admission and diagnostic testing. https://direct.mit.edu/rest/article-abstract/105/4/766/112419/Patient-Physician-Race-Concordance-Physician?redirectedFrom=fulltext

- Newborn-physician racial concordance is associated with a significant improvement in Black infant mortality. Results suggest that these benefits manifest during more challenging births and in hospitals that deliver more Black babies." https://pubmed.ncbi.nlm.nih.gov/32817561/

- Patients with hypertension and symptoms of cardiovascular disease were more likely to adhere to medication guidelines when treated by doctors of the same race. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7440568/

Improved patient-provider racial concordance results in improved communication, increased trust and adherence to medical advice and lower healthcare expenditures through improved health outcomes.

- In a Stanford study, Black men were recruited to fill out a health questionnaire, after which they could get a free physician consultation and health screenings. The men assigned to a Black doctor were significantly more likely to bring up specific health concerns to the doctors and to go through screenings for diabetes and cholesterol after the consultation. https://fsi.stanford.edu/news/more-african-american-doctors-would-lead-better-outcomes-black-men

- Black patients without provider racial concordance experienced poorer communication quality, information-giving, patient participation, and participatory decision-making than white patients. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5591056/

Programs to support undocumented older adults could be funded through the payroll taxes they have paid and can never recoup.

- From 1998-2022, immigrants paid $500 billion more into Social Security than they received. The total net benefit to Social Security from immigrants' payroll taxes will reach $2.0 trillion by 2072 which will ensure the long-term solvency of the program. https://immigrationimpact.com/2022/04/14/immigrants-as-taxpayers-2022/

- New American Economy's 2021 Medicare Report stated that immigrants' contributions to Medicare have prolonged the solvency of the program and subsidized its care for roughly 60 million American seniors and disabled individuals. https://research.newamericaneconomy.org/wp-content/uploads/sites/2/2021/05/NAE_Medicare_Report.pdf

Using Data to Drive Decision-Making

Data on Medicare enrollment challenges, broadband access and technology device use in older adults (**Theme 1: Confusion and lack of awareness about resources)**

- Impact of Medicare enrollees' confusion: when asked questions about the components of original Medicare and Medicare Advantage, 80% answered incorrectly about the original Medicare components and 69% answered incorrectly about the Medicare Advantage components; 63% are overwhelmed by Medicare advertising; only 12% used a helpline during 2022 open enrollment; 60% stay in the same plan year after year, putting them at risk of being in a plan that is no longer a good fit for their current financial or health needs. April 2022 survey - https://healthpayerintelligence.com/news/seniors-find-medicare-enrollment-confusing-avoid-changing-plans

- **39% of adults 65+ do not have smart phones – Pew Research, 2022 - https://www.pewresearch.org/short-reads/2022/01/13/share-of-those-65-and-older-who-are-tech-users-has-grown-in-the-past-decade/**

- **33% of adults 60+ in NC did not have broadband internet at home in 2019 - https://www.americanimmigrationcouncil.org/sites/default/files/examining_gaps_in_digital_inclusion_in_north_carolina.pdf**

Data on EBPs recommended by the Administration for Community Living (**Theme 3: Barriers to Aging in Place)**

- Program of All-inclusive Care of the Elderly (PACE) is a service delivery system for adults 55+ who meet the criteria for SNF admission but choose to remain at home. An interdisciplinary team assesses participants' needs, develops care plans and delivers an array of social and medical services (provided primarily in an adult day health center setting) supplemented by in-home and referral services (in accordance with the participants' needs) to prevent nursing home admission. https://acl.gov/sites/default/files/programs/2017-03/PACE-ADEPP-Summary-2014.pdf

- HomeMeds – addresses 4 common medication problems: (1) unnecessary therapeutic duplication, (2) cardiovascular medication problems, (3) use of psychotropic drugs by patients with possible adverse effects, and (4) use of NSAIDs by patients at high risk of peptic ulcer complications. https://acl.gov/sites/default/files/programs/2017-03/HomeMeds_InterventionSummary.pdf

- The Rural Health Info Hub offers a toolkit that highlights 8 models that support individuals aging in place in rural communities – https://www.ruralhealthinfo.org/toolkits/aging/2/program-models

Data on the cost savings and **effectiveness of f**ree home safety assessment and modification programs in decreasing falls (**Theme 3: Barriers to Aging in Place)**

- Home Safety Assessment and Modification intervention produced considerable health gain and was highly cost-effective among people aged 65+ years. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5598974/

- Home assessment and modification is a low-cost, highly cost-effective, and high-return intervention that is effective in reducing the number of individuals who fall and the frequency of falls in people aged 65 and over." https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8246567/

- Home modification can be an effective strategy to prevent falls and fall-related injuries among older adults – participants with home modification had 17% lower odds of falls and 22% lower odds of fall-related injuries. https://www.proquest.com/openview/ec681cbd832a806a4e74670463c53417/1?pq-origsite=gscholar&cbl=18750&diss=y

Close

> The center of activity for senior citizens in East Arcadia IS the East Arcadia Senior Center and the services that she's talking about come through it. We love each other and we come out to have fun and…crack jokes and do crafts and exercise and do other things to keep our minds active. If we did not have the center, we would be lost so far as people taking care of us.

Thank you!

Questions?

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AFFORDING AGING

Goal, Objectives, and Recommendations

Goal

North Carolinians will have the means to effectively strategize for their later stages of life, ensuring sufficient and sustainable financial provisions, fostering avenues for personal growth and advancement, and actively contributing their knowledge and expertise to the betterment of their communities.

Objective 1	Target
Promoting educational resources and lifelong learning initiatives that enable continuous personal and professional development for aging individuals, by supporting the development of leadership skills among older adults, enabling them to contribute actively in decision-making processes and take on leadership roles in various spheres of society.	Ensure comprehensive infrastructure enhancements in all 100 counties to establish inclusive and supportive learning environments, including accessible community centers, integrated remote learning technologies, provision of affordable/free educational resources, and tailored programs addressing diverse learning needs and abilities.

Objective 1 Recommendations
1. Raise awareness among older adults about educational opportunities at UNC system universities, community colleges, and private institutions emphasizing scholarships, flexible programs, and lifelong learning initiatives to support continuous personal and professional development.
2. Conduct a comprehensive assessment of older adult audited classes at UNC system universities, private institutions of higher learning, and community colleges, encompassing data on the utilization of free and insights into preferences and areas of interest.
3. Encourage collaboration between NC 211 and lifelong learning and leadership opportunities for older adults to streamline access to resources and support services through a centralized platform.
4. Promote and encourage for all UNC system universities private institutions of higher learning, and community colleges to pursue Age-Friendly University certification through the establishment of a task force.

5. Develop a statewide resource/dashboard that will increase awareness of educational and lifelong learning events and opportunities that are available.
6. Identify and address challenges and barriers that are preventing older adults from participating in lifelong learning and leadership opportunities, such as accessibility, program awareness, ageism and tailored support, with the goal of developing targeted strategies for enhanced and inclusive involvement.
7. Develop and actively promote an overarching standard for community partners to adopt in the design and implementation of lifelong learning and leadership programming, ensuring a unified approach that prioritizes consistency and inclusivity across various initiatives.
8. Understand, develop, and support community-based leadership projects where older adults can apply and showcase their skills, contributing to decision making processes where they can make a tangible impact in their respective communities.

Objective 2	Target
Optimize services and innovations for sustained impact, leveraging temporary federal American Rescue Plan Act funding, while concurrently evaluating and enhancing resource allocations for efficiency and equitable distribution.	By 2030, DAAS and the 16 Area Agencies on Aging will achieve a 20% increase in the efficiency and equitable distribution of services through the optimization of innovations, leveraging lessons from the temporary federal American Rescue Plan Act funding, alongside comprehensive evaluation, and enhancement of resource allocations, ensuring sustained impact and long-term viability.

Objective 2 Recommendations
1.Explore and utilize alternative funding sources for Home and Community-Based Services (HCBS), such as Medicaid, the private market and cost-sharing to assist in current program sustainability and expansion and cover the funding gap for programs that utilized or had drastic expansion using COVID-19 funding.
2. Advocacy efforts to extend beyond mere numerical considerations (emphasizing a holistic approach).
3. Re-conceptualize the block grant infrastructure from a different perspective to add depth to our strategic planning and service delivery.
4. Improve the data collection process in the Aging Resource Management System (ARMS) to better exemplify outcomes of services rather than just outputs and gain a better sense of those on waiting lists.

5. Reassess the Intrastate Funding Formulary (IFF) to ensure that funding is being allocated in the most efficient manner.
6. Increase awareness and knowledge of fundraising, grant processes for HCCBG recipients, and educate foundations that government agencies are eligible for funding just as non-profits.
7. Increase the collaboration between NC Division of Health and Human Services departments to create better outcomes between programs.
8. Secure funding for 16 regional Fund Development Specialist positions to prioritize the procurement of supplemental funding for services

Objective 3	Target
Optimize employment and job training available to North Carolinas older adults to address employer, entrepreneurial, and job-seeker opportunities.	By 2034, address paid and unpaid work options for North Carolina older adults including employment, retraining, flexible work arrangements, and promoting age-friendly workplaces.

Objective 3 Recommendations
1. Promote awareness of existing entrepreneur education and mentoring programs to increase the 5-years survival rate of startup by 5%.
2. Explore initiatives regarding living wage opportunities throughout all workforce sectors.
3. Introduce and improve access to “gig” economy.
4. Encourage participation in anti-ageism educational programs to promote age diversity in the workplace.
5. Develop a framework to market and promote the concept and availability of “encore careers.”
6. Encourage employers and employees to develop succession and transition planning.
7. Create a database of free and low-cost continuing education or enrichment programs to advance workplace skills.

Objective 4	Target
Encouraging volunteerism, engagement opportunities, and collaboration between different generations to foster social connections, mutual support, and knowledge-sharing.	80% of counties in North Carolina will seamlessly incorporate age-inclusive intergenerational programs into diverse sectors, including senior centers, businesses, schools, and other community organizations, accompanied by robust educational DEI initiatives addressing ageism awareness and fostering increased knowledge about aging across all age groups.

Objective 4 Recommendations
1. Advocate for DEI intergenerational 'hubs' that serve as platforms fostering equal status, shared purpose, and knowledge sharing within existing established models in North Carolina where individuals of all ages, backgrounds, and abilities come together.
2. Establish volunteer programs and recruit robust support for and sustainability of existing volunteer programs that promote intergenerational opportunities, implementing strategies for engagement across diverse age groups and fostering meaningful relationships within communities (ex: Volunteer Grandparents).
3. Strengthen and expand support for grandfamily programs by implementing measures such as increased funding, community outreach, and resource accessibility to better address the unique needs of grand families taking on the responsibility of raising their children.

4. Address ageism through targeted education and awareness initiatives, fostering intergenerational collaboration by integrating age-inclusive practices into community programs, events, and policies, promoting understanding, and strengthening social connections across generations.
5. Implement, promote, and encourage workplace programs that encourage collaboration and knowledge-sharing among employees of different ages and NC local business and community partners to update diversity equity, and inclusion (DEI) statements to be inclusive regarding all ages.
6. Increase the knowledge of aging by encouraging the addition of aging topics in the curriculum of K-12 education by creating and sharing relevant lesson plans and supporting resources such as books, videos, etc.

7. Incorporate a new metric in the NC Senior Center Operations and Program Evaluation for certification and re-certification that require Senior Centers of Excellence to hold at least two intergenerational events per year where participants hold equal status and come together for shared purpose.
8. Initiate an inventory of all existing intergenerational models and programs across diverse sectors through a state-wide standardized form, facilitating streamlined assessment and optimization of resources for maximum efficiency and meaningful outcomes.

Objective 5	Target
Enhance financial security during the aging process by prioritizing retirement planning, saving options, income assistance programs, and consumer protection measures to ensure comprehensive support for individuals' financial stability.	All 100 counties in North Carolina will implement financial preparedness strategies across residents' lifespans to support lifelong financial well-being and retirement security, which includes increasing participation in financial literacy programs by 35% among school-age individuals, enhancing financial education by 30% for working-age individuals, and providing access to comprehensive retirement planning assistance for all older adults.

Objective 5 Recommendations
1. Expand financial literacy, personal savings and retirement planning education for all ages by adding additional retirement planning content into NC Department of Public Instruction's Financial Literacy program requirements and lesson plans.
2. Develop and promote pre-retirement educational material and retirement planning tools to increase knowledge of long-term savings and retirement planning strategies for both public and private sector individuals.
3. Holistically assess existing Income Assistance Programs to better serve economically disadvantaged individuals, with a focus on older adults.
4. Develop and conduct train the trainer programs for local community networks and other advocates to enable one-stop access financial and other support resources for residents of any age.

5. Promote awareness and access to private sector entities to help ensure available financial and other support resources are provided to qualifying residents of any age.
6. Increase the awareness and understanding of the costs of long-term care and the limitations of Medicare coverage for long-term care to individuals and families through the promotion of SHIIP's unbiased Medicare 101 sessions.
7. Expand access to savings tools so pre-retirees have better opportunities to create additional personal savings by implementing a Work and Save savings program
8. Encourage businesses with 401k plans to include automatic employee enrollment and annual contributions.
9. Strengthen awareness and protection programs against financial fraud.

OPTIMIZING HEALTH AND WELL-BEING

Goal, Objectives, and Recommendations

Goal

North Carolinians will have access to person-centered services and supports that will optimize their life-expectancy and health quality.

Objective 1	Target
To strengthen and expand Community Health Resources for Aging Adults in North Carolina, increase the number of accessible and adaptive resources, include more virtual care options and expand essential health care services across counties.	By the end of 2030, ensure that 95% of communities in North Carolina have access to expanded and strengthened health resources, including accessible and adaptable virtual care options and essential health care.

Objective 1 Recommendations
1. Promote model programs and best practices in healthcare delivery for older adults, encouraging the adoption of innovative approaches and collaborative efforts that enhance accessibility, quality, and effectiveness of care.
2. Increase accessibility to essential health care resources by ensuring that programs and facilities are located in easy to reach locations that adhere to applicable regulations and codes
3. Address medical transportation challenges by supporting communities in examining transportation needs, strengthening transportation options, and collaborating with local and state entities to reduce barriers for older adults and persons with disabilities accessing essential health care services.

4. Advocate for policies supporting innovation in healthcare delivery to better meet the needs of aging adults and improve overall healthcare outcomes, including promoting efforts such as the Patient Priorities Care framework as a model for addressing the continuum of care.
5. Identify and address gaps in healthcare services, including behavioral health and dental care, through targeted initiatives and resource allocation efforts to enhance accessibility and quality of care.
6. Support the provision of acute and long-term care services and supports that enable older adults to access and transition between appropriate types of care in various settings, aligning with their evolving needs and preferences for care delivery.

7. Prioritize tele-healthcare for aging adults by investing in reliable statewide internet technology, promoting digital equity, and ensuring the implementation and utilization of tele-health services, particularly in rural or underserved areas.
8. Advocate for health care facilities to obtain “age-friendly certification” and for health care professionals to receive training on care of geriatric patients.

Objective 2	Target
Increase the promotion of a broad array of programs and services that support healthy aging for aging adults in North Carolina communities	By the end of 2030 ensure that at least 90% of communities in North Carolina have implemented evidence-based healthy aging programs and services, reaching a minimum of 80% of older adults within those communities.

Objective 2 Recommendations
1. Promote consistent communication among healthy aging program stakeholders and leverage online platforms for information exchange, enhancing program effectiveness and reach.
2. Implement recommendations outlined in the report by the NC Institute of Medicine (IOM) Task Force on Healthy Aging in North Carolina to improve the delivery and accessibility of programs and services promoting healthy aging, ensuring evidence-based approaches are employed
3. Foster a culture of healthy aging within North Carolina communities through targeted initiatives, awareness campaigns, and education, promoting healthy lifestyle behaviors among older adults.

4. Promote integrating exercise, nutrition, mental health, social engagement, and illness prevention into programs tailored for aging adults, fostering collaboration with key community partners for comprehensive support.
5. Promote reimbursement incentives through NC Medicaid for older adults and persons with disabilities engaging in evidence-based health programs, enhancing accessibility and participation
6. Leverage senior centers as central hubs for delivering comprehensive support services and programs aimed at promoting healthy aging, serving as models for community-based initiatives

7. Prioritize data collection, research, and evaluation efforts to inform the development and refinement of programs and services, ensuring they meet the evolving needs of older adults and are based on robust evidence.
8. Increase the utilization of culturally informed food and nutrition services by older adults, ensuring financial and material resources are maintained for their well-being.

Objective 3	Target
Provide acute care & long term supports and services in all communities that ensure that individuals can access and successfully transition between appropriate types of care in an array of settings, based on their changing needs and preferences. Ensure the availability of a continuum of care options in all communities, ensuring that individuals can access the appropriate level of care based on their needs and preferences	By 2034, implement strategic plans from recommendation #4 and #5 for expanding continuum of care services, integrating providers, bridging gaps, guiding individuals, and enhancing professional development opportunities identified in the baseline assessment.

Objective 3 Recommendations
1.Develop a comprehensive inventory of existing services and continuum of care assessments, detailing beneficiaries' eligibility, utilization, funding allocation, entities conducting assessments, settings in which the assessments are conducted assessed, measurements tracked, and assessment formats
2. Engage stakeholders, including consumers, representatives at the state, regional, and local levels, providers, and other community partners to conduct a study to identify gaps and barriers to health equity.

3. Contract an independent entity to draft an action plan for implementing proposed recommendations, integrating and standardizing assessments, incorporating questions specific to aging populations and cognitive care needs and comprehensive evaluation and analysis, improving access to existing services, expanding services to underserved populations,reducing health inequities, and establishing an integrated data collection, storage, and management tool. The plan should identify specific policies, procedures, funding restrictions and other hurdles that create barriers to implementation of the plan and achieving comprehensive continuums of care that are accessible to community members.
4. In reference to recommendation #3's report, planning on the implementation of standardized continuum of care assessments with multiple completion methods and inclusive questions addressing cognitive care and age-related needs for comprehensive evaluation and analysis, and planning on centralized data storage.

5. In reference to recommendation #4's action plan, create a continuous quality improvement plan aimed at expanding and bridging services across the continuum of care to the citizens of North Carolina. The Quality Improvement Plan should incorporate identified best practices for bridging healthcare and SDoH service gaps and ensuring health equity in care service delivery and quality at local levels.
6. Develop and disseminate culturally informed educational materials and resources in community-represented languages on available services, identified community educational needs, and how to access services. Dissemination should utilize existing care coordination channels (i.e. NCCare 360) and establish new marketing channels as needed to inform and educate the diverse residents of communities across the state.
7. Provide resources to support, monitor, and evaluate strategic plans implementation from recommendation #5 and #6 for expanding continuum of care services, integrating providers, bridging gaps, guiding individuals, and enhancing professional development opportunities identified in the baseline assessment.

Objective 4	Target
Examine both public and private healthcare financing and delivery options, exploring innovative approaches to improve affordability, efficiency, and quality of care.	Improve access to long-term services and supports for older adults and persons with disabilities in North Carolina by at least 20% over the next five years (2030), while also optimizing financing mechanisms and increasing collaboration between public and private entities.

Objective 4 Recommendations
1.Implement measurable and consistent reimbursement rates across care providers, adaptable to individuals' complex care needs, with additional consideration for increased rates for those with cognitive or medically fragile care needs.
2. Advocate for expanding reimbursement coverage under Medicare, Medicaid, and private health plans to include medical specialty providers in areas such as audiology, ophthalmology, and dentistry which enhances access to comprehensive healthcare services.
3. Facilitate collaborative partnerships between public and private entities to establish integrated funding for long-term care services and supports, adaptable to changes in demand, inflation, and available resources. Explore options like enrollment in employer-sponsored plans, integration of long-term care into disability plans, and provisions in life insurance policies for accessing long-term care.

4. Increase health care access to those with no or inadequate health care coverage by exploring the utilization of Medicaid expansion to cover more lower-income older adults, expanding value-based payment programs that incentivize providers and community-based organizations to expand services, and collaborate with the state and provider partners to improve healthcare delivery.
5. Explore more efficient methods of delivering state funded long-term care services and supports including modifying state contracting requirements to expedite the review and selection process for vendors providing services in the state.
6. Develop and disseminate culturally informed educational materials and resources that inform the public about available programs and services, as well as options for payment and financial assistance, empowering individuals to make informed decisions about their long-term care needs.

7. Evaluate and optimize VA benefits and coverage policies, considering changes in the population demographics and healthcare needs.
8. Convene a taskforce comprised of consumers, providers, advocates, policy experts, and elected officials to collectively examine challenges and opportunities in long-term care delivery and financing, to identify best practices in North Carolina and other states, and to develop a plan for how the state should move forward to ensure North Carolinians will have access to needed long-term services and supports going forward.

Objective 5	Target
Stabilizing and addressing the healthcare workforce crisis by supporting initiatives that recruit, retain, and adequately compensate paid health care workers and recognize them for their role in delivery of high-quality care.	Increase the stability and resilience of the healthcare workforce across North Carolina by at least 15% over the next five years (2030), with a focus on addressing critical gaps in workforce planning and providing comprehensive ongoing support to healthcare professionals.

Objective 5 Recommendations
1. Advance data collection on the healthcare workforce to inform strategic decision-making and address critical gaps in workforce planning
2. Advocate for policy changes aimed at enhancing educational and professional opportunities for the aging workforce, including policy standardization and broadening access to educational resources
3. Invest in academic-employer partnerships to strengthen collaboration between educational institutions and healthcare employers, aligning curriculum with workforce needs, and providing practical training experiences for healthcare professionals, while identifying and addressing wage issues to ensure equitable compensation for healthcare workers.

4. Invest in academic-employer partnerships to strengthen collaboration between educational institutions and healthcare employers, aligning curriculum with workforce needs, and providing practical training experiences for healthcare professionals, while identifying and addressing wage issues to ensure equitable compensation for healthcare workers. Support employee assistance practices, such as family leave provisions and wellness programs, to promote work-life balance and caregiver support for healthcare workers.
5. Increase licensure and professional pathways for healthcare workers, enhance opportunities for students interested in aging-related careers including sponsorship of international healthcare professionals and recruitment of immigrants and new citizens to work in healthcare, and standardize credentialing requirements and apprenticeship programs.

6. Expand financial incentives and support mechanisms for individuals pursuing careers in healthcare, including loan repayment programs, tuition reimbursement, and stipends, while addressing wage disparities and advocating for fair and competitive compensation policies to attract and retain healthcare workers.
7. Implement comprehensive training programs for healthcare workers focused on aging-related care, including dementia-specific training, mentorship programs, and workplace support initiatives.
8. Establish partnerships with community organizations and businesses to provide additional resources and support for healthcare workers, such as childcare assistance, transportation services, and housing options, while advancing the data landscape on the healthcare workforce to inform strategic decision-making and address critical gaps in workforce planning.

STRENGTHENING COMMUNITIES FOR A LIFETIME

Goal, Objectives, and Recommendations

Goal

North Carolinians will live in communities, neighborhoods, and homes that support thriving at all stages and ages.

Objective 1	Target
North Carolina communities are committed to keeping older adults safe and protected, while enhancing their well-being and quality of life.	By 2030, 50% of North Carolina Older Adults will live in a state that ensures their safety, protection, and well-being.

Objective 1 Recommendations
1. Support and enhance the development of community registries and special population communication and transportation plans for older adults who may need additional assistance during a disaster.
2. Increase training opportunities for local emergency management professionals and disaster preparedness agencies on best practices and learned lessons regarding emergency management and disaster preparedness for older adults.
3. Encourage local communities to provide culturally specific training and awareness to volunteer groups such as Community Emergency Response Team (CERT) and Neighborhood Watch.
4. Support increased collaboration between local emergency management teams, Area Agencies on Aging, and relevant state agencies to develop innovative approaches that enhance and protect the well-being of at- risk persons.

5. Promote the progress of Adult Protective Services (APS) transformation initiatives in collaboration with county Department of Social Services (DSS) and essential program partners to develop and support innovative approaches that enhance and protect the safety, independence, health, and overall well-being of at- risk adults receiving APS; and support efforts to secure necessary funding and advocate for statutory changes in APS.
6. Increase training and outreach to community partners, public and private entities, law enforcement, and older adults and persons with disabilities and their families regarding frauds and scams and consumer protection.
7. Establish a statewide taskforce to address older adult behavioral health that is comprised of a broad representation of those with interest and knowledge in this area including providers, advocates, consumers, policy experts, and funders.
8. Encourage local law enforcement to utilize appropriate technology to track those at risk of falls, wandering and older adults with dementia.

Objective 2	Target
North Carolina will have safe, affordable, accessible, and equitable transportation options for its residents to essential community destinations to enhance quality of life.	By 2035, 20% of North Carolinians will have safe, affordable, accessible, and equitable transportation options to access essential community destinations, enhancing their quality of life.

Objective 2 Recommendations
1. Enhance or improve transportation and land use planning efforts at the state, regional and local levels to address the transportation needs of older adults and persons with disabilities
2. Promote innovation - including the use of incentives, the development of public private partnerships, and the identification of best practices (i.e. mobility on demand) that can be replicated - in the design and delivery of transportation options.
3. Identify and address barriers such as policies, regulations, funding restrictions, and accessibility that impede the ability to coordinate and maximize transportation resources and options. -ADA -Crossing county lines/transit services/Intercounty transit restrictions

4. Increase awareness of transportation options through a community education campaign and compile an inventory, which is updated on a routine basis, of the transportation resources for older adults and persons with disabilities in communities across the state and disseminate this information locally by multiple channels to ensure that it is accessible to the public.
5. In partnership with the Older Driver Safety Workgroup of the NC Governor's Highway Safety Program, continue expanding public awareness of driver safety resources and promote safe driving among older adults.

6. Strengthen existing transportation services to be accessible, responsive, coordinated, and inclusive by fostering collaboration between transportation providers and agencies/programs that serve older adults and persons with disabilities.
7. Seek technical assistance to examine existing funding sources and identify new, sustainable funding possibilities to maximize, strengthen and expand public transportation options in the state.
8. Promote the development of volunteer transportation assistance programs particularly in those areas of the state where there are gaps in transportation service delivery.

Objective 3	Target
Provide North Carolinians with fairer access to safe, stable, affordable, and livable housing that is age- and ability-friendly.	Every 5 years, the number of North Carolinian older adults who spend more than the NC Affordability Standard percentage of their total income on housing will decrease by 5%.

Objective 3 Recommendations
1. Establish a housing task force and a new Council of State position - a Housing Secretary - to coordinate and evaluate efforts to improve housing options for North Carolina Residents, including older adults, statewide.
2. Encourage and reinforce coordination among agencies and nonprofits working in housing by providing tools and strategies for collaboration.
3. Allocate additional and increase current funding for already existing housing rehabilitation, repair, and modification programs.
4. Incentivize rental property owners to maintain or increase livability, affordability, and availability of rental properties.
5. Increase Incentives, such as tax credits, for development of new age- and all-ability-friendly housing.

6. Strengthen development policies, building codes, and zoning practices that encourage age- and all-ability housing design and community infrastructure.
7. Bolster programs to support affordability in housing and prevent institutionalization and homelessness, including lessening reliance on lien-based programs for rehabilitation, increasing property tax relief for low-income older adults and persons with disabilities, and mobilizing housing-first approaches to address homelessness.
8. Evaluate recommendations and strategies named above by regularly collecting data regarding effectiveness and impact, specifically for older adults' quality of life and health outcomes as well as cost savings for the state.

Objective 4	Target
Improve food security among older adults.	By 2030, decrease food insecurity rates in groups over the age of 60 by 10%.

Objective 4 Recommendations
1. Build on an existing database (such as 211) to create a centralized and fully comprehensive database of senior food resources and how to sign up for programs, ranging from informal local programs to fully funded federal programs.
2. Aggressively increase outreach, advertising, public relations, and messaging about what programs are available.
3. Extend most successful existing programs like Healthy Opportunities Pilot and Hospital to Home (Meals on Wheels), increasing funding and scale across the state for a more long-term food as health option.
4. Provide supplementary incentives for volunteer drivers, creating sustainable funding resources for programs who offer home food delivery to seniors with a priority on rural areas and locally based programs.

5. Expand existing food programs for children & families to include seniors particularly in food education and family services (ex. grandparents raising grandchildren) with a focus on marginalized groups such as LGBTQIA+, those with disabilities, ESL, etc.
6. Expand existing match programs (such as Senior Farmers Markets) to cover all counties and increase benefits (ex. raise allowance from $16 to $32).
7. Incentivize private businesses to participate in providing food to seniors (ex. Door dash's Project Dash).
8. Boost insurance companies' and healthcare providers' efforts to support senior-specific food distribution to lower medical costs.

Objective 5	Target
Decrease social isolation and promote social connectivity among older adults (and their caregivers).	By 2030, reduce isolation by 5% by identifying those at risk for isolation and loneliness, and encouraging engagement.

Objective 5 Recommendations
1. As two key determinants of health, increase access to multi-modal transportation and multi-generational housing, so seniors are better able to attend social functions and spend day-to-day time with family members.
2. While many digital tools are designed to help older adults connect with each other, access services and/or attend events, many older adults need help accessing and navigating that technology. Therefore, it's recommended that NC increase affordable broadband access, digital equity, and digital literacy for older adults – especially in rural areas– and include funding/training for positions such as Digital Navigators.

3. Instead of recreating programs that parallel those already in operation, increase collaboration between agencies, nonprofits, public service agencies and any other organizations serving older adults, and expand successful initiatives. It's simpler for older adults to navigate a smaller number of expanded programs, rather than wading through specifics of many programs under different names with various qualifications.
4. Increase public awareness about social connectivity resources/services by better marketing to older adults, their caregivers, and communities in general (See 6 below).
5. Increase public awareness of social isolation as it impacts one's health and well-being to help mitigate its effects. (Implement the recommendations in the 2023-2027 NC State Aging Plan)
6. Expand social connectivity programs that identify and target lonely older adults through senior centers (including certification), call centers, through law enforcement and so on.

7. Support diversity & inclusion in two ways: Increase outreach to older adults and persons with disabilities, and recruit staff members with an inclusive mindset (such as those with disabilities, who speak other languages, have low levels of literacy, and communities that are historically marginalized and underserved, including family caregivers).
8. Strengthen opportunities across NC to increase social connection resources. Make more programs that are checking in on people who may be experiencing social isolation (such as SALT, Baptist Aging Ministries, Meals on Wheels).

SUPPORTING OLDER ADULTS AND THEIR FAMILIES

Goal, Objectives, and Recommendations

Goal

North Carolinians will have access to services and resources that will enable them to stay in their homes and communities as they age and will support their families in their efforts to provide care when needed.

Objective 1	Target
North Carolina will expand upon its Dementia Capable NC plan to advance comprehensive strategies to address the unique challenges faced by individuals with dementia and their families.	By 2030, 50% of existing recommendations will be implemented.

Objective 1 Recommendations
1.Create and utilize professional multi-disciplinary teams at the county level to address community needs related to dementia.
2. Provide caregivers, medical personnel, and the general public needed comprehensive education and training about dementia. Continue caregiver training and education initiatives through caregiver support programming, including but not limited to Title III-D (evidence-based health promotion courses). Provide specific training on the early signs and symptoms of dementia and identify resources for how to get an early, proper diagnosis. Increase awareness of Medicare benefits related to dementia care and caregiver support. Increase the availability and access to culturally appropriate training on dementia.

3. Provide materials to targeted groups such as Department of Labor for distribution among employers on the availability of publicly funding caregiver support programming, including respite. Refer caregivers to databases of training and resources including the North Carolina Caregiver Portal, NC211, and NCCARE360.
4. Explore funding options to sustain caregiver support programming including Project C.A.R.E. and the NC Caregiver Portal.

Objective 2	Target
Implement and support the use of technology (assistive/adaptive/enabling) solutions fostering a holistic approach assisting individuals in the most accommodating environments possible increasing quality of life.	By 2026, identify North Carolina as a “technology first” state creating a framework for systems change utilizing technology solutions first to support individuals/families and caregivers across all ages.

Objective 2 Recommendations
1. Increase public awareness and education by launching a public awareness campaign defining technology-based solutions and providing public education on the benefits and impact of these types of technologies.
2. Promote and identify funding and financial incentives supporting technology solutions including adaptive/assistive/enabling technologies, home modifications, ramp solutions, and use of artificial intelligence in assessment and training.
3. Promote and expand broadband access and affordability (work in collaboration with the NC Digital Equity office and statewide plan).
4. Strengthen provider and residential support/technical assistance/education by motivating providers to embrace technology-based services. Offer incentives and provide access to broadband solutions, as well as provide technical assistance and training for implementation and use.

5. Strengthen individual/family/caregiver education and technical assistance by developing and extending technology training tailored for older adults and individuals with disabilities. Support training to staff assisting individuals in various settings and assisting caregivers by providing resources, training, and support on technologies and applications promoting healthy living, mental well-being, and seamless access to support systems.
6. Prioritize technology-based solutions, specifically transitioning individuals from long-term care facilities to home or community settings stressing the importance of detailed assessments and identified needs. This includes support and funding for portable temporary and permanent ramp structures allowing access to home and community.
7. Encourage universal design and implementation concepts as a pro-active measure for aging in place within homes and communities by assuring state/local entities implement universal and accessible solutions.

Objective 3	Target
Meet the needs of aging adults with disabilities and aging caregivers.	By 2033, North Carolina will ensure that all individuals with disabilities have the supports they need to live independently as they choose who have family caregivers ages 60 or older.

Objective 3 Recommendations
1. Project and plan for adults with disabilities who have caregivers ages 60 years or older.
2. Ensure all Home and Community Based Services and similar government funding programs are meeting the needs of individuals with disabilities whose caregivers can no longer provide support to those who rely on them, and that there is robust coordination of services as needed.
3. Ensure that there is a crisis plan in place for individuals with disabilities for when his or her caregiver is not able to provide support. Individuals who are in such crises should be prioritized for receiving Home and Community Based Services if they are not receiving them.

4. Fund Future Planner Counselors, which may be a new concept, similar to Benefits Counselors for individuals with disabilities and/or their families to prepare for the time after their parents or other caregivers pass away. This should include guidance on housing, legal options (including for family homes), trusts, long-term partnerships for service providers, continuity of healthcare, roommate matching, maximizing private and public sector benefits (i.e., Low Income Energy Assistance Program “LIEAP” and broadband access), and pooling resources among families and individuals.
5. Establish cross-disciplinary task forces and collaborative projects that bring together representatives from the aging and disability communities to identify specific shared challenges and develop targeted solutions, promoting a more integrated and effective approach to addressing their unique needs.

6. Create a public awareness campaign for policymakers and citizens to know the stories of people with disabilities and their families who have aging caregivers and the related significant financial, legal, health, and mental health challenges they confront.
7. Ensure that the evolving housing and support needs of senior individuals with disabilities are met so they can age in place and have equal and accommodative access to aging supports, programs, and facilities.
8. Utilize new behavioral health funding and Tailored Care Management to ensure that aging adults with behavioral health needs, including I/DD and TBI, are met and integrated with other healthcare and related services.

Objective 4	Target
Ensure financial and workplace security for caregivers across the lifespan in North Carolina, to help prevent caregivers from withdrawing from the workforce prematurely, and/or facing financial hardship. (National Strategy to Support Family Caregivers Goal #4)	By 2030, ensure that in North Carolina, caregivers are offered financial planning options targeted to their specific needs, that employers provide employee-centered, flexible workplace policies and practices, that caregivers are offered assistance with planning for the long-term needs of care recipients, and that there are available and affordable long-term services and supports.

Objective 4 Recommendations
1. Analyze existing research and conduct new research at the state level to better understand the financial and employment issues faced by North Carolina caregivers in all 100 counties.
2. Through a pilot program, provide employer education to senior leadership and human resources management regarding challenges faced by family caregivers and their needs for support, to help caregivers remain in the workforce
3. Include (explicitly list) family caregiving as a reasonable leave description in unemployment benefit eligibility
4. Promote financial education and planning for family caregivers virtually by continuously funding the NC Caregiver Portal https://nc-caregivers.com and pilot in-person components with existing elder support programs in local colleges and universities (e.g., elder law clinics).

5. Explore caregiver payment options funded by state government in and beyond Medicaid.
6. Establish protections against workplace discrimination based on family responsibilities following US Senate Bill 3878 (2019-2020).
7. Explore options for paid and unpaid family leave, time-off, or flexible work schedules, as well as paid family caregiver leave insurance.
8. Establish tax credits for caregiving expenses on the state income tax form. Also include allowable deductions such as home modifications, purchasing/leasing assistive devices for ADLs, hire direct care workers, or other services, in addition to the federal tax credit.

Objective 5	Target
Health Re-imagined: Access to the services we need to live at home and in our communities that allows us to optimize our health and quality of life.	By 2030, ensure service options across the continuum that meet the needs of older adults and individuals living with disabilities and medical complexities, and their families that prioritizes the individual's preferences and needs.

Objective 5 Recommendations
1. Comprehensive Medicaid Rate and Wage Model: Develop and fund a comprehensive Medicaid rate and wage analysis by 2025 to address current and future demand for LTSS (LTC / HCBS) services, and workforce shortages. Establish a process for future updates to ensure the viability of the provider through actuarily sound provider reimbursement rates and through a trained workforce that is paid a living-wage to meet growing demands for quality home and community-based care. RECOMMENDATION: Produce a provider demographic and reimbursement rate report.

2. Strengthen, streamline and Enhance Service Delivery Options: Leverage and align existing programs (such as, Local Senior Centers, Project C.A.R.E., PACE, Block Grants, DSS and other block grants, community- non-profit charitable organization, No Wrong Door etc.) and services to blend and braid service options to minimize inconsistencies and duplication of services in care delivery and financing options with the goal to increase older adult participation access to available services. In the array of LTSS we most be able to identify the service options, constraints and limitations, etc. for individuals to access the care when needed.

RECOMMENDATION: Establish and fund a No Wrong Door stakeholder workgroup to expand and leverage existing AAA Options Counseling Services or ARPA LTSS Outreach, or DSS program into a state-wide program to ensure individuals learn of the service options available. Ensure adequate fund for county-level counseling/outreach staff.

3. Identify strategies to eliminate the waitlist of and other barriers to cost-effective services options through efficient resource allocation and forecasting for future demand. Produce and implementation plan for next steps and propose to NCDHHS.

Waitlist under various programs including Medicaid, HCBS block grants, SS Block grant, etc. Leverage existing programs such as 'No Wrong Door' to evaluate and prioritize access to service options through community engagement i.e., use pharmacist for service option referral to caregiver.

NCCARE360 - Enhanced version that closes the loop and make it easier for individuals to connect with available resources by 2027. NCCARE360 is supposed to be the statewide coordinated network that includes a robust data repository of shared resources and connects healthcare and human services providers together to collectively provide the opportunity for health to North Carolinians.

4. Support the development of sustainable and innovative payment models through public/private partnerships. This includes the study and update HCBS Block Grants policies for how local providers can use funds to support older adults and individuals living with disabilities. Focus on addressing disparities of service options and waitlists. Explore unbundle funding mechanism to better leverage limited dollars.
5. Explore affordable long-term care insurance coverage options for personal care and attendant services to that enables older adults to remain as independent as possible in their homes, to avoid premature Medicaid entry. Fund or seek grant funding for a study that shows the cost-benefits insurance policies that is affordable policies for consumers. Explore tax credits and incentives that encourages younger policy holders to ensure the viability of LTC policies.

6. Explore opportunities to support the adoption of new Medicare Models provider participation, i.e. Guiding an Improved Dementia Experience (GUIDE) Model, BPCI Advanced Model, Making Care Primary Model, AHEAD Model, etc.

RECOMMENDATION: Accelerate adoption of Medicare Value Based Payment Models through technical assistance and implementation support to x hundred providers each year or x newly VBP enrolled providers.

7. Community first to mitigate institutional bias and address requirements associated with the NC Olmstead Plan: Explore establishing a provisional service plan as indicated in Justice in Aging National Initiative, presumptive eligibility for HCBS to expedite services (discharge from hospital/SNF, or community admission) in the most effective setting to meet the individuals needs and preferences. Establish a pre-admission eligibility profile (i.e., MDS-HC) to help assess likely Medicaid HCBS eligibility while tracking needs and preference.
8. Wider definition of "medical services" for HCBS to address social determinants of health and health related social needs, such as meal delivery and companionship in community living;

POSTER SESSION
Opportunity for Input

KEY THEMES AND ACKNOWLEDGEMENTS

Key Themes

- Promoting educational opportunities for older adults
- Enhancing funding sources for home and community-based services
- Advocating for age-inclusive workplace practices
- Fostering intergenerational collaboration
- Expanding financial literacy and retirement planning education

Leadership

Affording Aging Suzanne LaFollette-Black and David Richardson				
Financial Preparation Chris Brandenburg and Joel Tietz	**Workforce Opportunities** Alice Bell-McMillian	**Lifelong Learning and Development** Paula Hartman-Stein, Richard Gould	**Intergenerational Engagement** Julia Burrowes, Caylee Weaver	**Sustainability of Public Services** Annette Eubanks, Lee Covington

Key Themes

- Promoting innovative healthcare delivery and accessibility
- Fostering culture of healthy aging
- Developing comprehensive continuum of care services
- Addressing long-term care financing and delivery challenges
- Advancing healthcare workforce

Leadership

Optimizing Health and Well-Being Dr. Steve Cline and Dr. Tracy Pakornsawat				
Community Health Resources	**Healthy Aging Programs** Anna Hicks	**Continuum of Care** Linda Kendall Fields	**Healthcare Financing and Delivery Innovations** Alexis Robinson, Mary Bethel	**Healthcare Workforce Support** Tammy Arms

Key Themes

Strengthening Communities for a Lifetime

- Enhancing disaster preparedness and emergency management
- Strengthening transportation services and options
- Addressing housing challenges
- Increasing access to older adult food resources
- Promoting social connectivity and digital literacy

Leadership

Strengthening Communities for a Lifetime Dr. Deryl Fulmer and Janice Tyler				
Housing and Universal Design Carissa Johnson	**Transportation and Accessibility** Nancy Leonard, Katie Kutcher	**Social Connections, Inclusion, and Broadband** Mackenzie Patak	**Food Security and Nutrition** Christi Mallasch	**Community Safety and Protection** Cynthia Banks

Key Themes

Supporting Older Adults and Their Families

- Creating multi-disciplinary teams for dementia care
- Promoting technology-based solutions
- Providing caregiver support
- Supporting aging individuals with disabilities
- Enhancing long-term services and supports

Leadership

Supporting Older Adults and Their Families Jan Moore and Talley Wells				
Health Reimagined Lee Dobson, Bill Lamb, Renee Myatt	**Adaptive and Assistive Technology** Tammy Koger	**Caregiving Support** Linda Atack, Melissa Swartz	**Addressing Needs of Persons with Dementia** Heather Carter and Laura Jane Strunin	**Aging Individuals with Disabilities and Their Caregivers** Carol Conway, Felicia Williams

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Alexis Robinson

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Caylee Weaver

Thank You!

For All Your Dedication and Hard Work

All Ages, All Stages NC

A Roadmap for Aging and Living Well

NEXT STEPS AND BEYOND

Next Steps

March 4

Stakeholder Convening- First Opportunity for Input During Poster Session

March 6

Present Overview to NC Senior Tar Heel Legislature

March 11

Open Public Comment Period

March 13

NCAOA Conference- Second Poster Session, Opportunity for Input

March 21

Present Overview During 2024 Rural Summit to Gain Rural Perspective

March 21

Present Overview to Governor's Advisory Council on Aging

March 25

Close Public Input Period

Next Steps

March 25-29

Review Recommendations to Identify Duplication, Questions

→

April 1- 5

Present to Cabinet Agencies and Seek Feedback

→

April 3

Distribute Draft to Workgroup Chairs and Steering Committee Champions

→

April 8-12

Workgroup and Champions Provide Final Revisions

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April 15-18

Project Leadership Complete Final Draft

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April 18

Submit to DHHS Office of Communications for formatting, design, publication

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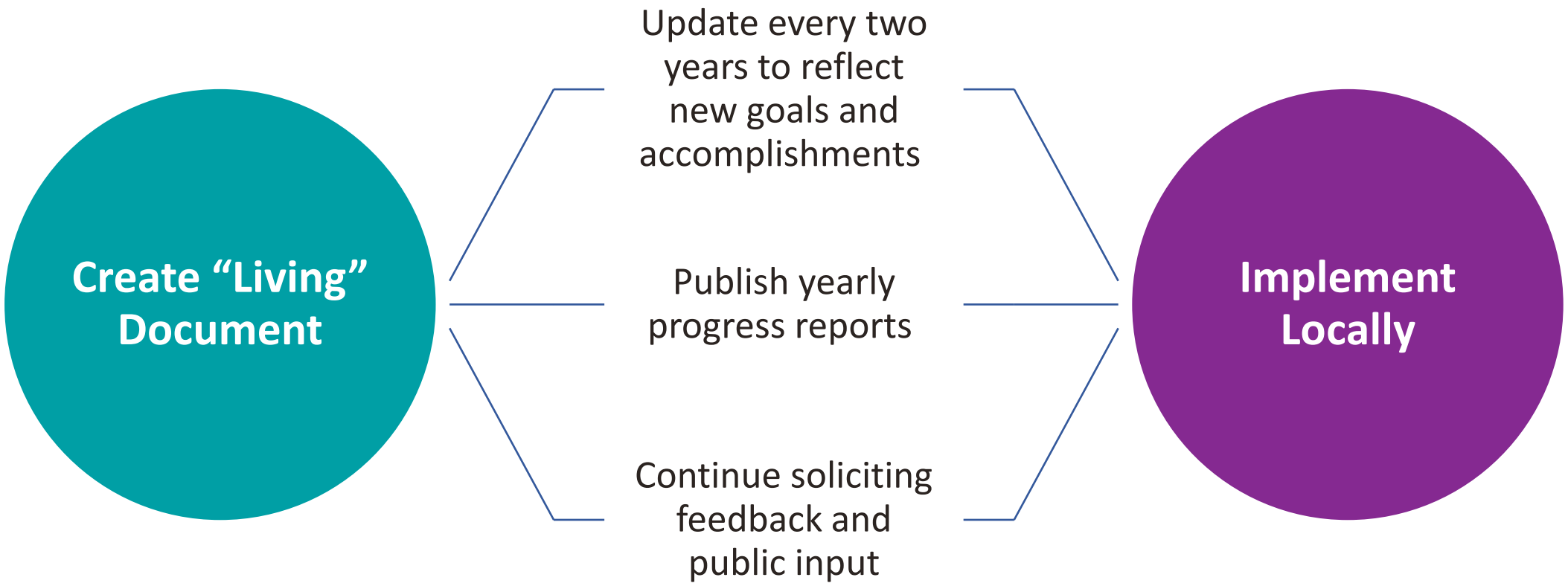
May 2, 2024

Submit Final Report to Governor Roy Cooper

And Beyond…


Create "Living" Document
Update every two years to reflect new goals and accomplishments
Publish yearly progress reports
Continue soliciting feedback and public input
Implement Locally

Stay Informed!

All Ages, All Stages NC

A Roadmap for Aging and Living Well

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