



AGE MY WAY NC

SUMMIT



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

**HOMETOWN
STRONG**
COMMUNITY FOCUSED PARTNERSHIPS

WIFI INSTRUCTIONS

- Connect to “NCSU-GUEST” network
- Open browser and click “I Agree”

If you are taken to a page asking for a password, refresh the page or make sure you are connected to the NCSU-GUEST network and not the NCSU network.

If you are connecting through a VPN or have issues with the guest wifi, please see the front desk for assistance.

SUMMIT PLANNING COMMITTEE

DHHS

- Joyce Massey-Smith, Director, Division of Aging and Adult Services
- Rebecca Freeman, Planner/Evaluator, Division of Aging and Adult Services
- Divya Venkataganesan, Planner/Evaluator, Division of Aging and Adult Services

Office of The Governor

- Kristen Guillory, Policy Advisor, Office of Governor Cooper
- Mary Penny Kelley, Executive Director, Hometown Strong
- Neel Lattimore, Age My Way NC, Hometown Strong

AARP NC

- Lisa Riegel, Manager, Advocacy and Livable Communities
- Mark Hensley, Associate State Director, Community Outreach and Advocacy, AARP-NC Triad Region
- Helen Mack, Volunteer, Trainer, and Advocate
- Chris Brandenburg, Associate State Director, Advocacy
- Dr. Catherine Sevier, State President
- Alex Haire, Intern



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Constituent Partners

- Mary Bethel, Chair, NC Coalition on Aging
- Suzanne Black, Volunteer, AARP NC
- Heather Burkhardt, Executive Director, NC Coalition on Aging
- Kathy Colville, President, NC Institute of Medicine
- Bill Lamb, Friends of Residents in Long-Term Care
- Linda Miller, Chair, NC Association of Area Agencies on Aging
- Dr. Ed Rosenberg, Chair, Governor's Advisory Council on Aging
- Dennis Streets, Co-chair, Healthy Aging Task Force



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STATE OF NORTH CAROLINA AGENCIES PARTICIPATING IN THE AGE MY WAY NC SUMMIT

Office of Governor Cooper

North Carolina General Assembly

Department of Administration

Department of Commerce

Department of Environmental Quality

Department of Natural and Cultural Resources

Department of Health and Human Services

Department of Information Technology

Department of Insurance

Department of Military and Veterans Affairs

Department of Public Safety

Department of Transportation

Office of State Budget and Management

Office of State Human Resources

Secretary of State



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AGE MY WAY NC INITIATIVE

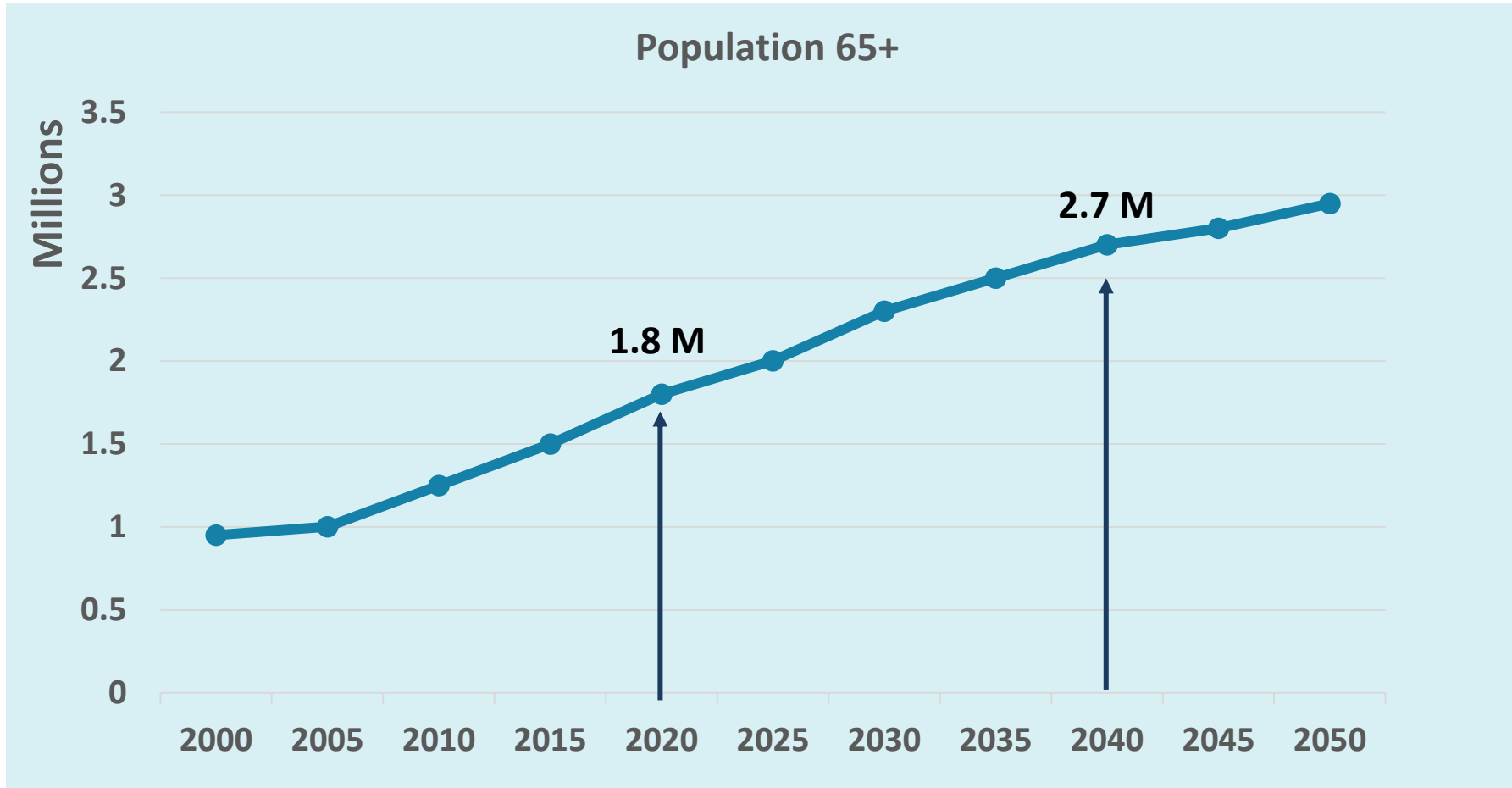
Mary Penny Kelley, Hometown Strong

Ed Rosenberg, PhD, Governor's Advisory Council on Aging



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NC IS AGING



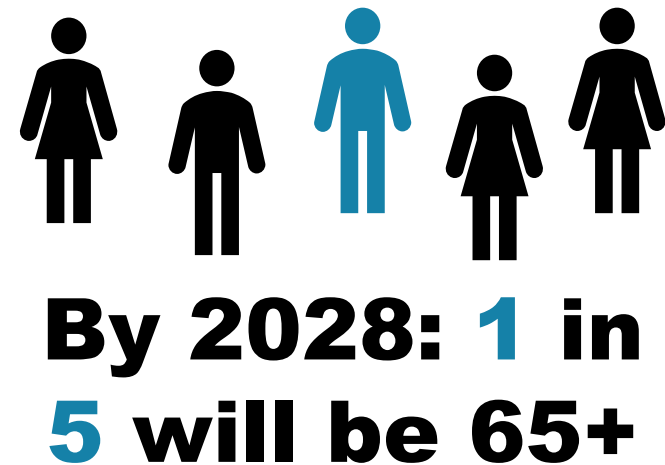
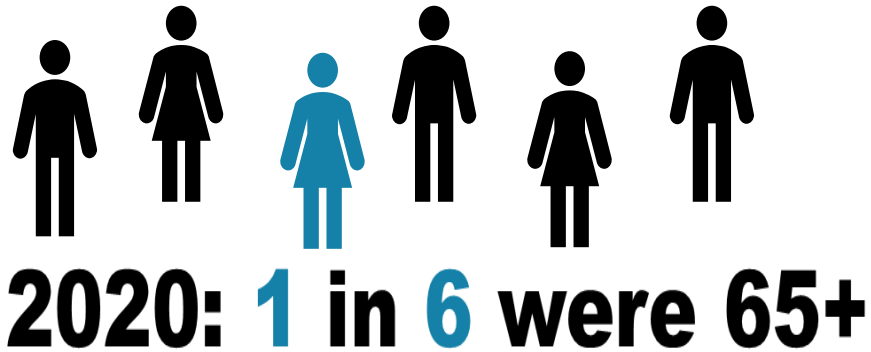
↑ 52%



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U.S. Census Bureau, American Community Survey 2020, one-year experimental data estimates. Table XK20014: Population by Age. 2020 ACS 1-Year Experimental Data Tables www.census.gov

NORTH CAROLINA IS AGING!

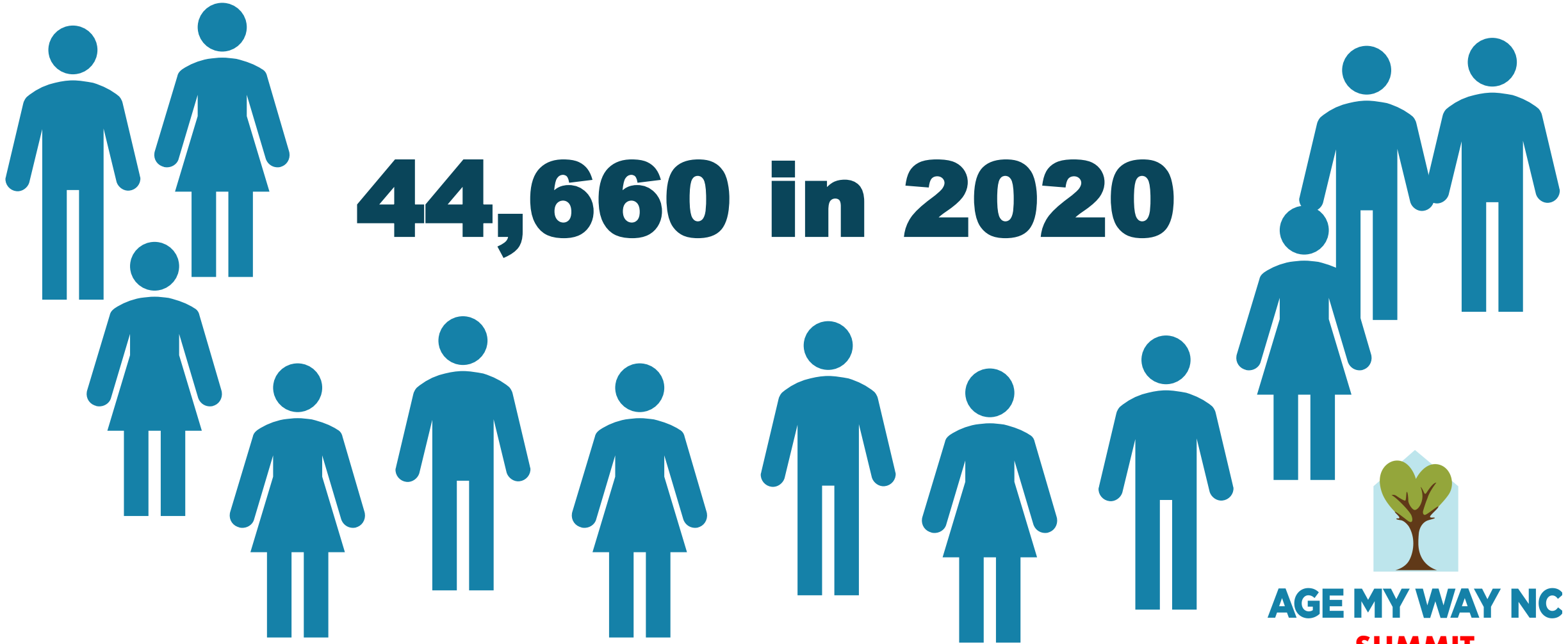


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www.ncdhs.gov/media/14887/open

MIGRATION 60+

44,660 in 2020



<https://www.ncdhhs.gov/media/14887/open>

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NATIONAL RANKINGS

9th in total
population

8th in
population
65+

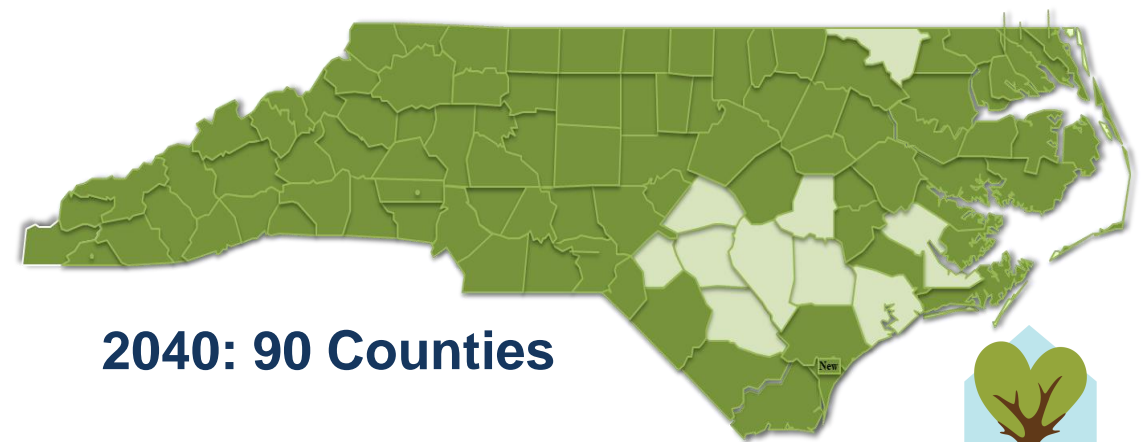
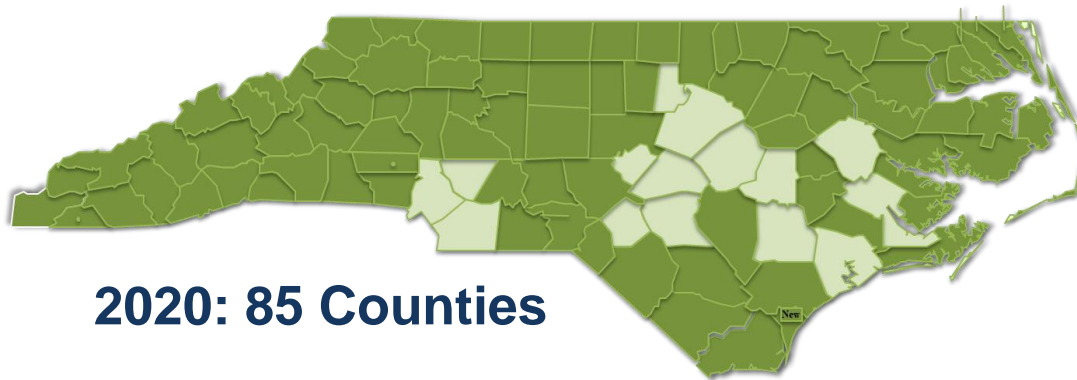


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PROFILE OF AGING IN NC



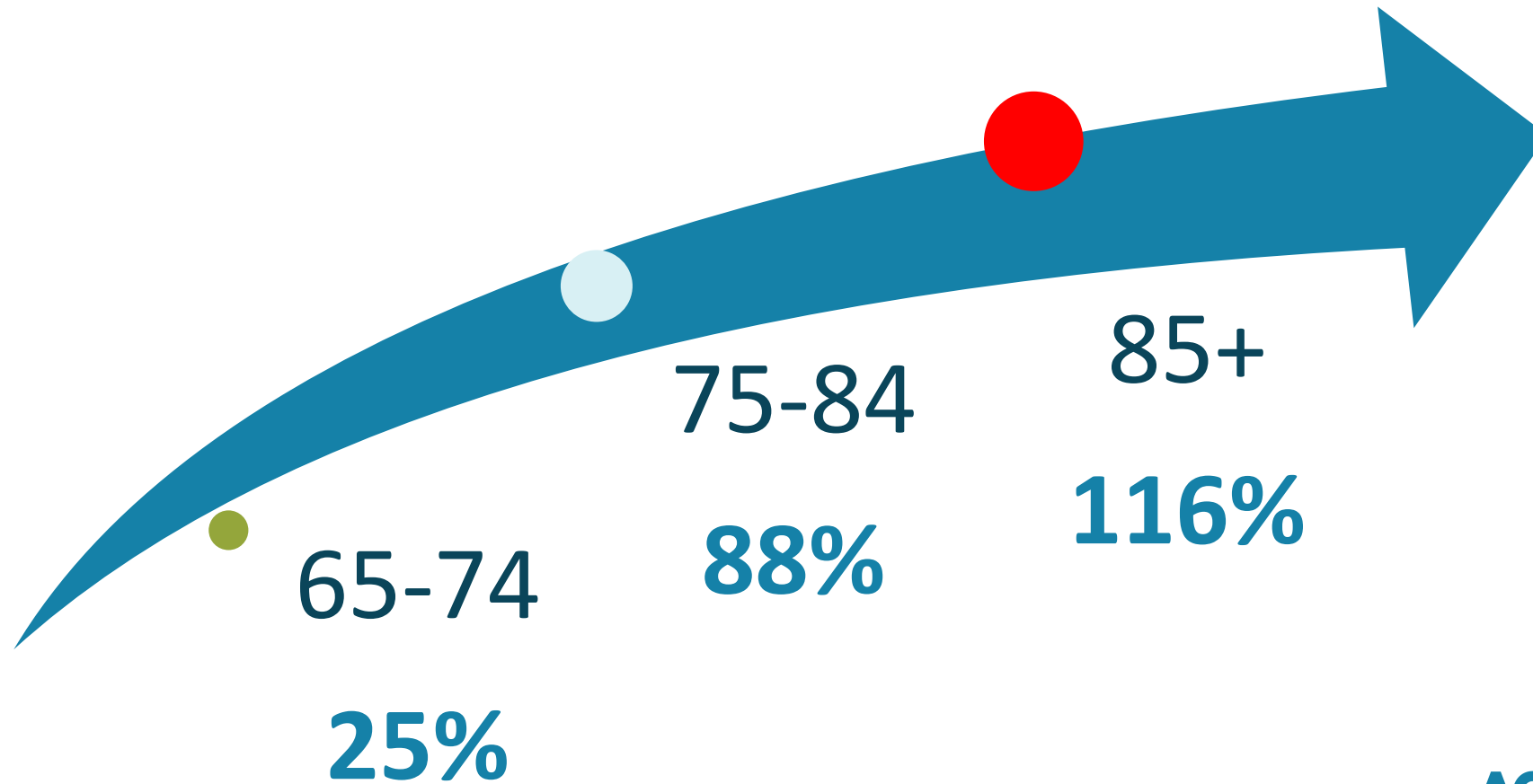
Counties with more people ages 60+ than 0-17



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NC Office of State Budget and Management, Standard Population Estimates, Vintage 2020; Population Projections, Vintage 2040 www.osbm.nc.gov/facts-figures/population-demographics

PROJECTED POPULATION GROWTH



www.ncdhhs.gov/media/14887/open



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RACE AND ETHNICITY, 65+ (2020)

| | NC | US |
|---|-----|-----|
| White | 79% | 81% |
| Black or African American | 17% | 9% |
| American Indian and Alaska Native | 1% | 1% |
| Asian | 2% | 5% |
| Some other race | 1% | 3% |
| Two or more races | 1% | 2% |
| Hispanic or Latino origin (of any race) | 2% | 8% |



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www.ncdhhs.gov/media/14887/open

SOCIAL AND ECONOMIC CHARACTERISTICS, 65+ (2020)

| | NC | US |
|--|-----|-----|
| Lives alone | 27% | 26% |
| Is a veteran | 18% | 17% |
| Speaks English less than “very well” | 2% | 9% |
| Has a disability | 35% | 34% |
| Has less than high school education | 15% | 15% |
| Has high school, GED/alternative education | 30% | 32% |
| In labor force | 17% | 18% |
| Income is below poverty level | 9% | 9% |
| Income is 100%-199% of poverty level | 22% | 18% |



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www.ncdhhs.gov/media/14887/open

TYPES OF DISABILITY, 65+ (2020)

| Disability | % Living With |
|--------------------|---------------|
| Ambulatory | 22% |
| Independent living | 14% |
| Hearing | 14% |
| Cognitive | 9% |
| Self-care | 7% |
| Vision | 7% |



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www.ncdhhs.gov/media/14887/open

ALZHEIMER'S IN NORTH CAROLINA (2020)

180,000
people 65+

4th leading
cause of death
for people 65+

Cost to Medicaid
program
\$1.3 billion



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NORTH CAROLINA CAREGIVERS (2020)

358,000 unpaid caregivers in NC

517 million hours of unpaid care

Provide **\$7.3 billion** in unpaid care



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**What is Needed to Best
Support this Changing
Demographic?**

HOUSING

- 50% of households are 1- or 2-persons,
 - >85% of housing stock is 2+ bedrooms
- 65+ who are rent-burdened increased from 43% (2001) to 50% (2015)
- <1% of homes built with universal design
- National median cost for room in nursing home is \$108,408/year

We must remove barriers and broaden housing options.



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FIVE HOME FEATURES TO AGE IN PLACE

- No step entry
- Live on 1 level
- Wide halls & doorways
- Accessible outlets/switches
- Lever handles/faucets

% in USA HOMES



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PARKS AND PUBLIC SPACES

- Pandemic revealed importance of parks and public spaces
 - Limited research to show how use varied by age and ability
- Pre-pandemic, while older adults represented >20% of population, only 4% were park users
- Parks serving communities of color are half the size and 5 times more crowded

We must make these facilities more equitable and accessible.



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TRANSPORTATION

- Older adults outlive ability to drive by 7-10 years
 - 18% of older adults 65+ do not drive
 - 35% of women 75+ don't drive at all
- Pedestrian fatality rate of older persons is among highest of any age group
 - People 65+ represent 16% of total population but account for 21% of pedestrian fatalities (2019)

Improving safety for older adults improves transportation for all.



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SOCIAL CONNECTION

- 15% of adults >50 do not have access to internet
 - 60% say cost of high-speed internet is problematic
- Isolation and loneliness = smoking 15 cigarettes/day
- Isolation associated with 50% increased risk of dementia

We must strengthen our social connection system.



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LIVABLE COMMUNITIES IMPROVE LIVING FOR ALL AGES

- People of all ages benefit from shorter shorter commute, proximity to shops and services, communities with mix of homes and incomes, and robust public transit options
- Complete, smartly planned streets and transportation options are great for people of all ages.
- Car centric design burdens those who can't drive
- Outdoor spaces, healthy food access, and safe communities benefits all ages



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The Governor's Advisory Council on Aging

MEMBERS

- 29 Governor's appointments
 - state agencies 14; at large 15
- 2 Senate President Pro Tempore appointments
- 2 Speaker of the House of Representatives appointments



GOVERNOR'S
ADVISORY COUNCIL
ON AGING



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MANDATE



GOVERNOR'S
ADVISORY COUNCIL
ON AGING

- Make recommendations to Governor and DHHS Secretary to improve human services for older adults.
- Study ways to promote public understanding of older adults' challenges; evaluate need for new state programs to address challenges.
- Advise DHHS regarding quality, extent and scope of services being provided, or that should be provided, to older North Carolinians.
- Advise Governor and DHHS Secretary regarding coordination of all state elder-focused programs to prevent duplication and overlap.

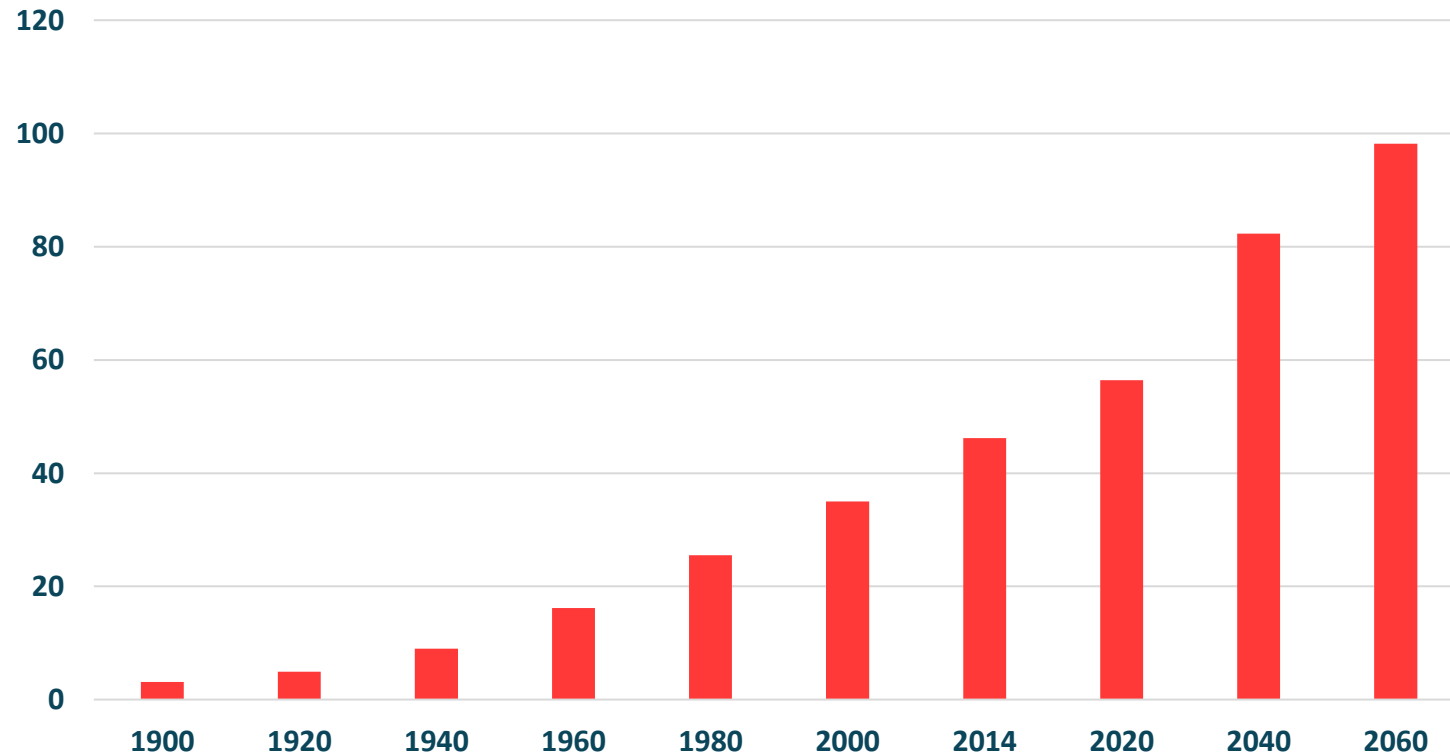


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What is Age My Way?

AGE-FRIENDLY NORTH CAROLINA: A WORK IN PROGRESS

Number of 65+ (in millions)
1900-2060

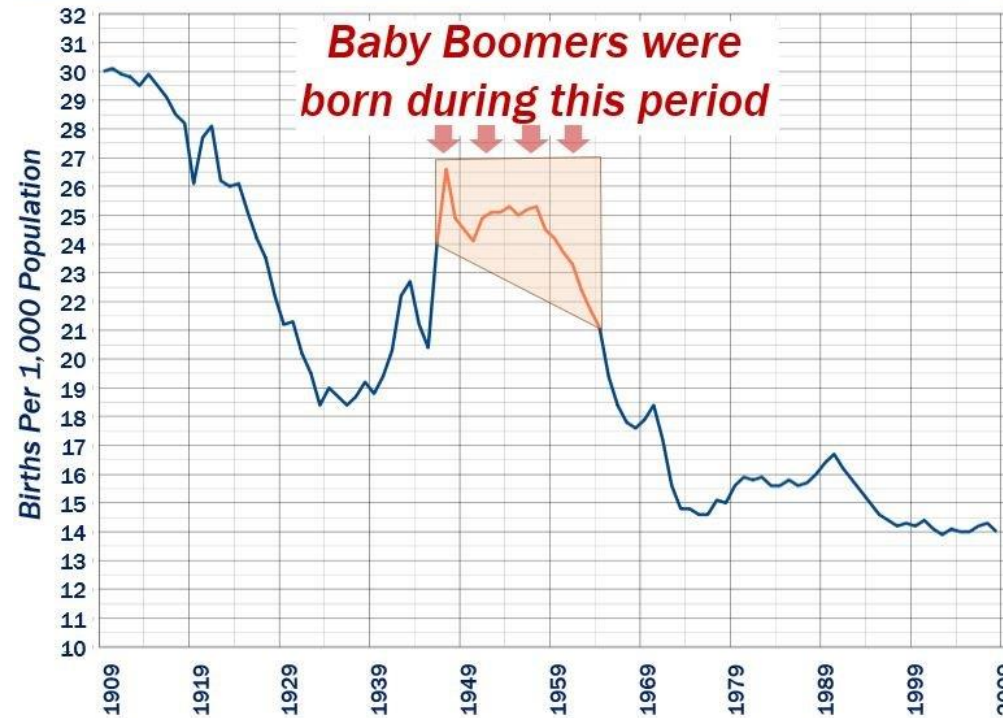


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AGE-FRIENDLY NORTH CAROLINA: A WORK IN PROGRESS

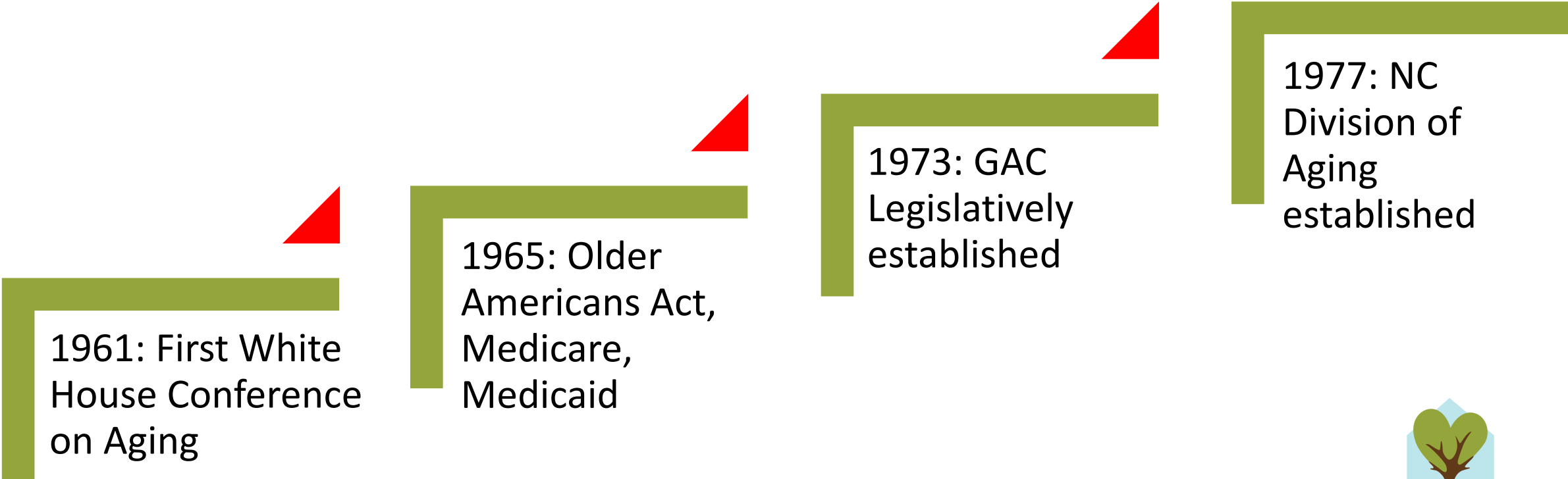
- America will become a “super-aged” nation in 2028.
- North Carolina will become a “super-aged” state in 2029.
- We knew this would happen... since the end of the Baby Boom!

United States Birth Rate



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AGE-FRIENDLY NORTH CAROLINA: A WORK IN PROGRESS



1961: First White House Conference on Aging

1965: Older Americans Act, Medicare, Medicaid

1973: GAC Legislatively established

1977: NC Division of Aging established



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AGE-FRIENDLY NORTH CAROLINA: A WORK IN PROGRESS

1991: NC's first
state-mandated
aging plan

1993: Senior Tar
Heel Legislature
established

Since at least
2005: formal
"senior-friendly"
studies in NC

2008: DAAS
promoted "livable
and senior-
friendly
communities"



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Some Past Reflections

The aging of the state's population represents an unparalleled, but urgent, policy and program challenge to both public and private organizations to ensure that the needs of the aged and their human resource potential are adequately addressed.

From Governor Hunt's proclamation (1999)



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The challenge of an aging population requires creative solutions — and innovative thinking.... Our seniors and families are doing their part to make NC better — day in and day out. So, we must continue to do our part in making NC the state for Living Wise and Aging Well.

Remarks from Governor Beverly Perdue at 2010 Governor's
Conference on Aging



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AGE MY WAY NC: ENHANCING THE LIVED EXPERIENCE

- Knowledge base
- Movers and shakers
- Because of these, we've made much progress
- But we're not done!



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GOVERNOR ROY COOPER



NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Division of Aging and
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**HOMETOWN
STRONG**

COMMUNITY FOCUSED PARTNERSHIPS

AGE MY WAY NC SURVEY RESULTS

Mark Hensley and Catherine Sevier, DPH, AARP NC



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LIVABLE COMMUNITY



A livable community is one that is safe and secure, has affordable and appropriate housing and transportation options, and offers supportive community features and services. Once in place, those resources enhance personal independence; allow residents to age in place; and foster residents' engagement in the community's civic, economic, and social life.

– AARP Policy Book, Chapter 9



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AARP NETWORK OF AGE-FRIENDLY COMMUNITIES

- Age-Friendly Network is affiliate of World Health Organization Global Network of Age-Friendly Cities and Communities Program
- Established to connect cities, communities and organizations with vision of making community a great place where people can grow up and grow old
- Program targets environmental, social, and economic factors



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SLIDO LINK

**Would you characterize your
community as "age-friendly"?**

THE WHO EIGHT DOMAINS OF LIVABILITY



Community
& Health
Care



Housing



Social
Participation



Transportation



Civic
Participation
&
Employment



Outdoor
Spaces &
Buildings



Respect &
Social
Inclusion



Communication
& Information

Icons from FlatIcon.com



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SOCIAL DETERMINANTS OF HEALTH

- Conditions in environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks
- 5 domains
 - Economic Stability
 - Education Access and Quality
 - Health Care Access and Quality
 - Neighborhood and Built Environment
 - Social and Community Context



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NORTH CAROLINA'S 2022 AGE FRIENDLY COMMUNITY SURVEY: METHODOLOGY

- North Carolina is Aging. Will We be Prepared?
- Age My Way NC is collaborative effort between NC and AARP NC to identify priorities for making communities great places for all ages
 - Surveyed people 45+ statewide to identify priorities (i.e., safe and walkable streets, age-friendly housing and transportation options, access to services, opportunities for residents to participate in community life)
 - 3,306 completed surveys, 1.8% margin of error
 - Results to be augmented with other data to provide input to future planning



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RESPONDENT PROFILE: DEMOGRAPHICS

| Gender | |
|--------|-----|
| Male | 23% |
| Female | 76% |

| Age | |
|----------|-----|
| Under 45 | 13% |
| 45-65 | 34% |
| Over 65 | 53% |

| Race/Ethnicity* | |
|-------------------------------------|-----|
| White or Caucasian | 85% |
| Black | 11% |
| Native American or Alaskan Native | 1% |
| Asian | 1% |
| Native Hawaiian or Pacific Islander | <1% |
| Other | 2% |

| Marital Status | |
|--|-----|
| Single, never married | 8% |
| Married | 62% |
| Not married, living with your partner or significant other | 2% |
| Separated | 1% |
| Divorced | 16% |
| Widowed | 11% |

| Health Status | |
|---------------------|-----|
| Excellent/Very good | 60% |
| Good | 29% |
| Fair/Poor | 10% |

| Disability Status of Household (any members disabled) | |
|---|-----|
| Yes (myself, my spouse/partner, both) | 31% |
| No | 68% |



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RESPONDENT PROFILE: SOCIOECONOMIC

| Education | |
|--|-----|
| 0 to 12th grade, but with no diploma | 1% |
| High school graduate or equivalent | 7% |
| Post high school education, but with no degree | 11% |
| 2-year degree (Associate's Degree) | 13% |
| 4-year degree (Bachelor's Degree) | 25% |
| Post graduate study, but with no degree | 7% |
| Graduate or professional degree | 36% |

| Employment Status | |
|--|-----|
| Self-employed full-time | 5% |
| Self-employed part-time | 5% |
| Employed full-time | 25% |
| Employed part-time | 7% |
| Retired and not working at all | 54% |
| Unemployed and looking for work | 1% |
| Not in the labor force for other reasons | 4% |

| Income | |
|-----------------------|-----|
| < \$10,000 | 3% |
| \$10,000 - \$19,999 | 6% |
| \$20,000 - \$29,999 | 8% |
| \$30,000 - \$49,999 | 16% |
| \$50,000 - \$74,999 | 19% |
| \$75,000 - \$99,999 | 18% |
| \$100,000 - \$149,999 | 18% |
| \$150,000 + | 12% |



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NORTH CAROLINA'S 2022 AGE FRIENDLY COMMUNITY SURVEY: CONSIDERATIONS

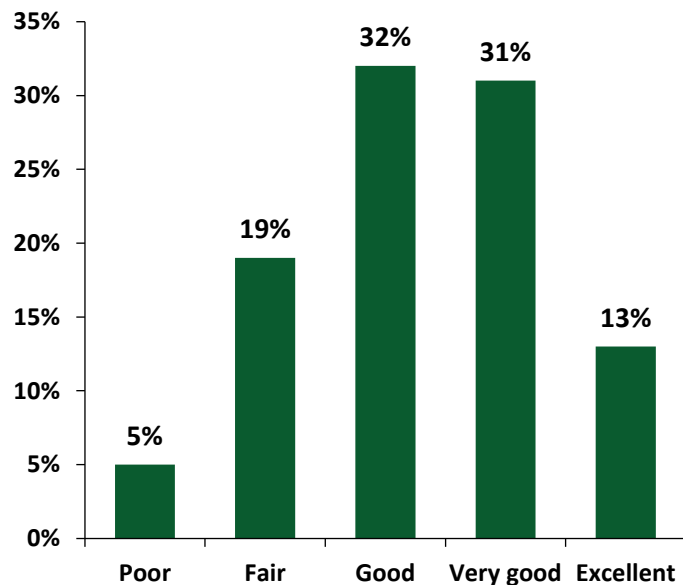
- Where do you live and where do you want to be as you age?
- How will you get groceries, see friends, or go to the doctor if you don't have a car?
- How will your life change after traditional retirement, or will you retire?
- How do you want to work, play, worship, and age in place?



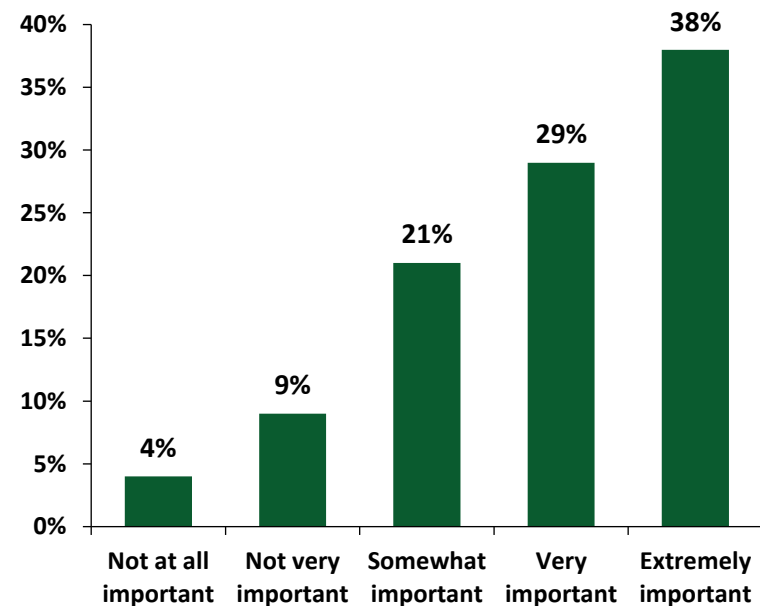
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MAJORITY BELIEVE THEIR COMMUNITY IS A GOOD PLACE TO AGE AND WANT TO LIVE THERE INDEPENDENTLY FOR AS LONG AS POSSIBLE

Rating of Current Community as a Place for People to Live as They Age

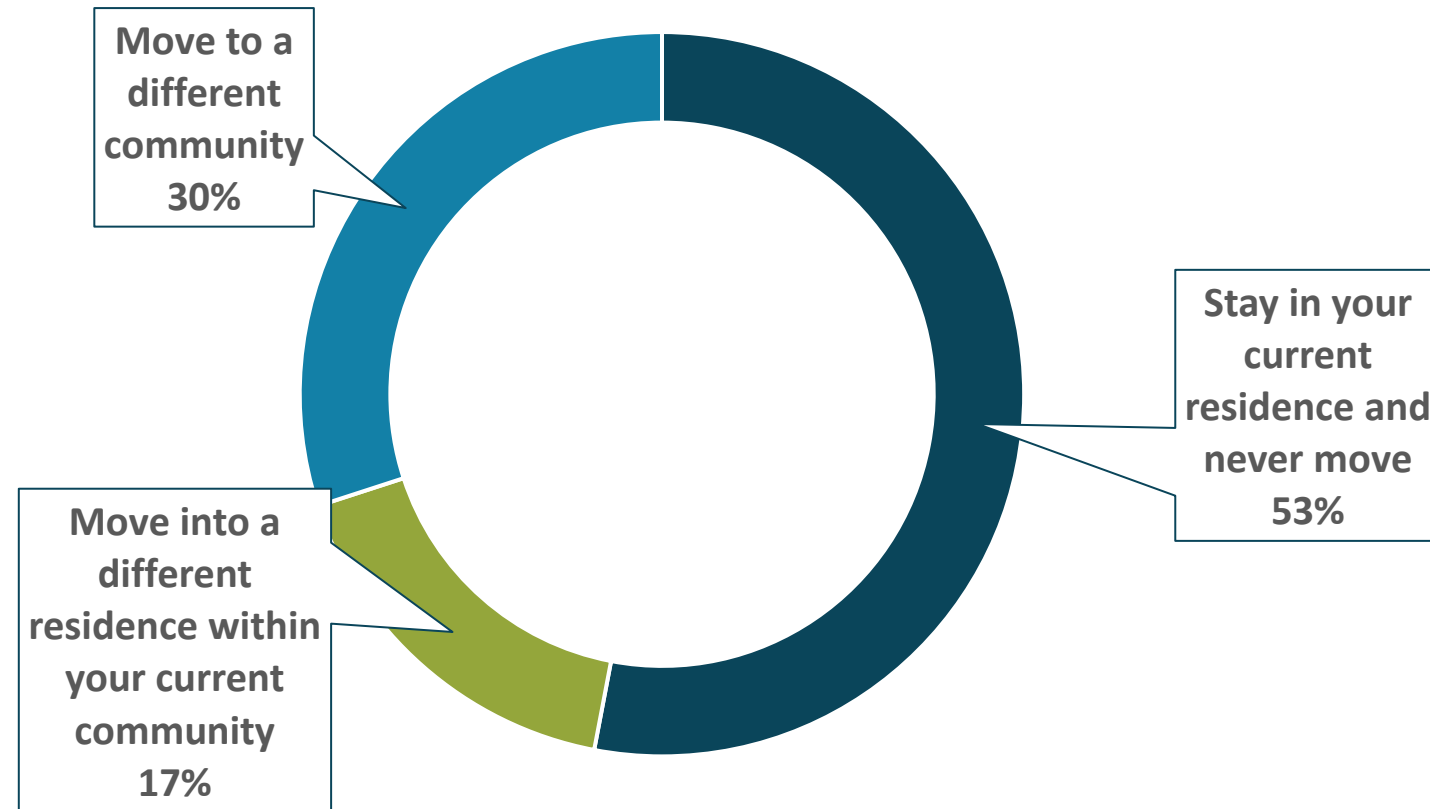


Importance of Remaining in Current Community



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MOST ARE UNLIKELY TO MOVE OUTSIDE OF NC AS THEY AGE



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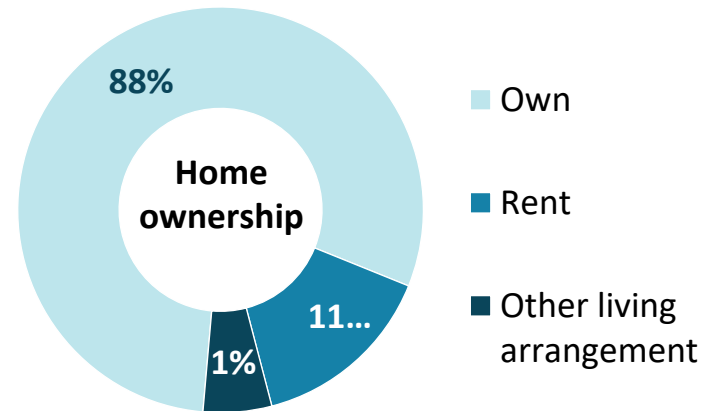
MOST OWN SINGLE-FAMILY HOMES



Housing Domain

Type of Home

| | |
|---|-----|
| A single family house | 81% |
| A two-family house that has separate living units | 2% |
| A townhouse or row house | 5% |
| An apartment | 4% |
| A condominium or coop | 3% |
| A mobile home | 4% |
| Senior housing or assisted living facility | 1% |
| Other type of living arrangement | 0% |



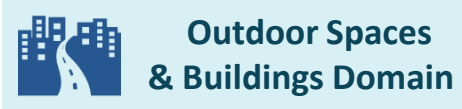
94% of respondents say remaining in their current community is extremely/very important.

34% of respondents say they need to make home modifications to remain as they age

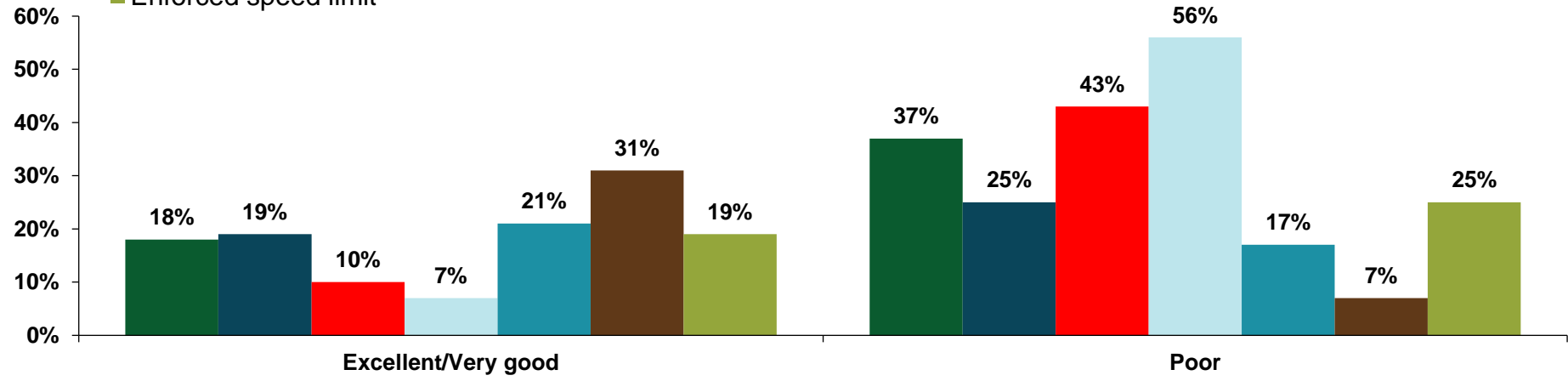


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WELL-MAINTAINED OUTDOOR FACILITIES AND SPACES ARE EXTREMELY IMPORTANT



- Sidewalks that are in good condition, safe for pedestrians, and accessible for wheelchairs or other assistive mobility device
- Well-lit, accessible, safe streets and intersections for all user
- Audio and visual pedestrian crossing
- Separate pathways for bicyclists and pedestrian
- Well-maintained street
- Easy to read traffic sign
- Enforced speed limit



2022 Age My Way NC Survey | AARP RESEARCH | AARP.ORG/RESEARCH | ©2022 AARP. ALL RIGHTS RESERVED

MOST DRIVE THEMSELVES TO GET AROUND THEIR COMMUNITY



Transportation Domain

96% drive themselves around, 21% have others drive them



20% walk

3% use public transportation, 11% ride a bike



1% take a taxi, 3% use a special transportation service, 6% use a ride-sharing service (e.g., Uber or Lyft)



Photos from iStock.com and kali9 ScienceWorldReport.com



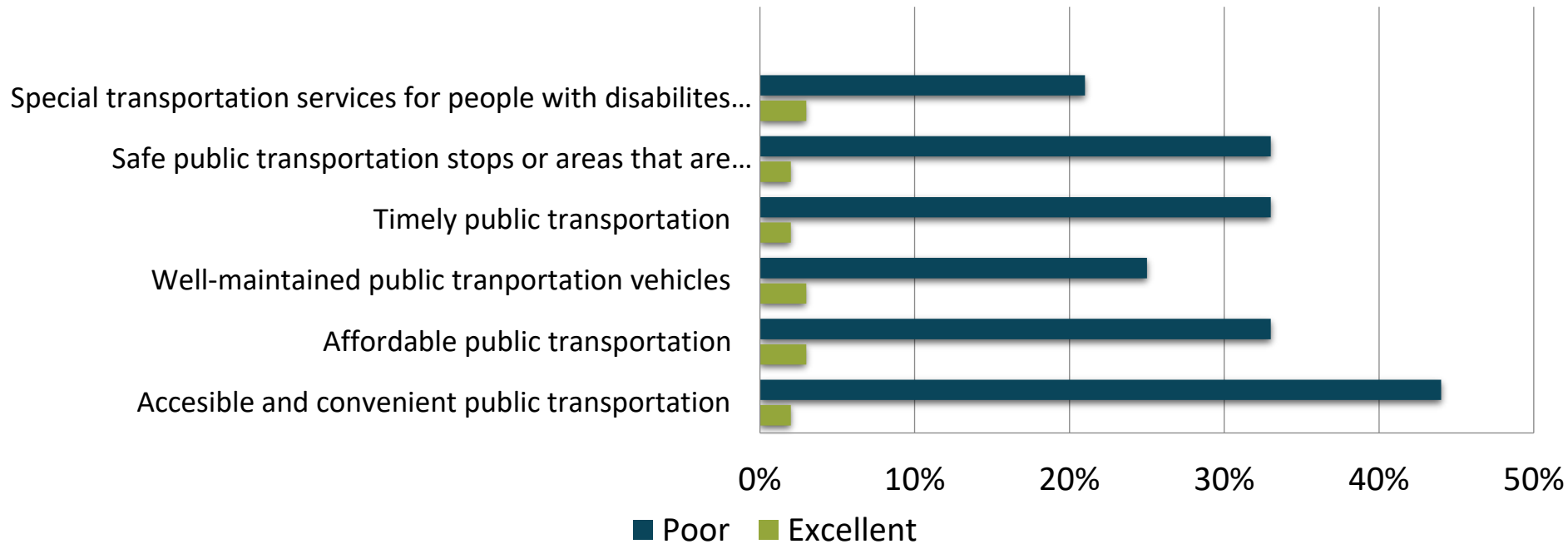
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ACCESS TO AFFORDABLE PUBLIC TRANSPORTATION THAT ACCOMMODATES PEOPLE WITH DISABILITIES IS IMPORTANT



Transportation Domain

Transportation Features in Community



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MOST FEEL THEIR HEALTH IS VERY GOOD COMPARED TO MOST PEOPLE THEIR AGE

17% feel that their health is excellent compared to most people their age

43% feel that their health is very good



29% feel that their health is good

9% feel their health is fair
1% feel their health is poor



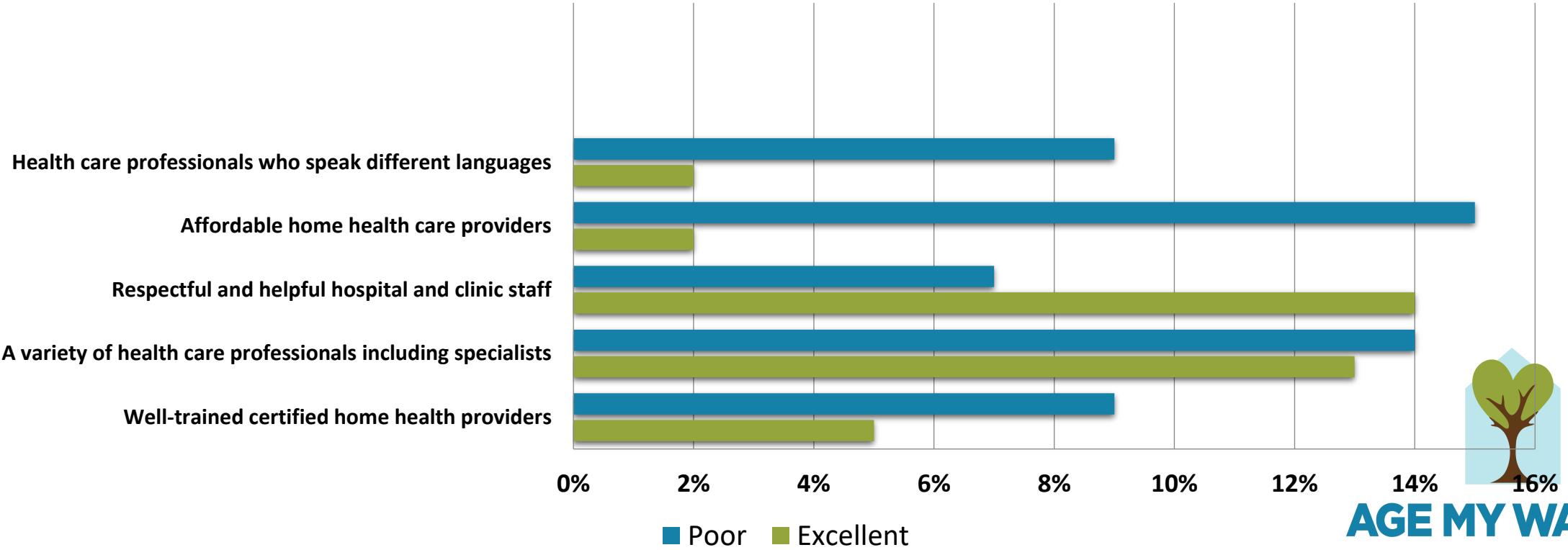
Community & Health Care Domain



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GOOD HOSPITALS, HEALTH CARE PROVIDERS, AND OTHER FEATURES ARE EXTREMELY IMPORTANT

Health Care Features in the Community



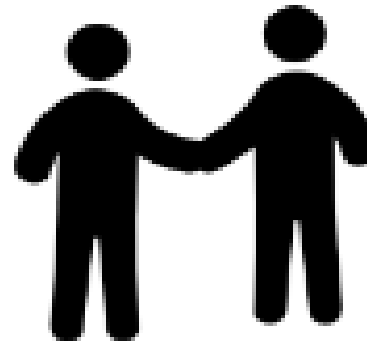
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MOST ARE IN CONTACT WITH FRIENDS, FAMILY AND NEIGHBORS

 Social Participation, Respect & Social Inclusion Domains

46% are in contact
Everyday
47% indicated never
to feeling left out or
isolated



37% are in contact
several times a
week

5% are in contact once
every 2 or 3 weeks,
1% are in contact once
a month

2% said they less than
monthly,
0% said never

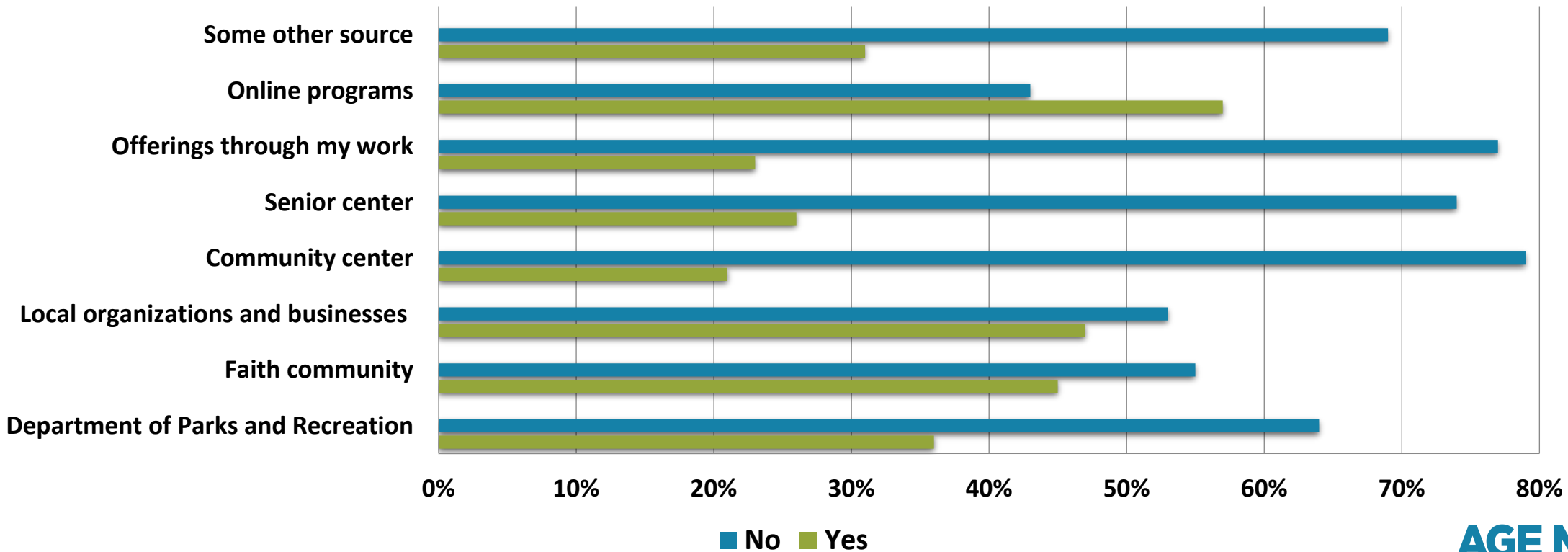


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LIBRARIES, CULTURAL ACTIVITIES, AND OTHER FEATURES ARE EXTREMELY IMPORTANT

Social Inclusion Features

 Social Participation, Respect & Social Inclusion Domains



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MOST WERE RETIRED, BUT MANY WERE STILL WORKING

53% are retired, not working at all



25% are employed full-time
7% are employed part-time
5% are self-employed, either full-time or part-time

41% stated that they are extremely likely they will continue to work as long as possible, rather than choosing to retire and no longer work for pay.

 Civic Participation & Employment Domain



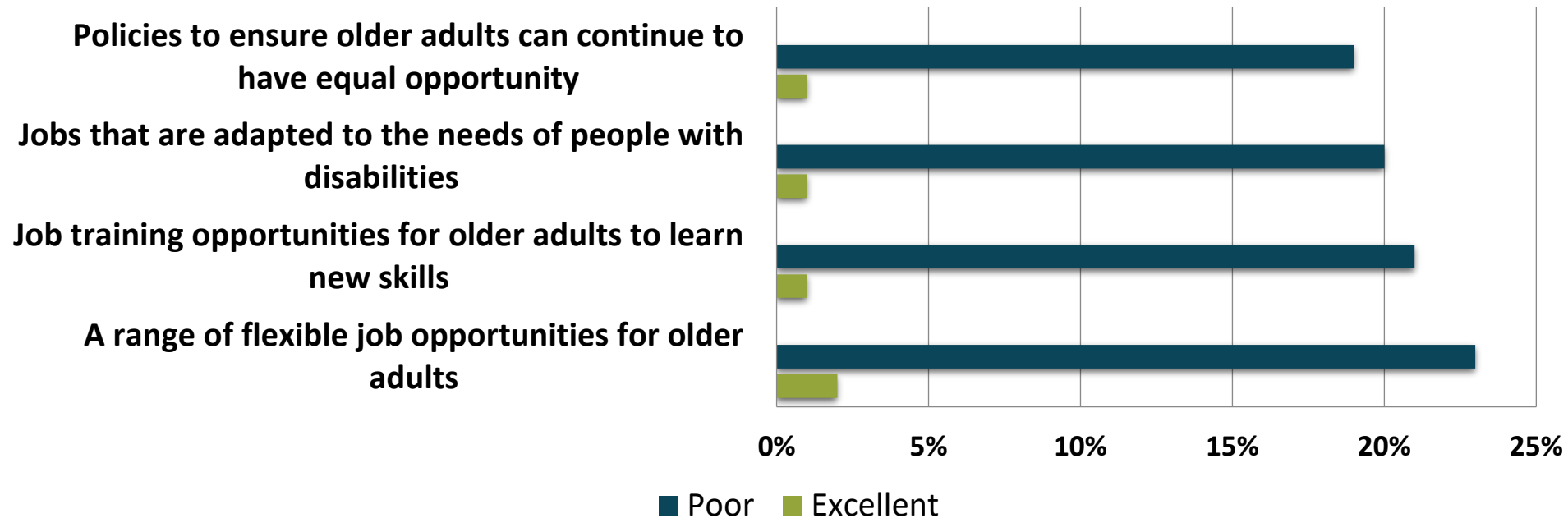
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JOBS ADAPTED TO PEOPLE WITH DISABILITIES, JOB TRAINING OPPORTUNITIES FOR OLDER ADULTS, AND FLEXIBLE JOB OPPORTUNITIES ARE EXTREMELY IMPORTANT



Civic Participation
& Employment Domain

Job and Training Opportunities for Older Adults in the Community



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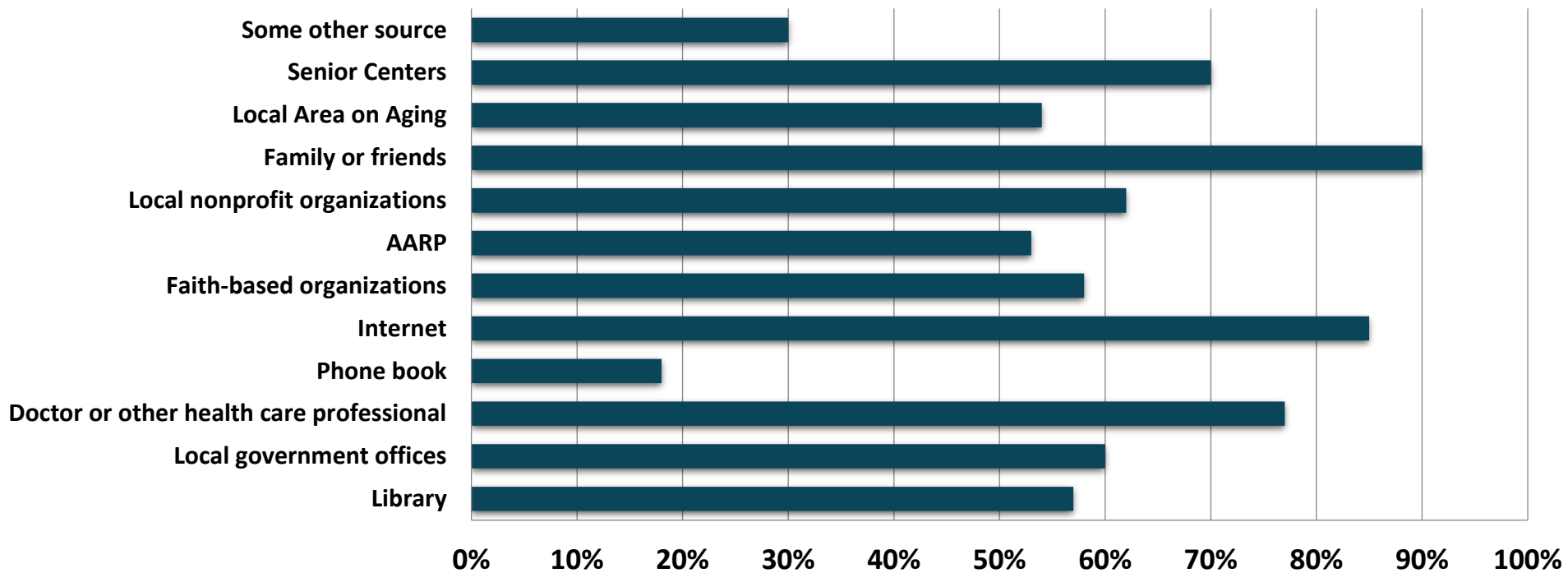
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VARIETY OF RESOURCES ARE ACCESSED TO FIND INFORMATION ABOUT SERVICES FOR OLDER ADULTS



Communication & Information Domain

Top Sources of Information for Respondents (percent using each source)



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KEY FINDINGS

- People want to stay in their communities and not relocate
- People want to age in their own homes
- Individuals worry about when they won't be able to drive
- People worry about becoming socially isolated
- Employment for older and disabled adults is important issue that needs to be addressed moving forward



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SLIDO LINK

Among the 8 "livability" domains, for which one is your community best able to meet the needs and interests of older adults and their families?

SLIDO LINK

Among the 8 "livability" domains, for which one is your community least able to meet the needs and interests of older adults and their families?

NCIOM TASK FORCE ON HEALTHY AGING

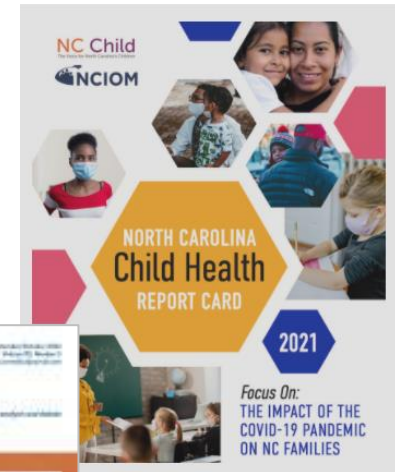
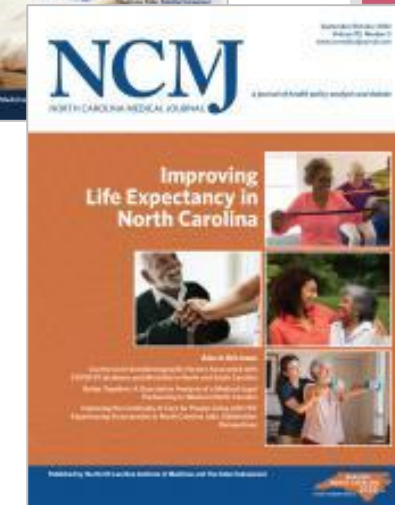
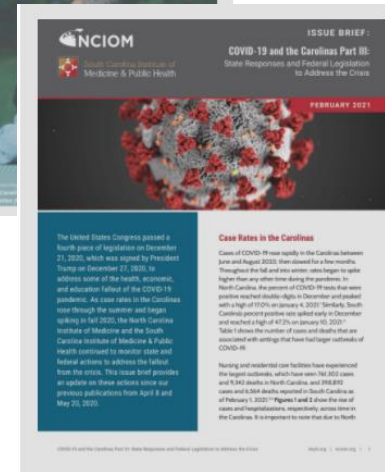
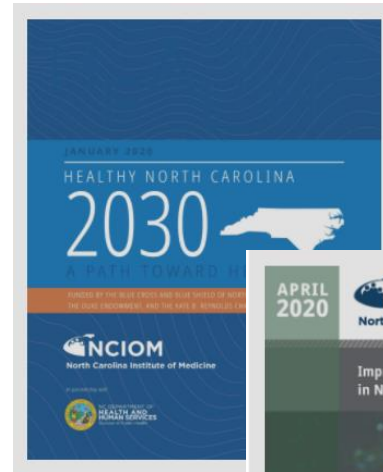
Tamara Baker, PhD, MA, Healthy Aging Task Force
Dennis W. Streets, MPH, MAT, Healthy Aging Task Force
Brienne Lyda-McDonald, MSPH, NC Institute of Medicine



AGE MY WAY NC
SUMMIT

WHAT IS THE NCIOM?

- Chartered by the General Assembly
- Non-partisan
- Consensus-driven
- Evidence-based
- Solution-focused
- Serving one “client”:
All North Carolinians



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WHY HAVE A TASK FORCE ON HEALTHY AGING?

Growing older adult population.

Clear needs to support aging in place.

Inequitable access to opportunities and services.

Social drivers of health play key role in healthy aging in place.



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WHAT IS THE TASK FORCE ON HEALTHY AGING?

How can we support aging in place related to:

- Falls prevention
- Mobility
- Food security/nutrition, &
- Social connections?

What are the structures, investments, practices, research, and policies needed to get there?

- Co-Chairs
- Steering Committee
- Task Force Members
- 10+ Meetings May-December 2022
- Open to the public



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Public Health



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

AARP
North Carolina

J. Drake

THE DUKE ENDOWMENT



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FALLS PREVENTION

- 1,549 North Carolinians died in 2020 from a cause related to a fall
 - Up 75% from 2011
 - \$62.8M = medical cost of those deaths
- Falls were 3rd leading cause of injury death from 2016-2020
 - Leading cause of injury death for adults age 55+
- 21,073 hospitalizations related to falls in NC from 2016-2020



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NC State Center for Health Statistics, Death Certificate and Hospital Discharge Data; NC DETECT, Emergency Department Visit Data (2016-2020); CDC WISQARS Cost of Injury Estimates

MOBILITY

- People 65+ accounted for 21% of all pedestrian fatalities in 2019, while only 17% of the total population
- 18% of older adults 65+ do not drive, and 35% of women 75+ don't drive at all
- Men outlive their driving by 6 years and women by 10 years due to changes in cognitive function and onset of medical conditions



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Arigoni, Lynott, AARP. Presentation to the NCIOM Task Force on Healthy Aging June 29, 2022;
Dickerson, A. Presentation to the NCIOM Task Force on Healthy Aging, June 29, 2022; Foley, 2002

FOOD SECURITY AND NUTRITION

- 7.5% of NC adults age 60+ were food insecure in 2020
 - Food insecure → without reliable access to enough affordable, culturally appropriate nutritious food
 - 14th highest in the country
- Only 26.2% of low-income adults age 50+ in NC access the Supplemental Nutrition Assistance Program (SNAP)
- 50% of older adults are at risk of becoming or are malnourished upon hospital admission yet only 8% are diagnosed



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Edmisten, A. Presentation to the NCIOM Task Force on Healthy Aging July 18, 2022; Ziliak, J.P. & Gunderson, C.G. (2022). The state of senior hunger in America in 2020; Dean, O. Access: Who are the low-income and unenrolled? A state-level look. AARP. July 2022.; Avalere Health and Defeat Malnutrition Today (2020). National Blueprint: Achieving Quality Malnutrition Care for Older Adults, 2020 Update; CDC. Older Adult Older Health www.cdc.gov/oralhealth/basics/adult-oral-health/adult_older.htm

FOOD SECURITY AND NUTRITION

- Food-insecure seniors are more likely to experience depression, asthma, diabetes, congestive heart failure, and heart attack
- Estimated annual cost of disease-associated malnutrition for adults 65+ in NC is \$140.3 million
 - Total Home and Community Care Block Grant (HCCBG) funding from federal, state, and local sources, which supports Meals on Wheels and Congregate Nutrition services = \$65.3 million in 2021
- Oral health problems can make it more difficult for older adults to consume a healthy diet



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SOCIAL ISOLATION & SOCIAL CONNECTIONS

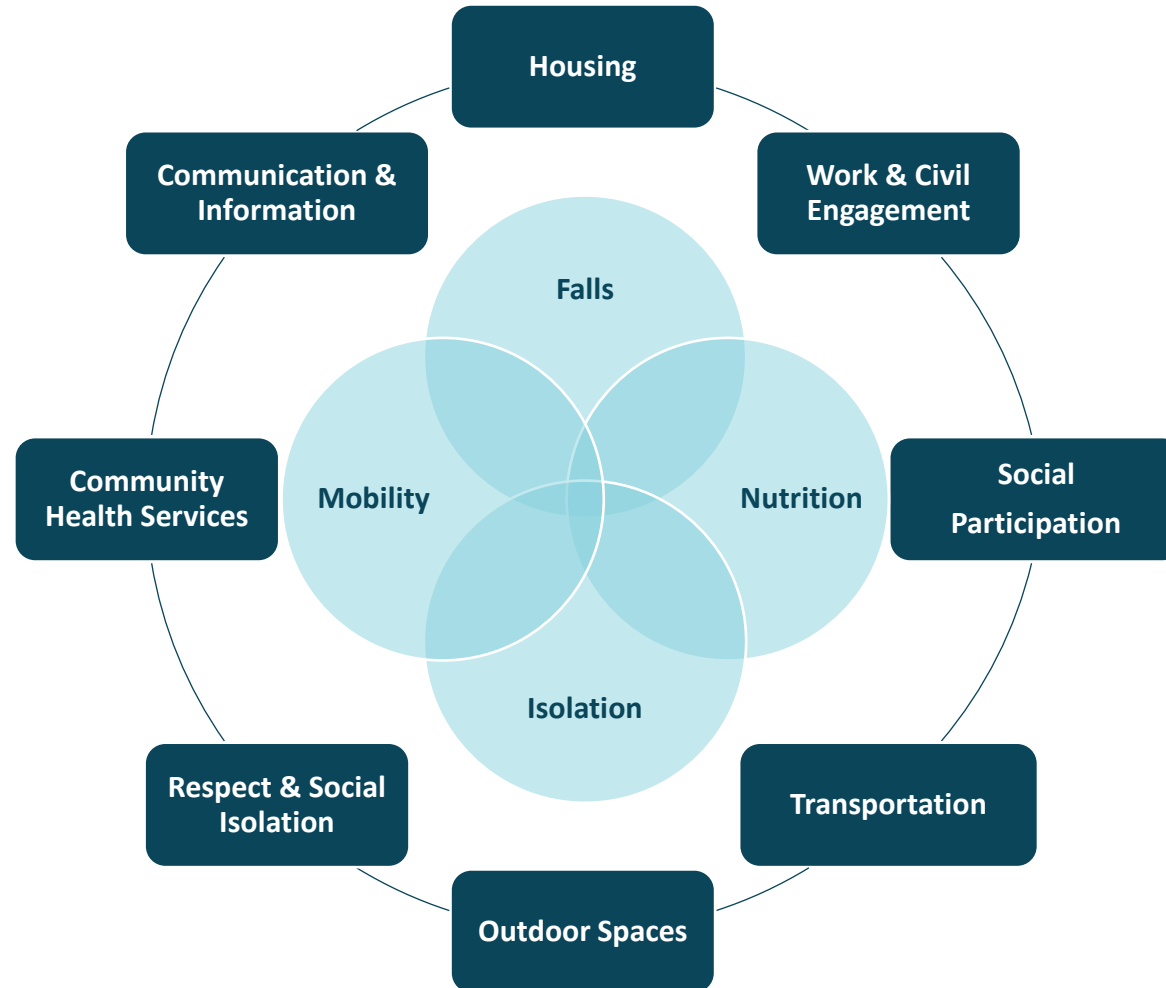
- 15% of adults > 50 nationally do not have access to any type of internet
- Isolation and loneliness present health risks equivalent to smoking 15 cigarettes a day
- Isolation is associated with an increased risk of dementia (↑50%), heart disease (↑29%), and stroke (↑32%)
- 270 North Carolinians age 65+ died by suicide in 2020
 - Suicide risk among any age group is highest for men aged 75



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Arigoni, Lynott, AARP. Presentation to the NCIOM Task Force on Healthy Aging. Racoosin J, Itzkowitz M, Wilkerson R. Presentation to the Task Force on Healthy Aging. August 10, 2022.; CDC, Loneliness and Social Isolation Linked to Serious Health Conditions American Association for Marriage and Family Therapy; Suicide in the Elderly. www.aamft.org/AAMFT/Consumer_Updates/Suicide_in_the_Elderly.aspx. CDC. Suicide Mortality in the United States, 1999-2017. www.cdc.gov/nchs/products/databriefs/db330.htm#fig3. North Carolina Department of Health and Human Services, Injury and Violence Prevention Branch, NC Violent Death Reporting System.

TASK FORCE TOPICS & AGE-FRIENDLY COMMUNITY DOMAINS



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TASK FORCE TOPICS & AGE-FRIENDLY COMMUNITY DOMAINS

Falls:

- Outdoor Spaces
- Housing
- Community and Health Services

Mobility:

- Outdoor Spaces
- Transportation
- Social Participation
- Work and Civic Engagement
- Community and Health Services

Food Security & Nutrition:

- Transportation
- Community and Health Services
- Social Participation

Social Connections:

- Outdoor Spaces
- Transportation
- Social Participation
- Respect and Social Inclusion
- Work and Civic Engagement
- Communication and Information
- Community and Health Services



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TASK FORCE TOPICS & AGE-FRIENDLY COMMUNITY DOMAINS

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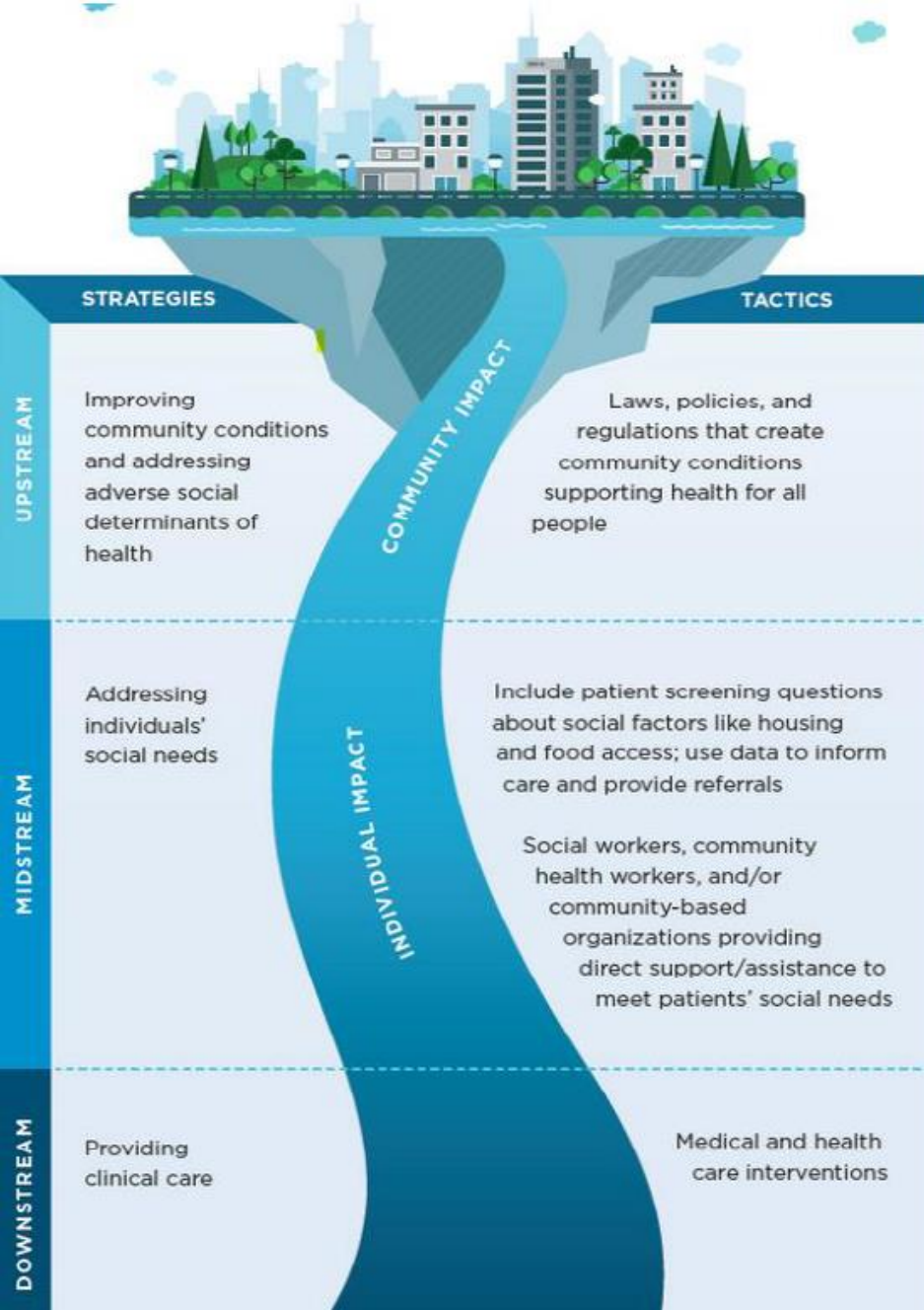
- Outdoor Spaces
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TASK FORCE RECOMMENDATIONS

- Societal level
- Policy and systems level
- Program level



<https://nap.nationalacademies.org/catalog/25982/the-future-of-nursing-2020-2030-charting-a-path-to>



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TASK FORCE RECOMMENDATIONS

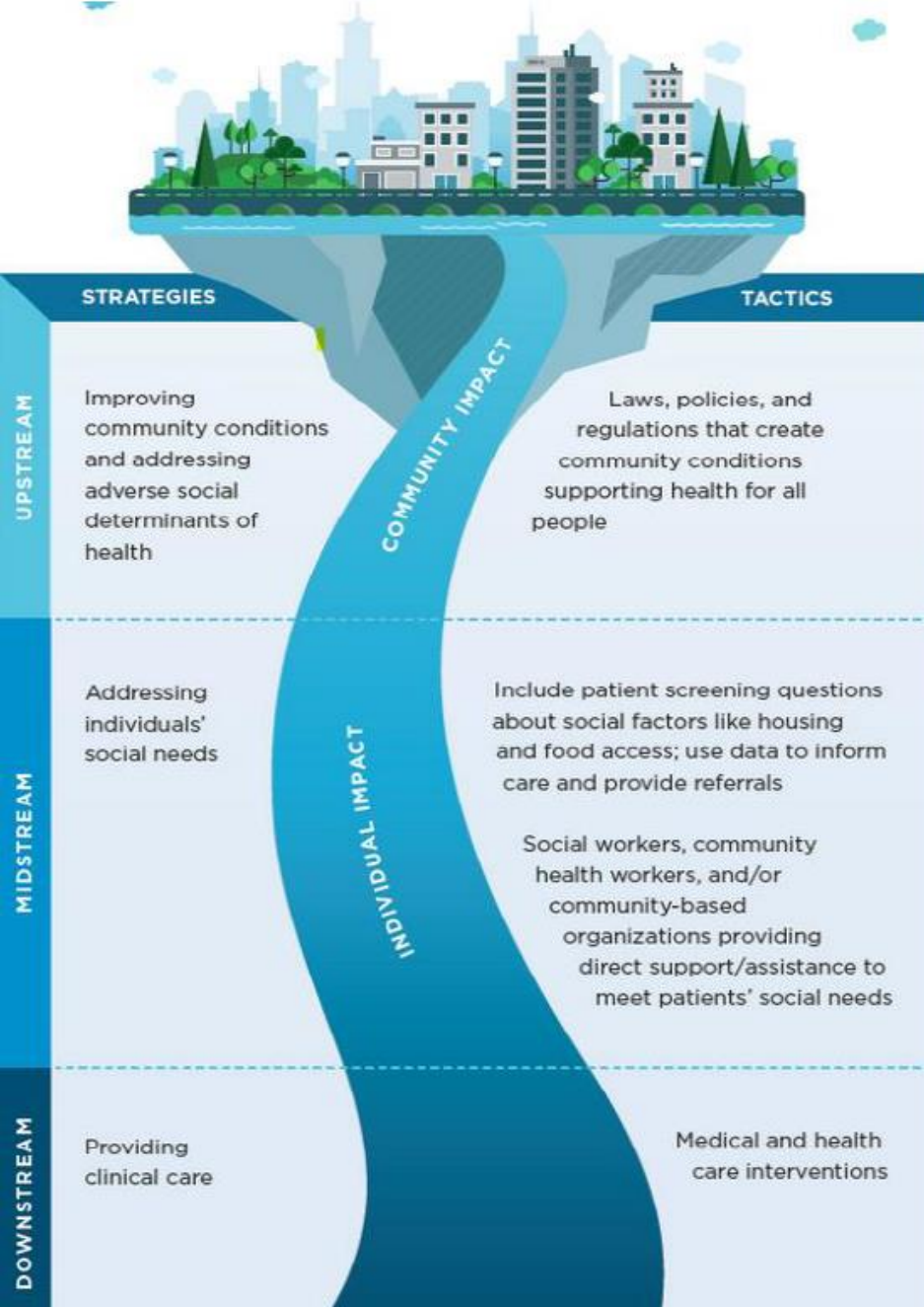
Recommendation Ideas Include

- Adjustments to Home and Community Care Block Grant
- Building capacity for retired adults to reenter workforce or volunteer
- Increasing participating in financial assistance programs
- Addressing inequitable funding for older adult programs and services based on geography
- Building accessible transportation infrastructure
- Building broadband internet infrastructure and access



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<https://nap.nationalacademies.org/catalog/25982/the-future-of-nursing-2020-2030-charting-a-path-to>



TASK FORCE RECOMMENDATIONS

Recommendation Development Process

- Initial learning and discussions with task force
- Reflect on discussions and topics for recommendations
- Additional learning and discussion
- NCIOM staff draft recommendations based on task force discussion
- Present draft recommendations to steering committee
- Edit/adjust/add as needed
- Present draft recommendations to task force
- Edit/adjust/add as needed



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TASK FORCE NEXT STEPS

- Additional learning and discussion
- Drafting recommendations
 - Identify responsible parties and partners
 - Actionable and evidence-based
- Recommendations finalized December 2022/January 2023
- Final report published early Spring 2023
- Work with partners to publicize Task Force recommendations



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Thank you!

For more information or to be added to interested parties list, please contact:

Brieanne Lyda-McDonald

blydamcd@nciom.org

WIFI INSTRUCTIONS

- Connect to “NCSU-GUEST” network
- Open browser and click “I Agree”

If you are taken to a page asking for a password, refresh the page or make sure you are connected to the NCSU-GUEST network and not the NCSU network.

If you are connecting through a VPN or have issues with the guest wifi, please see the front desk for assistance.

NEXT STEPS: MASTER PLAN ON AGING

Joyce Massey-Smith, MPA, NCDHHS Division of Aging and Adult Services



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PARTNERSHIP TO IMPROVE HEALTH AND WELL-BEING

Department of Health and Human Services

Division of Aging and Adult Services

Promotes independence and enhances dignity of North Carolina's older adults, persons with disabilities and their families through community-based system of opportunities, services, benefits and protections

Division of Health Benefits

Dedicated to providing access to physical and behavioral health care and services to improve the health and well-being of over 2.3 million North Carolinians



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CONTINUUM OF SERVICES



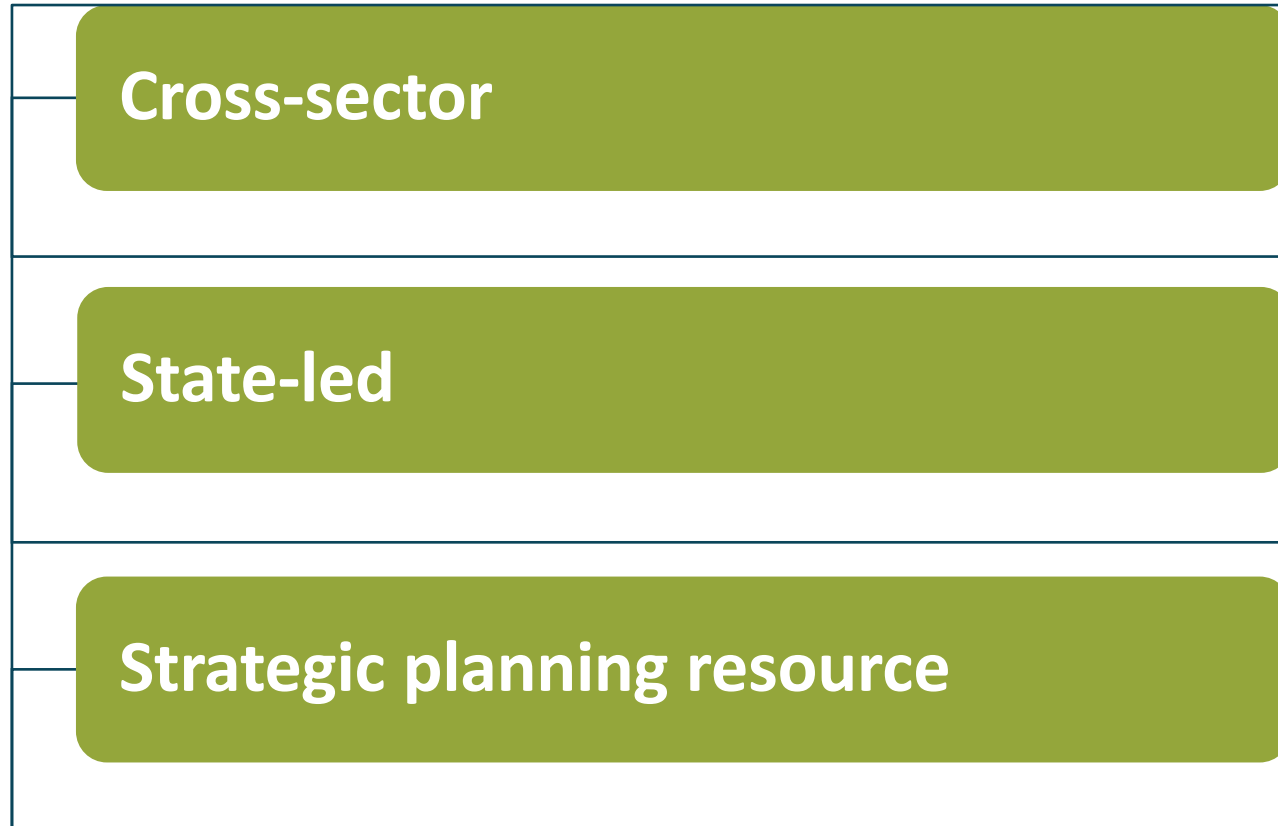
- Access to Healthcare (Medicaid)
- Senior Centers
- Congregate Meals
- Volunteer Development
- Information and Options Counseling
- Adult Day Care/ Day Health
- Caregiver Supports: Lifespan Respite, Project Care, FCSP
- Personal Care: Homemaker, In-Home Aide, Special Assistance
- Home-Delivered Meals
- Housing Information and Home Repair
- Transportation
- Money Follows the Person
- Long-Term Services and Supports
- Ombudsman
- Guardianship / Adult Protective Services



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Developing a Master Plan on Aging

WHAT IS A MASTER PLAN FOR AGING?



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WHAT DOES A MASTER PLAN ON AGING DO?

Reflects extensive input from community

Enables governor/state leaders to communicate vision and priorities

Guides policy, public/private funding toward living with dignity

Aligns infrastructure

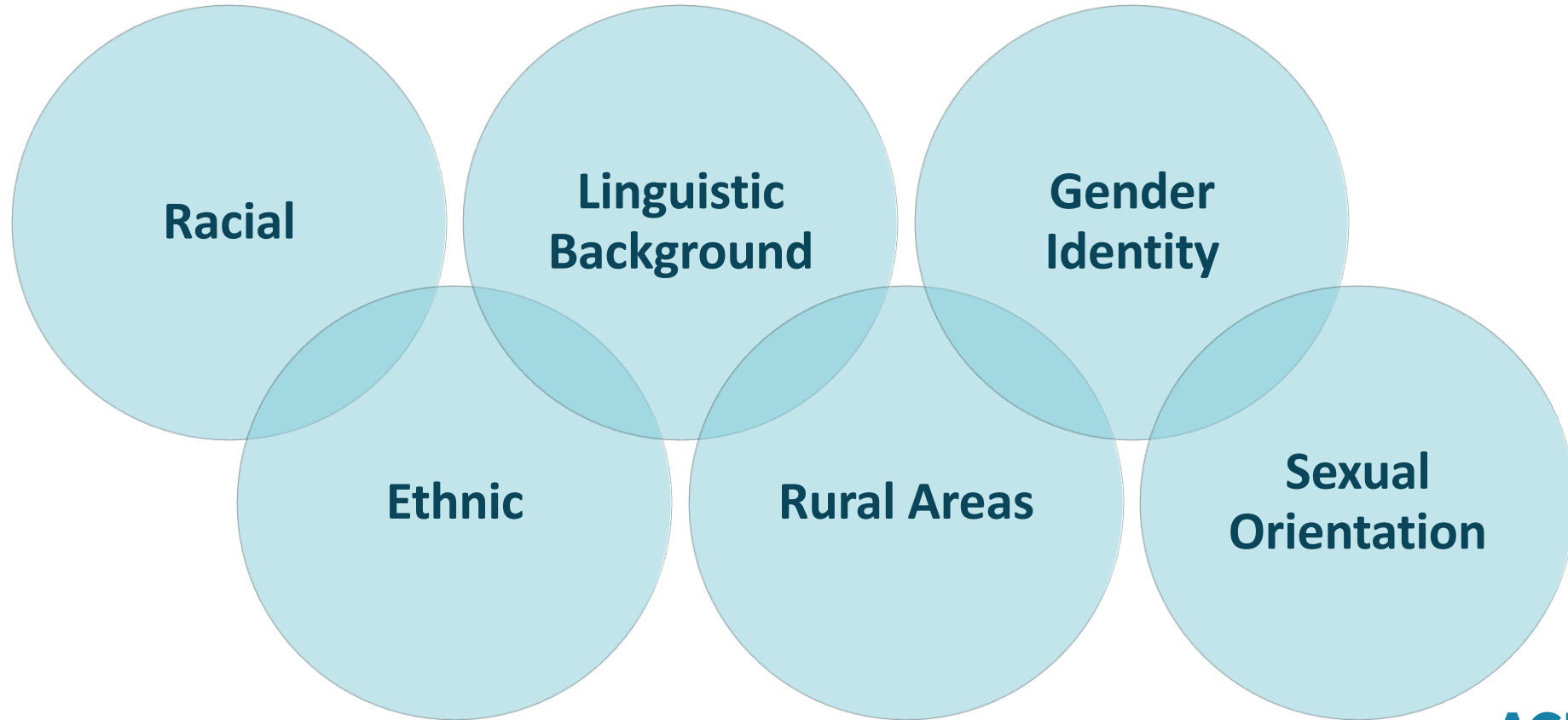
Improves coordination of services

Provides framework to plan for 10+ years



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EQUITY IS BAKED INTO THE PROCESS



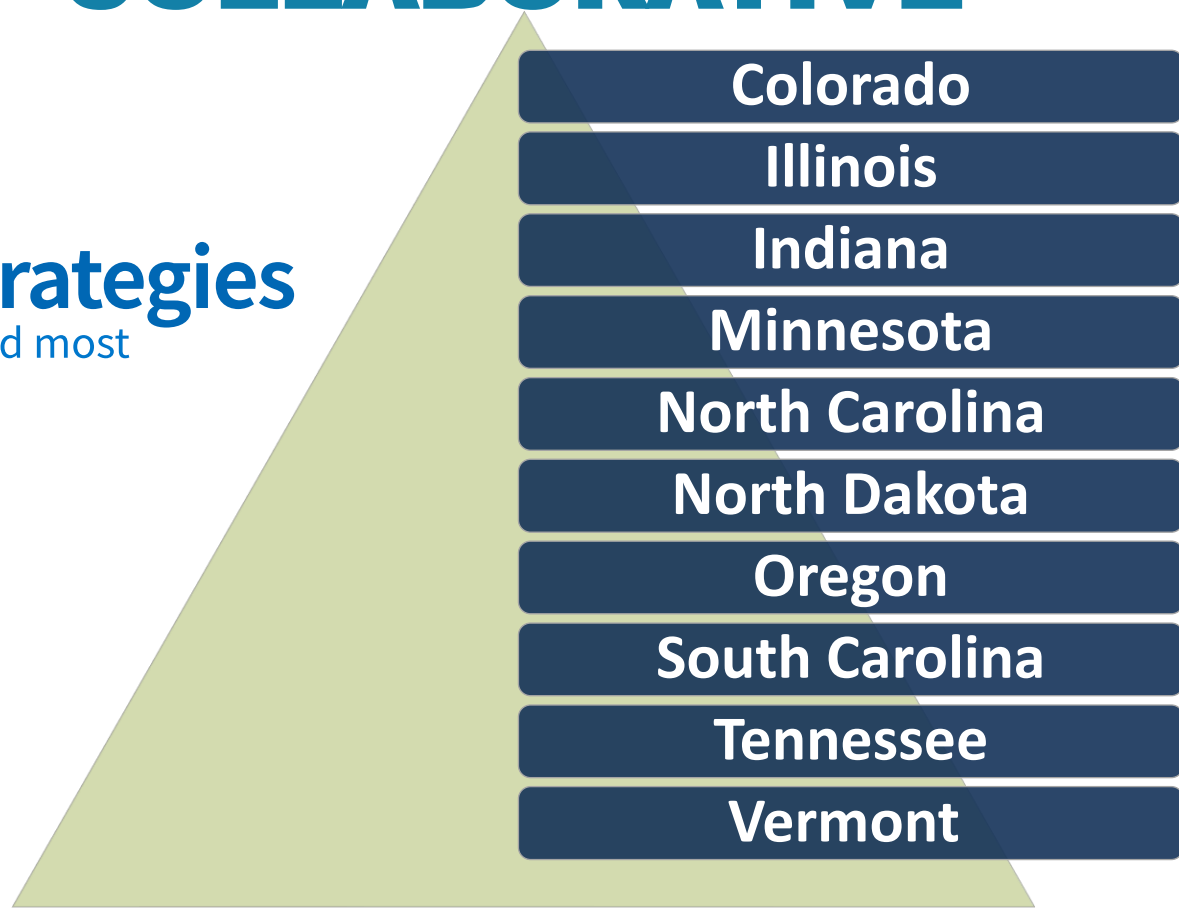
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LEARNING COLLABORATIVE OPPORTUNITY



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MASTER PLAN FOR AGING LEARNING COLLABORATIVE



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www.chcs.org/project/master-plan-for-aging-learning-collaborative/

CALIFORNIA MASTER PLAN ON AGING

GOAL ONE: Housing for All Stages & Ages

We will live where we choose as we age in communities that are age-, disability-, and dementia-friendly and climate- and disaster- ready.

TARGET: MILLIONS OF NEW HOUSING OPTIONS TO AGE WELL

<https://mpa.aging.ca.gov/>

GOAL TWO: Health Reimagined

We will have access to the services we need to live at home in our communities and to optimize our health and quality of life.

TARGET: CLOSE THE EQUITY GAP IN AND INCREASE LIFE EXPECTANCY

GOAL THREE: Inclusion & Equity, Not Isolation

We will have lifelong opportunities for work, volunteering, and leadership and will be protected from isolation, discrimination, abuse, neglect, and exploitation.

TARGET: KEEP INCREASING LIFE SATISFACTION AS WE AGE

GOAL FOUR: Caregiving That Works

We will be prepared for and supported through the rewards and challenges of caring for aging loved ones.

TARGET: ONE MILLION HIGH-QUALITY CAREGIVING JOBS

GOAL FIVE: Affording Aging

We will have economic security for as long as we live.

TARGET: CLOSE THE EQUITY GAP IN AND INCREASE ELDER ECONOMIC SUFFICIENCY



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OTHER STATES WITH OR DEVELOPING A MASTER PLAN ON AGING

- [Colorado](#)
- [Massachusetts](#)
- [Minnesota](#)
- [Texas](#)
- [New York](#)
- [Vermont](#)



**Aging Texas Well
Strategic Plan**

ReiMAging Aging

Planning Together
to Create an Age-Friendly
Future for Massachusetts



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CABINET AGENCIES TO ENGAGE



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SHOULD ALSO ENGAGE COUNCIL OF STATE

| | | |
|--------------------|--------------------|---------------------|
| Agriculture | Public Instruction | Insurance |
| Auditor | Labor | Attorney General |
| Secretary of State | Treasurer | Lieutenant Governor |



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STAKEHOLDERS WITH INTEREST IN IMPROVING THE AGING EXPERIENCE



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BENEFITS OF A MASTER PLAN ON AGING

Builds bridges across government agencies

Facilitates collaboration

Promotes equity

Raises awareness

Establishes statewide priorities

Creates academic, research partnerships

Incorporates aging and disabilities lens



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BUILDS UPON ON EXISTING AGE AND DISABILITY RELATED INITIATIVES

Elevates common goals

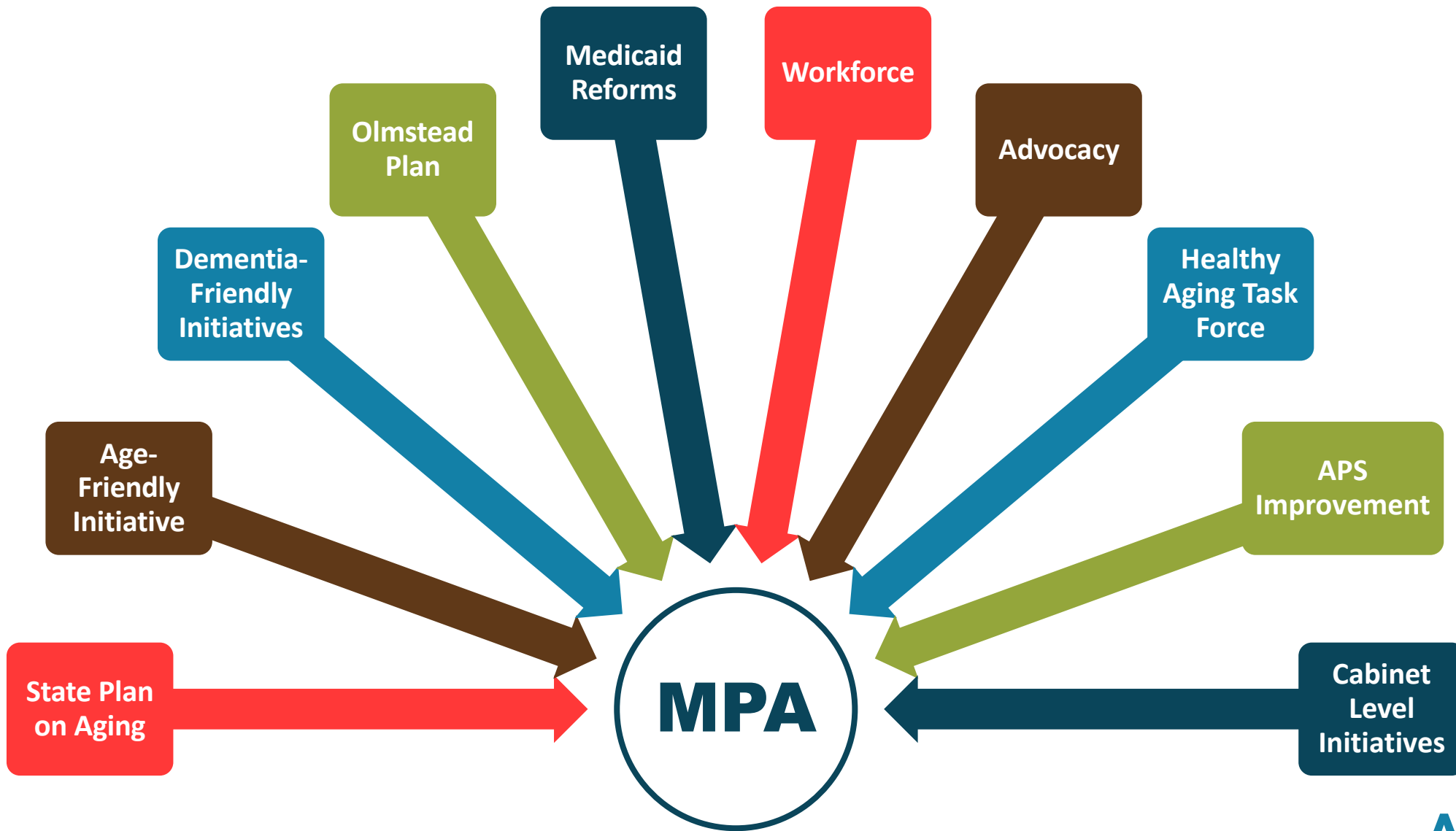
Reduces duplication

Streamlines efforts

Strengthens rather than replaces!

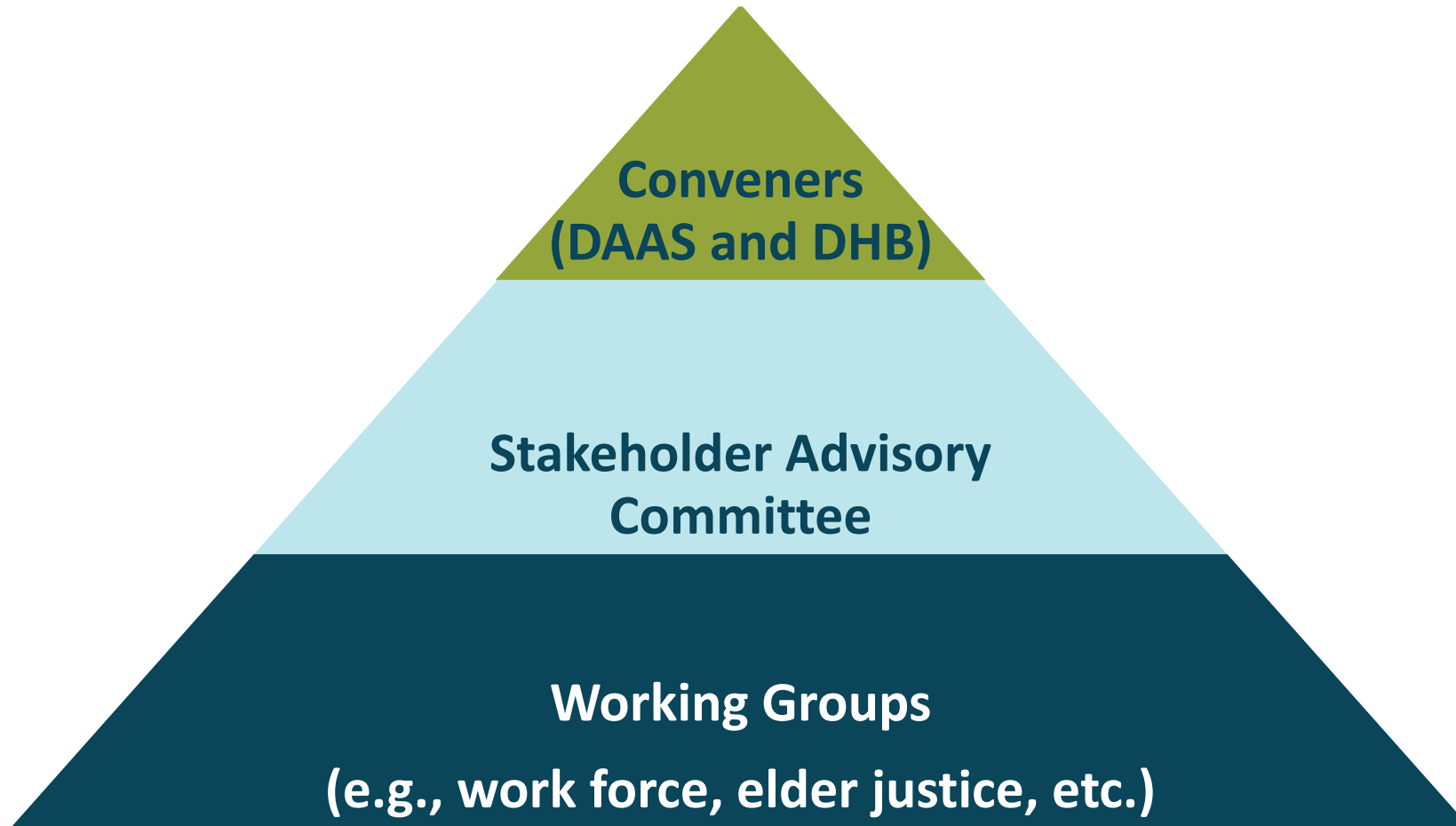


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MASTER PLAN ON AGING TEAM



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NEXT STEPS

**Identify
Champions**
**October-
November 2022**

**Pursue Executive
Order to Develop
MPA**
January 2023

**Age My Way
Summit
October 5**

**Seek Age-Friendly
Designation**
**October-
December 2022**

**Form Governance
Structure/Meeting
Cadence**
February 2023

Continue Existing Efforts and Receive Support from Center for Health Care Strategies and SCAN Foundation



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NEXT STEPS

Set Priorities

**March/April
2023**

Develop Strategies

May- October 2023

**Launch Public
Information
Campaign**

May 2023

**Establish
Timeline for
Implementation**

November 2023

Continue Existing Efforts and Receive Support from Center for Health Care Strategies and SCAN Foundation



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CONSIDER YOUR INTERSECTION WITH THIS POPULATION SHIFT

What data and information do you have to plan for these demographics?

Have you considered policy and program changes you will need?

What will your employee base look like?

How will you use the wealth of knowledge and experience?



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"When at some future date the high court of history sits in judgment on each of us...our success or failure...will be measured by the answers to four questions: First, were we truly men of courage...? Secondly, were we truly men of judgment...? Third, were we truly men of integrity...? Finally, were we truly men of dedication...?"

Speech before the Massachusetts State Legislature, Boston, Massachusetts, 9 January 1961. Papers of John F. Kennedy. Presidential Papers. President's Office Files, Box 34, Address to Massachusetts State Legislature, 9 January 1961. JFK Library.

"...we must think and act not only for the moment but for our time. I am reminded of the story of the great French Marshal Lyautey, who once asked his gardener to plant a tree. The gardener objected that the tree was slow-growing and would not reach maturity for a hundred years. The Marshal replied, 'In that case, there is no time to lose, plant it this afternoon.'"

Address in Berkeley at the University of California, (109), March 23, 1962, *Public Papers of the Presidents: John F. Kennedy, 1962.*

And finally, Robert F. Kennedy the brother of the President,
quoting George Bernard Shaw,
**“People see things and ask, ‘why. I dream things
and ask why not?’”**

We can help each other.

**A MASTER PLAN ON AGING
BENEFITS US ALL!**

Joyce Massey-Smith
Joyce.massey-smith@dhhs.nc.gov

SLIDO LINK

How aware are you of what services are available in your community for older adults and family caregivers?

MOVING FORWARD: BUILDING A MOVEMENT

Mary Bethel, North Carolina Coalition on Aging



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RECAP OF DEMOGRAPHICS

- NC is 8th nationally in 65+
- 2020 – 1 in 6 were 65+ and by 2028, 1 in 5 will be 65+
- Today more people 60+ than under 18 and by 2031, more people 65+ than 0-17
- Next two decades – 65+ increases from 1.7 million to 2.7 million
- 2020 – 31% of 65+ had incomes at or below 200% of FPL (\$25,520)
- 81% of 65+ have at least one chronic disease
- 85+ most likely to have health problems – increase in 85+ from 193,000 in 2020 to 417,000 in 2024



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**Maybe There Was an “Ah-Ha”
Moment When the Survey
Results Were Shared**

SURVEY THE FOUND

- People like their communities
- They do not want to relocate
- People want to age in their own homes
- They are concerned about affordable housing, property upkeep, and taxes
- People are worried about if or when they won't be able to drive – getting to needed places, becoming isolated, etc.
- Will the roads be age friendly?
- People are concerned about the lack of support for flexible job opportunities



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**Perhaps the “Ah-Ha” Moment
Was When You Heard the Age
Friendly Community
Representatives Speak**

WE HOPE YOU HAVE:

- Learned things to take back to your “community”
- Been motivated to be engaged and to take action by doing things such as:
 - [Take the Age My Way NC Survey](#)
 - Find out what is already going on and get engaged
 - Use your voice to be leader/spark plug in advocating for engagement among your peers
 - Ask your community to join Age Friendly Network



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WE HOPE YOU HAVE:

- Seek out resources and ask to be added to mailing list for materials
- Participate in listening sessions on development of State Aging Services Plan
- Participate in DAAS efforts such as APS improvement design teams and Dementia Friendly initiative
- Add your voice in advocacy, policy, and legislative arenas about need to plan



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**WE Hope You Will Fill Out the
“Age My Way Feedback” Card**

***Thank you to the summit
planning committee, our
speakers, our partners, and all
of you here today!***