

North Carolina

Aging Services Plan

2011-2015



Living Wise and Aging Well

“North Carolina is undergoing a major demographic shift with the aging of its population....It is vitally important that North Carolina be well prepared to meet the challenges and realize the opportunities of an aging population.”

- Governor Bev Perdue



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Questions or comments regarding the contents of this Plan should be directed to:

The North Carolina Division of Aging and Adult Services

2101 Mail Service Center, Raleigh, NC 27699-2101

www.ncdhhs.gov/aging



STATE OF NORTH CAROLINA
OFFICE OF THE GOVERNOR
20301 MAIL SERVICE CENTER • RALEIGH, NC 27699-0301

BEVERLY EAVES PERDUE
GOVERNOR

February 21, 2011

Dear Colleagues:

I was pleased to receive from Secretary Lanier Cansler the *2011-2015 State Aging Services Plan*. The plan builds on the *Living Wise and Aging Well* initiative that I launched last spring, reflecting my continuing efforts to improve the lives of our aging population. This initiative included a series of six regional policy roundtables attended by more than 600 people. Roundtable participants helped identify the core issues that we face today and must address for the future. This effort led to more than 270 potential strategies produced by the over 650 attendees at the Governor's Conference on Aging held last October.

My *Living Wise and Aging Well* initiative has also included an assessment of our state's readiness for an aging population. Through Executive Order No. 54, I called upon state government to undertake a comprehensive examination of its readiness to meet the opportunities and challenges of an aging population, and encouraged a corresponding assessment among local governments and within the private sector. We are already seeing the results of this assessment, with increased awareness and development of collaborative partnerships.

While the *2011-2015 Plan* presents many concrete actions to move us forward, I am asking all North Carolinians to join in sharing ideas about how we can further create a better North Carolina—from Murphy to Manteo—for living wise and aging well.

Sincerely,

A handwritten signature in black ink, appearing to read "Bev Perdue".

Bev Perdue

Letter from the Secretary

March 1, 2011

Dear Fellow North Carolinians:

The North Carolina Department of Health and Human Services is pleased to present the 2011-2015 North Carolina State Aging Services Plan as required by NCGS 143B-181.1A and by Section 307 of the federal Older Americans Act (Public Law 109-365). Through Governor Perdue's *Living Wise and Aging Well* initiative and Executive Order No. 54, the Division of Aging and Adult Services and its many partners have spent the past year gathering comments and ideas statewide about what is needed to best respond to our changing and growing older adult population. The Plan should help to further engage and better serve our older citizens over the next several years.

About 1,200 seniors, caregivers, providers of services, business and faith community leaders, public officials and others from across the state responded to our invitation to attend six policy roundtables and participate in the Governor's Conference on Aging to share their thoughts on the status and future of seniors. They shared their disappointments and hopes—and we listened. The State Aging Services Plan reflects this exchange of information and the desire of the department to lead in helping people age with dignity.

North Carolina can be proud of what has been accomplished to benefit seniors and their families since the previous plan was submitted to the General Assembly in 2007, especially in light of our challenging economic times. During this four-year period a number of state agencies have been involved in maintaining and improving the quality of life of seniors and their families.

As articulated in the 2007-2011 State Plan, our collective goals have focused on drawing upon the talents and resources of seniors, while enhancing services for those who are most vulnerable; valuing diversity, while addressing disparity; being responsible stewards of resources, including support of family caregiving; and helping the boomers prepare for their future. We also have promoted the development of livable and senior-friendly communities statewide, to benefit North Carolinians of all ages. These efforts remain central to our work.

Our new Plan is available on the Division of Aging and Adult Services' (DAAS) website (<http://www.ncdhhs.gov/aging/>), with links to additional information. The Plan and website include statistical and other supporting documentation that further define the issues facing older North Carolinians and aging boomers.

Thank you for sharing our commitment to building a livable and senior-friendly North Carolina for *Living Wise and Aging Well*.

A handwritten signature in black ink, reading "Lanier M. Cansler". The signature is fluid and cursive, with a large initial "L" and "C".

Secretary Lanier M. Cansler

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Executive Summary

The North Carolina Department of Health and Human Services (DHHS) is required by federal and state law to submit a State Plan on Aging. The 2011-2015 State Aging Services Plan meets this requirement and more importantly, provides a framework for helping North Carolina remain a leader in responding to a changing and growing older population. This Plan reflects the work associated with Governor Perdue's *Living Wise and Aging Well* initiative that has included policy roundtable discussions attended by more than 600 persons, the state's aging readiness assessment prompted by her Executive Order No. 54, and the 2010 Governor's Conference on Aging during which about 650 participants recommended over 270 strategies.

This preliminary work was instrumental in the development of the eight major goals that are presented in the Plan. In many ways this Plan builds on the goals of the Governor, DHHS Excels, and the US Administration on Aging. They emphasize the importance of helping individuals and families with timely and reliable information and targeted assistance to promote health and safety. They place a premium on collaboration among many public and private partners to maximize effective use of available resources. They encourage and support community and personal preparedness. They take into account the needs, assets and interests of today's oldest adults as well as the large wave of aging boomers whose numbers, decisions, and well-being will dramatically alter the future workplace, health and human services, and our communities statewide.

In developing the goals and corresponding objectives, strategies and performance measures, extensive input was provided by many different stakeholders. These included the state's 17 Area Agencies on Aging, the Governor's Advisory Council on Aging, and the new corps of aging liaisons representing the 50 state agencies that responded to the Governor's call to participate in the assessment of our readiness for an aging population.

This Plan comes at a very important and challenging time. As North Carolina begins to see the implications of a growing older population, it is also grappling with the economic recovery and a significant state budget shortfall. While the Plan identifies some major accomplishments realized over the past four years, achievement of the goals and objectives for 2011-2015 will be essential in the near and distant future. The accomplishments we are able to claim in the next Plan will largely rest on our success in fostering and supporting creative ideas, leveraging resources, and building partnerships—state and local—public and private.

Goals and Objectives for 2011-2015

Goal 1:

Empower older adults, their families, and other consumers to make informed decisions and to easily access existing health and long-term care options

Objective 1.1: Educate the public on the availability of services to foster independence, self-sufficiency, and their future planning for long-term needs

Objective 1.2: Streamline and strengthen access to long-term services and supports to facilitate informed decision-making

Objective 1.3: Ensure inclusion of diverse cultures and abilities in all aspects of the aging and adult services network

Goal 2:

Enable older adults to age in their place of choice with appropriate services and supports

Objective 2.1: Promote flexibility in publicly funded services and supports to allow people more opportunities to choose how and where they receive these

Objective 2.2: Maintain and expand the availability of community-based services and supports

Objective 2.3: Continue to transform NC's long-term services and supports system

Goal 3:

Empower older adults to enjoy optimal health status and to have a healthy lifestyle

Objective 3.1: Build capacity and infrastructure to develop and sustain health and wellness programs and initiatives

Objective 3.2: Expand access to and increase participation of evidence-based health promotion and disease prevention programs

Goal 4:

Ensure the safety and rights of older and vulnerable adults and prevent their abuse, neglect, and exploitation

Objective 4.1: Maximize collaboration, outreach, and training to stop or prevent abuse, neglect, and exploitation

Objective 4.2: Strengthen emergency preparedness and response for older adults and people with disabilities

Goal 5:

Empower older adults to engage in the community through volunteerism, lifelong learning, and civic activities

Objective 5.1: Promote volunteerism and other active engagement

Objective 5.2: Offer senior leadership opportunities that recognize the importance of older adult involvement in addressing issues affecting seniors

Goal 6:

Prepare North Carolina for an aging population

Objective 6.1: Prepare state government to better serve and address the needs of an aging population

Objective 6.2: Support local communities to plan and better prepare for an aging population

Goal 7:

Ensure an adequate direct care workforce for an aging population and opportunities for older workers

Objective 7.1: Focus on the need for an adequate and quality direct care workforce

Objective 7.2: Promote older workers as vital for businesses seeking a trained, qualified, and reliable workforce

Goal 8:

Maintain good stewardship of publicly funded services

Objective 8.1 Promote effective and efficient management policies, including the use of performance-based standards and outcomes

Context of the Plan

Introduction

Every four years the Division of Aging and Adult Services (DAAS) produces a state aging plan as required by NCGS 143B-181.1A and Section 307 of the federal Older Americans Act (Public Law 109-365). Although the Plan is the responsibility of DAAS, it is a collective effort of many partners and organizations to help shape our priorities and set an aging agenda for the state.

DHHS Excels Values

Customer-focused • North Carolinians are the center of our service design and delivery, and allocation of human and fiscal resources.

Anticipatory • DHHS uses feedback from our customers and partners on all levels – national, state and local – to guide our thinking, planning, policies and practices.

Collaborative • DHHS values internal and external partnerships.

Transparent • DHHS shares information, planning and decision-making processes and communicates openly with its customers and partners.

Results-oriented • DHHS emphasizes accountability and measures its work by the highest standards.

The 2011-2015 State Aging Services Plan bears the title of Governor Perdue's *Living Wise and Aging Well* initiative. It is a title that acknowledges aging as a lifelong process, encourages healthy living and self-responsibility, and honors the contributions of our older population. The goals of the Plan closely correlate with the US Administration on Aging's

Strategic Goals (2007-2012) and those of North Carolina DHHS Excels. In addition, the Plan has been informed by other state reports, including the 2001 Long-Term Care Plan for North Carolina. Although much of the Plan's focus is on older adults, aging as a lifelong process requires a broader view. Any discussion of long-term services and supports, for example, must also consider the needs and interests of people with chronic illnesses and disabilities, regardless of age. In working to assist people in North Carolina regardless of age or ability, there is a strong need for actions that maximize our collective resources and encourage and reward personal responsibility.

As North Carolina enters the second decade of the 21st century, we face many of the same challenges as other states tied to changing demographics. Since the economic recession began, many legislatures have struggled to maintain balanced budgets and meet the growing service needs of an aging population. While this has sparked greater efficiencies in government, it has also been marked by a reduction in what can be expected of publicly financed services for vulnerable adults of all ages and their family caregivers. The coming four years will see increased efforts on the part of state agencies that serve these adults and their families to enhance collaboration, streamline service administration, target available resources, and emphasize accountability for improved person-centered outcomes.

The Plan's eight goals take into account the multifaceted nature of what is required for living wise and aging well in providing an overall framework. This plan outlines the strategies we will use and how we will measure success. The goals acknowledge that government has important roles but limited resources to address the needs of an aging population.

First, government has a role in helping people help themselves and others. Preparing to age well requires having access to good information and appropriate assistance throughout life. Decisions about good health practices, education, personal savings, and other matters affect choices and conditions in later years. Access to information and assistance is also vital to families caring for older loved ones and to individuals wanting to contribute time and talents to benefit those less able or fortunate.

Second, the plan recognizes the role of government in helping those who are most vulnerable because of age or situation. Creative and efficient service delivery and sound management of resources are essential. So, too, are prudent planning and development, including for the workforce needed to serve and protect those struggling with the frailties that can accompany old age.

And third, government has a constructive role in raising awareness about the implications of an aging society and engaging all sectors in readying for the associated changes. The continued active engagement of aging boomers will be essential to our state's well-being over the next 20-30 years.

"We need to help communities retrofit existing developed areas with better housing, high densities, mixed uses, walking opportunities, and more transportation options. "

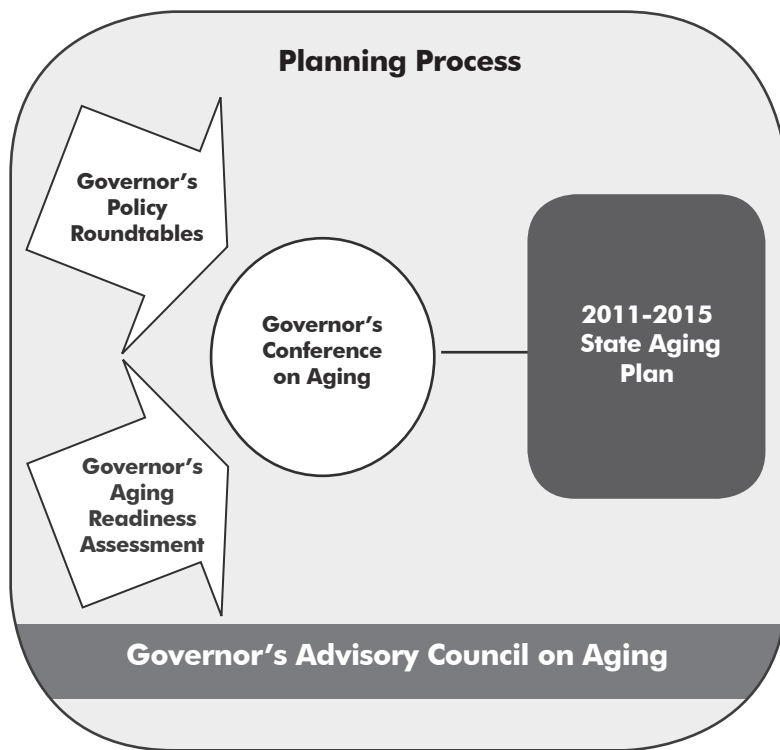
-Richard Duncan, RL Mace
Universal Design Institute
Participant Policy Roundtable on
Homes and Neighborhoods

Development of the Plan

An intense year of activities associated with Governor Bev Perdue's *Living Wise and Aging Well* initiative provided the foundation for developing the 2011-2015 State Aging Services Plan. The contributions of officials across state government and participants at events held statewide helped shape the plan. More than 1,200 consumers, caregivers, professionals, and experts in the field of aging provided input. Some of the primary contributing activities are described on the following pages.

Governor's Policy Roundtables

During the spring of 2010, a series of six Governor's Policy Roundtables were hosted regionally to identify critical issues that require effective policy and programmatic responses. These roundtables were offered through a collaborative effort of the Office of the Governor, the Governor's Advisory Council on Aging, the NC Division of Aging and Adult Services, the University of North Carolina Institute on Aging (UNC-IOA), and the North Carolina Association of Area Agencies on Aging (NC4A). More than 600 participants including older adults, baby boomers, caregivers, advocates, government officials, faith-based leaders, representatives from local businesses and organizations, educators, and researchers—were involved in the roundtable discussions. Those who were unable to participate in person provided their input online. Based on the roundtables, six distinct public policy briefs were published to further detail the respective topics, report relevant data, and frame the issues and concerns heard from across the state (see appendix). The Policy Briefs were a key resource for the Governor's Conference on Aging attendees.



State Aging Readiness Assessment

For the first time in North Carolina's history, the state is undertaking a comprehensive examination of its readiness to meet the opportunities and challenges of an aging population. Through Executive Order No. 54, Governor Perdue called upon her cabinet agencies to participate in this assessment and also encouraged other state agencies to do the same, including those under the authority of The Board of Governors of the University of North Carolina (UNC) System, the State Board of Community Colleges, the State Board of Education, and the Council of State. The Governor instructed the Division of Aging and Adult Services and her Policy Office to work with the UNC Institute on Aging and the Governor's Advisory Council on Aging to carry out the assessment. Fifty state agencies designated an aging liaison to assist with the assessment, which focused on such topics as the aging of the workforce; implications for policies, planning, and resources; use of adaptive and smart technologies; modifications of the built environment; work with the private

sector, local governments, and seniors themselves; and best practices. Preliminary results of the initial phase of the state assessment, which was conducted during the summer of 2010, helped shape the policy sessions at the Governor's Conference and are being used to guide future action by state agencies in preparing for an aging population. While the state-level work is continuing, Governor Perdue is also encouraging local assessments.

Key Informant Survey

In preparation for the Governor's Conference on Aging more than 120 key informants were invited to give their views on what actions North Carolina should take. Using a web-based survey, this diverse group of content experts and opinion leaders gave their ideas about existing policies and programs, immediate and longer-term actions that could make a positive difference without requiring new resources, and wise investments for the future of aging in the state that would require additional resources. Results of this survey were shared during the Conference's policy sessions.

"For years we have talked about problems and issues that shape the aging population in North Carolina. We can no longer afford to talk—it is now time to take action."

-Dr. William L. Roper, CEO UNC Health Care System

Governor's Conference on Aging

On October 13, 2010, Governor Perdue convened her Conference on Aging. The conference was designed to enable participants to recommend strategies to guide future state policies and programs. This was done through multiple policy and plenary sessions. Information gathered from the policy roundtables, the state aging readiness assessment, and the key informant survey were shared with attendees. They were reminded of the serious economic and budget situation North Carolina faces and the importance of identifying priorities and creative approaches to maximize the effect of available resources. Conference attendees developed over 270 strategies, many of which are reflected in this plan.

"The challenge before us is great. As we all know — our state will see a huge wave of older citizens in the 21st century. We can't go over this wave — we can't go under it — we can't go around it. We must meet this challenge head-on."

-Governor Bev Perdue

Governor's Policy Roundtables

Access and Choice in Services and Supports

Asheville, May 10, 2010

Economics of Aging
Greensboro, April 28, 2010

Health and Aging
Greenville, April 22, 2010

Homes and Neighborhoods
Charlotte, May 25, 2010

Lifelong Engagement and Contributions
Boone, May 19, 2010

Safe Communities
Wilmington, June 2, 2010

DHHS Secretary Lanier Cansler leads a panel discussion with Mitchell Silver, cabinet secretaries, and representatives at the Governor's Conference on Aging.



Demographics

North Carolina ranks 10th nationally in total population, 9th in the size of the population age 60 and older, and 11th in the population 85 and over. [1] In previous state aging plans, the oldest old were the fastest increasing proportion of oldest North Carolinians. However, the baby boomers, born between 1946 and 1964, are once again front and center as they pass milestone dates in record numbers. The crest of the boom is still to come: 1957 was the peak year of the boom, but for the entire decade of 1954 to 1964, each year over 4 million boomers were born in the US. Population projections show that by 2025, when the youngest boomers are age 60 and older, and are eligible for Older Americans Act (OAA) services, baby boomers will account for nearly one quarter of the state's population.

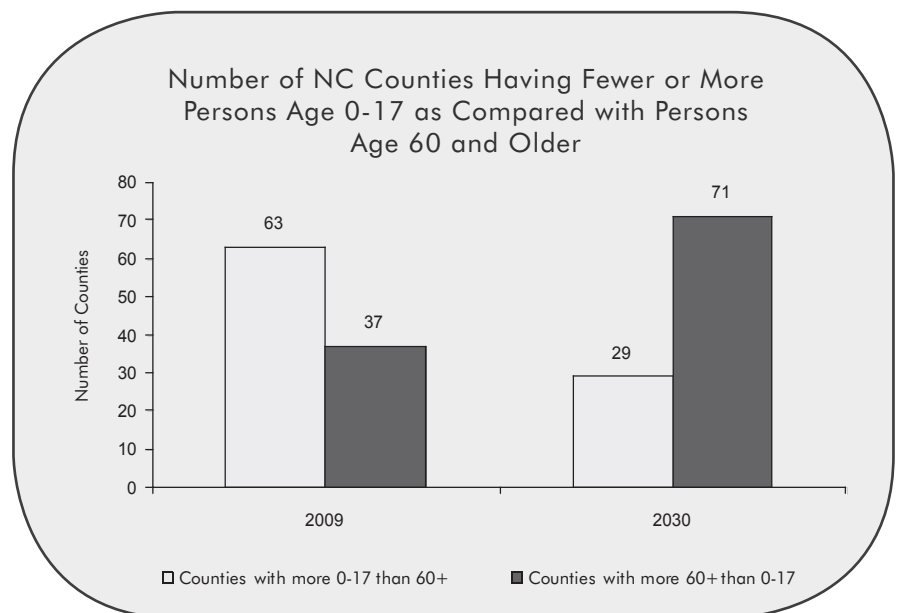
Between now and 2030, our population age 65 and over (65+) will increase from 1.2 million to 2.1 million. However, aging in our state is not uniform: by 2030, 71 of the 100 counties are projected to have more people over age 60 than under age 18. [2] Twenty years may seem like a long time, but the necessity to plan for this changing age profile is already here. From education to transportation to housing to community services, local and state planners are having to take into account the needs of the most vulnerable older residents, as well as make use of the many resources older adults bring to their communities.

The OAA specifies that its funds should be directed to “older individuals with greatest economic need and older individuals with

greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas)” [Section 305 (a)(2)(E)]. Many older North Carolinians fall into one or more of these targeted groups, and such “double jeopardy” (and sometimes triple jeopardy or higher) make them particularly vulnerable.

“We are in a different world, a changing world. In our state particularly, the demographics of our aging population are changing our world.”

-Lanier Cansler,
NC Department of Health and
Human Services Secretary



Source: NC State Data Center

- Race is linked both to economic security and to the likelihood of living with chronic illness or disability that creates a need for support services. Of all North Carolinians age 65+, 19% are members of ethnic minority groups, but unlike many other states, most are African-American (16%, compared to 8% nationally), with only 3% belonging to other groups, including American-Indians, Hispanic, and Asians. The state has welcomed immigrants and refugees from Vietnam and Russia, to name just two groups, but they are concentrated in just a few counties. Although the state has seen an increase in the Hispanic/Latino population in the past decade, most are younger than 60, so just over 1% of older adults belong to that ethnic group. [3-5]

- Among those age 65+, 30% did not graduate from high school and another 32% have only a high school diploma, GED or alternative. [6]

- Of people age 65+ in this state:

- 11% live below the federal poverty level compared to 10% nationally and 25% live between 100 and 199% of poverty, compared to 23% nationally. [7] In 2011, the poverty guideline for an individual was \$10,890 and \$14,710 for a couple.

- About 23% are Veterans. [8]

- 29% live alone and are vulnerable to social isolation. [9]

- North Carolina is a predominantly rural state, with concentrations of people along the interstate highway corridors. As younger adults migrate to work and live along these corridors, this leaves many rural areas with increasingly elderly populations. These counties may experience a shrinking tax base which impacts resources, and access to services is further limited by the cost and

reduced availability of transportation—whether they travel to the service or it is delivered to them.

- In North Carolina, 4 in 10 of community-dwelling people age 65+ reported having at least one disability, and as may be expected, the proportion affected rises with age. [10] Most of the baby boomers who are beginning to fill the ranks of “older adults” are in relatively good health, although their rates of obesity and smoking may have consequences in the next decades.[11] Nevertheless, according to the NC State Center for Health Statistics (2009), half of the boomers age 60 today can expect to live to be 82. [12]



Status of those 65 and Older (as a % of age group)

Characteristics	NC	US
Living alone	29%	29%
Veterans	23%	24%
Have a disability*	39%	37%
Have less than a high school diploma	30%	26%
Median household income	\$29,805	\$32,753
Income below the poverty level	11%	10%
Income is between 100-199% of the poverty level	25%	23%
Employed	15%	12%
Own their homes	82%	79%

Source: US Census, 2005-2009 ACS, *2009 ACS

As elsewhere in the nation, heart disease is the leading cause of death among people age 65+ in this state, with cancer and stroke coming second and third. [13] North Carolina has sometimes been called “the buckle of the stroke belt,” which extends down the Atlantic seaboard and across to Arkansas, because people living on the coastal plain are at substantially higher risk for stroke. [14] The fifth leading cause of death in the state is Alzheimer’s disease. [13] Unlike some of the other causes of death, which have a relatively short course, dementia produces progressive disability, often over a decade or more, before ending the lives of those who have it. The number of older North Carolinians with Alzheimer’s disease is projected to increase from 170,000 in 2010 to 210,000 in 2025. [15]

The NC Division of Aging and Adult Services is enjoined by the Older Americans Act to “promote the development and implementation of a state system of long-term care that is a comprehensive, coordinated system that enables older individuals to receive long-term care in home and community-based settings, in a



Five Leading Causes of Death among North Carolinians Age 65+

Rank	Cause
1	Heart diseases
2	Cancer
3	Cerebrovascular diseases
4	Chronic lower respiratory diseases
5	Alzheimer's disease

Source: NC Center for Health Statistics (2009). *Leading Causes of Death – 2009*.

manner responsive to the needs and preferences of the older individuals and their family caregivers” [Section 305 (a)(3)]. A considerable portion of this system of care rests with the families and friends of people with disabilities. To provide one example, in 2009 over 350,000 North Carolinians provided unpaid care for family members with dementia, which would have cost over \$4 billion to replace with paid care. [15] The cost savings owing to family caregivers also extends to other generations, with nearly 90,000 grandparents in the state raising grandchildren under age 18. [16]

Though the exact number of people age 65+ with functional health literacy in the state is not available, the 2003 National Assessment of Literacy Survey, estimates that 14% of people 16 and over in North Carolina lack the basic prose literacy skills. On average, adults age 65+ living in poverty, with lower educational attainment, and those with limited English proficiency have lower health literacy skills which contributes to disparities in health status and poor health outcomes. [17]

In summary, North Carolina has a large, economically and ethnically diverse older population. With this diversity come both special assets and challenges. We must be aware that those who face disabilities, disparities of income and health care, and the responsibilities of care for grandchildren are more likely to need public services and supports. While meeting the needs of today's older adults, our state is also witnessing the first steps of the next transition of baby boomers. This will transform the age structure of the state and bring a new generation of older adults with some of the same historic issues, but also new attitudes, challenges, opportunities, and resources.

Strategic Goals

Goal 1: Empower older adults, their families and other consumers to make informed decisions and to easily access existing health and long-term care options.

North Carolina seeks to provide greater awareness and understanding of the choices and opportunities that exist to enhance the quality of life for all older adults. There are a variety of public benefits and services available that can assist older adults and their family caregivers, but they need to be knowledgeable of these sources of assistance to plan for their health and long-term care needs.

Major Accomplishments

The NCcareLINK web portal (www.nccarelink.gov) went live in October 2007. The database now contains over 7,000 providers with 23,000 services.

Community Resource Connections for Aging and Disabilities (CRCs) grew from 2 counties in 2007 to 28 counties operational and 10 more counties in the development phase in 2010.

The Department of Insurance's Seniors Health Insurance Information Program (SHIIP) launched "Relay for Extra Help" in 2009. The statewide campaign partnered SHIIP, Area Agencies on Aging (AAAs), the Senior Tar Heel Legislature (STHL), and Community Resource Connections. Together they conducted over 2,197 outreach events and helped over 7,239 persons apply for the federal Extra Help Low-Income Subsidy (LIS) program.

The NC Division of Health Service Regulation (DHSR) put into place the North Carolina Star Rating system for adult care homes and family care homes on January 1, 2009.

In 2009, the North Carolina General Assembly adopted legislation which created a task force to develop "Consumer Guidelines to the Purchase of Hearing Aids" which recommended its guidelines to the NC Study Commission on Aging in January 2011.

The NC Bar Association, NC Medical Society, NC Hospital Association, DAAS, and Carolinas Center for Hospice worked together to recommend revisions to the NC Advance Directive Law. The new revised law (S.L. 2001-502), became effective Oct 1, 2007.

Objective 1.1: Educate the public on the availability of services to foster independence, self-sufficiency, and their future planning for long-term needs

Strategies:

1. Fully implement NCcareLINK, a statewide web portal for information on community resources and ensure information is updated and reliable
2. Inform Medicare Beneficiaries about benefits aimed at preventing disease and promoting wellness and about the Low-Income Subsidy (LIS) and Medicare Savings Programs (MSP)
3. Enhance and promote the NC Roadmap for Healthy Aging (www.ncroadmap.org), an online interactive resource for healthy aging
4. Implement and publicize North Carolina's Long-term Care Partnership Program
5. Inform consumers about health care reform options
6. Explore recreating the state PREPARE program as a model for retiring employees and younger employees readying for retirement
7. Collaborate with non-traditional and faith-based partners to educate the public about and enhance respite options across the lifespan
8. Develop a unified marketing strategy for the Family Caregiver Support Program (FCSP)
9. Collaborate with the law schools across the state to expand access to legal services for low-income older adults
10. Expand public awareness of driver safety resources and promote safe driving

Objective 1.2: Streamline and strengthen access to long-term services and supports to facilitate informed decision-making

Strategies:

1. Strengthen the infrastructure and maximize collaboration to support the expansion and sustainability of Community Resource Connections for Aging and Disabilities (CRCs)
2. Institute a certification program for CRCs to provide Options Counseling
3. Heighten public awareness about the unique needs of family caregivers
4. Provide caregiver training and educational resources to maintain and strengthen family capacity to provide care at home

Objective 1.3: Ensure inclusion of diverse cultures and abilities in all aspects of the aging and adult services network

Strategies:

1. Eliminate barriers for consumers with limited English proficiency
2. Collaborate with key agencies and organizations supporting persons with disabilities to raise awareness about physical, sensory, and intellectual disabilities affecting older adults and their caregivers
3. Disseminate materials on hearing and vision loss and assistive technology resources available to older North Carolinians
4. Target implementation of evidence-based programs to the Eastern Band of Cherokee Indians (EBCI) and other ethnic and racial minority groups

Goal 2:

Enable older adults to age in their place of choice with appropriate services and supports

The best support is the right assistance, at the right time, in the way the consumer prefers to receive it. North Carolina will continue to build adequate and quality services and supports throughout the long-term care continuum to provide consumers and their caregivers choice and flexibility. North Carolina also values the importance of family caregiving.

Major Accomplishments

Since 2004, a DHHS-NC Housing Finance Agency partnership has provided rental assistance to over 2,240 units across the state designated for people with long-term disabilities with income as low as Supplemental Security Income (SSI). 483 of these units were designated for seniors.

In 2009, the General Assembly appropriated \$10 million recurring to the Housing Trust Fund.

The Division of Medical Assistance began implementation of the Money Follows the Person (MFP) Demonstration Grant in 2007.

The number of individuals participating in the State-County Special Assistance In-Home program (SA-IH) rose from 1,217 in 2007 to 2,306 in 2010. The number of counties participating in the SA-IH grew from 87 in 2007 to 91 counties in 2010.

The Office of Long-Term Services and Supports received a 2009 grant from CMS to support an integrated, person-centered hospital discharge planning process.

DHHS established a set of person-centered principles recognizing and incorporating concepts of consumer empowerment and family-centeredness in 2008.

In 2008, Project C.A.R.E. began to offer the evidence-based Alzheimer's intervention "REACH II: Resources for Enhancing Alzheimer's Caregiver Health" for at risk client families via a 3-year grant from the US Administration on Aging (AoA).

Project C.A.R.E secured \$500,000 in non-recurring state funding which sustained the existing 14 counties, provided the match for a federal grant to serve 9 additional eastern counties, and provided needed direct respite to Alzheimer's families.

In 2009, DAAS was 1 of 12 states to receive a Lifespan Respite grant from the US Administration on Aging. The 3-year grant totaled about \$183,000.

Objective 2.1: Promote flexibility in publicly funded services and supports to allow people more opportunities to choose how and where they receive these

Strategies:

1. Educate providers, older adults, and their caregivers on the benefits of consumer-directed options
2. Support and expand the number of consumer-directed options available to citizens throughout the state and within various services
3. Support transition of adults of all ages from qualified facilities to their own homes and communities through the Money Follows the Person (MFP) project and target outreach to families who may be interested in helping their family member transition from a qualified facility back home



"We should do all that we can to allow the elderly and people with disabilities to stay in their own homes and community."

-Gregory Richardson, Executive
Director of NC Commission of
Indian Affairs

Objective 2.2: Maintain and expand the availability of community-based services and supports

Strategies:

1. Expand individualized family consultation and consumer-directed respite care services to Alzheimer's families in need through Project C.A.R.E. (Caregivers Alternatives to Running on Empty)
2. Establish an ad-hoc Project C.A.R.E. work group to advise DAAS on how best to maximize use of available resources and expand the program statewide
3. Identify new or enhanced respite resources for those across the lifespan
4. Support expansion of the Program for All-Inclusive Care for the Elderly (PACE)
5. Continue to encourage growth and county participation in the State-County Special Assistance In-Home (SA-IH) option
6. Continue to sustain, expand, and promote a wide range of housing options
7. Partner with interested Area Agencies on Aging (AAAs) to promote regional and local planning for expanded transportation options

Objective 2.3: Continue to transform NC's long-term services and supports system

Strategies:

1. Strengthen the communications and collaboration among DHHS agencies that share key roles in determining the direction of DHHS policies and programs for older adults and people with disabilities, consistent with DHHS Excels
2. Strengthen the infrastructure and linkages among aging and adult services network, public health network and Community Care of NC (CCNC) for the purpose of supporting Medicare 646 Waiver, Multi-payer Primary Care AccessProject, and care transition programs
3. Support the effort of the NC Institute of Medicine's Health Care Reform Task Force to identify viable options available to the state under the Affordable Care Act and prepare for these changes
4. Maximize the integration of person-centered philosophy into services across DHHS

"Project C.A.R.E. allowed me to regain some self worth and to feel good about being a caregiver."

-Daughter of person with Alzheimer's disease, Central NC

Goal 3:

Empower older adults to enjoy optimal health status and to have a healthy lifestyle

The rapidly increasing number of older North Carolinians has far-reaching implications for our state and will place unprecedented demands on the provision of health and long-term care and other aging-related services. Efforts to promote optimal health and functional independence are critical. Older adults who practice healthy behaviors, use health promotion and disease prevention services, and continue to engage with family and friends are more likely to remain healthy, live independently, and incur fewer health-related costs.

Major Accomplishments

The NC Roadmap for Healthy Aging (www.ncroadmap.org), an online interactive resource for promoting healthy aging in North Carolina, was created in 2008 as a part of a collaborative effort among the UNC Institute on Aging (UNC-IOA), DAAS and the North Carolina Division of Public Health (DPH).

Multiple evidence-based programs are being offered in all 17 AAA regions of the state. These programs include Living Healthy, Living Healthy with Diabetes, A Matter of Balance, and others.

A statewide falls prevention coalition was created as well as 7 regional/local coalitions throughout the state.

The Special Care Dentistry Advisory Group developed a comprehensive report with 16 recommendations to improve dental care for special care populations. The report was presented to the NC Study Commission on Aging and the NC Public Health Study Commission.

"I started taking direct and specific responsibility to change my behavior. I liked setting goals and adjusting them as I got more realistic. I'm calmer, more balanced and hopeful that I can get better."

-Living Healthy participant

Objective 3.1: Build capacity and infrastructure to develop and sustain health and wellness programs and initiatives

Strategies:

1. Demonstrate that NC Senior Games is an effective year-round physical and mental health promotion program
2. Promote the use of the prevention benefits available to Medicare beneficiaries
3. Collaborate to expand dental care access for special care populations
4. Collaborate to strengthen local capacity and infrastructure regarding low- health literacy
5. Continue to improve access to the Food and Nutrition Services (FNS) program and expand outreach to older adults
6. Promote and expand Seniors' Farmers Market Nutrition Program
7. Increase the vaccination rates for those 65 years of age and older by collaborating with key stakeholders, disseminating education materials and conducting a statewide media campaign
8. Build the capacity of local organizations to address mental health issues for older adults

Objective 3.2: Expand access to and increase participation of evidence-based health promotion and disease prevention programs

Strategies:

1. Enhance the capacity of evidence-based programs through statewide partnerships and collaboration to ensure that monitoring and fidelity evaluation components are in place for all evidence-based programs
2. Increase the number and variety of evidence-based health promotion programs offered and increase the total number of participants
3. Provide the evidence-based Alzheimer's intervention, "Resources for Enhancing Alzheimer's Caregiver Health" (REACH II), to high-risk client families
4. Utilize the Community Resource Connections to link agencies and consumers to evidence-based health promotion programs
5. Partner with multiple organizations to ensure North Carolina prevents falls by increasing awareness, providing education and training, and offering tools and resources

Goal 4:

Ensure the safety and rights of older and vulnerable adults and prevent their abuse, neglect, and exploitation

Across North Carolina, communities are coming together to shield older and vulnerable adults from harm and protect their rights regardless of the setting in which they live. By working collectively to prevent their abuse, neglect, and exploitation; prepare to respond in times of disaster; and fight fraud we are building safer communities for everyone.

Major Accomplishments

The Silver Alert Program was established in 2007 by General Statute § 143B-499.8. The program is designed to help protect individuals who suffer from dementia or other cognitive impairments regardless of age and is operated through the N.C. Center for Missing Persons. In 2010, 195 alerts were activated resulting in the recovery of 192 persons.

The Disability and Elderly Emergency Management (DEEM) initiative, a multi-agency endeavor, was developed in 2008 to strengthen the emergency preparedness and response for people with disabilities and the elderly. The taskforce produced 16 recommendations, some of which have already been effectively implemented.

In 2009, DPH in partnership with DAAS received a 2-year grant from the US Center for Disease Control to explore the feasibility of matching violent death data with Adult Protective Services (APS) data.

The Division of Services for the Deaf and Hard of Hearing donated assistive listening devices known as Pocketalkers to all 100 county DSS Adult Protective Services programs to use with hard of hearing older adults during interviews.

In 2009, DAAS received a \$300,000 grant for developing Model Approaches to Statewide Legal Assistance Systems from the US Administration on Aging for a 3-year period.

Campbell University School of Law developed a senior law clinic in 2009 to provide legal services and community education to lower-income older adults.

DAAS, Legal Aid of NC, and the UNC Institute on Aging surveyed the legal needs of older adults and developed a statewide Senior Legal Helpline.

“Elder abuse has not been fully embraced as a public policy issue as have other forms of family violence. NC must fund programs that protect the rights of older and vulnerable adults who are or may become victims of abuse, neglect, or exploitation.”

-Rosalyn Pettyford
AARP Volunteer

Objective 4.1: Maximize collaboration, outreach, and training to stop or prevent abuse, neglect, and exploitation

Strategies:

1. Strengthen North Carolina's response to reports of abuse, neglect, and exploitation of vulnerable adults
2. Continue to utilize Elder Abuse Prevention funds to educate consumers, agency staff, and long-term care facilities
3. Implement recommendations of the NC Adult Protective Services (APS) Task Force in conjunction with implementation of the federal Elder Justice Act, as appropriations become available
4. Continue collaboration through the Strategic Alliances for Elders in Long-Term Care Task Force (S.A.F.E. in LTC) to educate the public and law enforcement officials about elder abuse issues
5. Expand World Elder Abuse Awareness Day activities to communities throughout the state
6. Continue efforts of the NC Senior Consumer Fraud Task Force to educate seniors and the general public about fraud, scams, and how to avoid becoming a victim
7. Establish a task force on fraud against older adults to (1) examine how the NC Commissioner of Banks, the financial management industry, the aging and adult services network, and law enforcement can partner to prevent fraud against older people and people with disabilities, and (2) develop and support legislation to authorize the NC Attorney General's office to initiate prosecution for fraud against the elderly and people with disabilities
8. Continue growth of the Victim's Assistance Program, which is administered by DAAS and the NC Attorney General's Office, to help seniors who have been exploited from becoming victimized again
9. Support the Elder Investment Fraud and Exploitation Prevention Program established by the NC Secretary of State's Office
10. Continue to work with DPH in linking and analyzing violent death data with APS data

Objective 4.2: Strengthen emergency preparedness and response for older adults and people with disabilities

Strategies:

1. Encourage the appointment of a legislative study commission to study and make recommendations regarding steps to make long-term care facilities more disaster resistant
2. Develop plans for functional needs support services within general population shelters
3. Promote the use of the NC Special Needs Registry

Goal 5: Empower older adults to engage in the community through volunteerism, lifelong learning, and civic activities

Older North Carolinians represent a largely untapped reservoir of experience that can inform and enrich all age groups. We must continue to provide opportunities for personal growth, social engagement, and volunteerism. Such opportunities are critical to successful aging.

Major Accomplishments

Ninety (90) counties have trained senior volunteers for the Victims Assistance Program (VAP). These volunteers are trained by the Division of Aging and Adult Services in partnership with the Attorney General's Office to provide follow-up with community seniors who have been victims of crime.

On December 23, 2009, Governor Perdue signed Executive Order No. 41 which reestablished the North Carolina Commission on Volunteerism and Community Service.

Since FY 2007, the percentage of certified senior centers has increased from 28% to 48% of the state's total centers.

NC Senior Game's SilverArts program, which emphasizes creative expression, grew by 974 participants between 2006-2010.



"There is no greater resource waiting to be tapped than asking our retirees to reach out into their communities across North Carolina and help each other."

-Sandy McGlashan, United Way of Henderson County

Objective 5.1: Promote volunteerism and other active engagement

Strategies:

1. Collaborate with the NC Commission on Volunteerism and Community Service to implement their 2010-2013 State Service Plan for North Carolina to harness older volunteer experience
2. Provide opportunities for North Carolina libraries to assist them in planning and implementing life enrichment and learning for the baby boomer population
3. Provide training, technical assistance, and best-practice strategies to senior centers and volunteer centers to ensure they address the needs and interests of the baby boomers and older adults
4. Continue to work with senior centers across the state, North Carolina Association of Area Agencies on Aging (NC4A), and NC Association on Aging (NCAOA) and the Senior Center Alliance to build the capacity of senior center staff and increase the number of Centers of Merit and/or Excellence

Objective 5.2: Offer senior leadership opportunities that recognize the importance of older adult involvement in addressing issues affecting seniors

Strategies:

1. Continue to offer the Senior Leadership Program through the University of North Carolina Institute on Aging (UNC-IOA)
2. Continue supporting the Senior Tar Heel Legislature (STHL) in its promotion of citizen involvement and advocacy concerning aging issues
3. Maximize collaboration to publicize and strengthen participation in artistic endeavors through SilverArts of NC Senior Games

"It's a talent pool of elders that are living in our state now. These are people of great ability and every single one of them has something to contribute to our well-being. The question is "How can we best utilize this great accumulation of such magnificent talent and experience?"

-Bill Friday
UNC President Emeritus
Aging Advocate

Goal 6: Prepare North Carolina for an aging population

North Carolina is undergoing a major demographic shift with the aging of its population. It is vitally important that North Carolina be well prepared to meet the challenges and realize the opportunities of an aging population throughout all areas of state and local government to ensure that we continue to be a livable and senior-friendly state.

Major Accomplishments

On March 30, 2010, Governor Perdue signed Executive Order No. 54 requiring state agencies in her cabinet to assess their readiness for an aging population, and encouraging participation among those in the Council of State. All 50 agencies contacted designated an Aging Liaison.

In 2010, the NC Center for Public Policy Research published North Carolina Insight: The Art of Aging: Our Elders, Our State. This is the first time since 1985 that the journal focused on aging.

Objective 6.1: Prepare state government to better serve and address the needs of an aging population

Strategies:

1. Sustain the corps of 50 state aging liaisons to raise awareness about the aging population and its implications for all sectors and assess opportunities for further collaboration
2. Collect information on programs/services from state agencies targeted towards older population to further streamline, integrate, and maximize available resources and inform the public about them
3. Collaborate with the NC Office of State Personnel to provide succession planning tools and promising practices to aging liaisons

Objective 6.2: Support local communities to plan and better prepare for an aging population

Strategies:

1. Provide tools and technical assistance for AAAs to assess county readiness
2. Encourage local and regional officials to consider the needs and assets of current and future older adults in development plans
3. Produce state and county reports related to the growing older population and its impact on services
4. Promote the use of universal design principles and green energy for community planning

Goal 7: Ensure an adequate direct care workforce for an aging population and opportunities for older workers

Robust employment is critical to the success of the state's economy. Over 700,000 North Carolinians age 55 and older represent 18% of the state's total workforce. For many older adults paid work provides them a way to stay actively engaged in the community and ensures economic security. The retooling of older workers is vital to their continued employability. As the state's residents age, there are projected skill and labor shortages in various industries, including the direct care workforce. A well-qualified, diverse direct care workforce is essential to maintaining the health, well-being and quality of life of North Carolina's older adults.

Major Accomplishments

In 2008, DHHS created a Geriatric Aide job category and registry for nurse aides.

DHSR reviewed and evaluated the education and training requirements for Nurse Aides as required by S.L. 2010-69.

NC New Organizational Vision Award (NC NOVA) was enacted in July 2006 and subsequently implemented as a special state license that honors excellence in the workplace for people employed by home care agencies, adult care homes, and nursing homes. There are currently nine recipients.

In 2010, DHHS, in cooperation with the NC Foundation for Advanced Health Program, received a three-year Personal and Home Care Aide State Training (PHCAST) grant; North Carolina was one of six states selected.

DAAS established three Older Worker Awards to honor NC's older workforce, and presented the first of these at the 2010 Governor's Conference on Aging.

"We must have an increased and expanded healthcare workforce across North Carolina to care for seniors as they age in place."

-Governor Bev Perdue

Objective 7.1: Focus on the need for an adequate and quality direct care workforce

Strategies:

1. Develop, pilot, implement, and evaluate a four-phase, and comprehensive training and competency program for direct care workers as activities of the PHCAST Grant
2. Strengthen the recruitment, retention, and supervision of in-home aides

"The state must plan both short-term and long-term between 2011, when the Baby Boomers start turning 65, and 2030. If the state doesn't start acting soon, the sheer demographics of the Baby Boom will overwhelm policymakers and the state budget."

-Ran Coble
N.C. Center for Public Policy Research, Director

Objective 7.2: Promote older workers as vital for businesses seeking a trained, qualified, and reliable workforce

Strategies:

1. Raise awareness about older worker skills and abilities and encourage older workers to remain working or re-enter the workforce
2. Work with stakeholders to ensure North Carolina has a Workforce Development System (WDS) that meets the needs of older workers
3. Identify, coordinate, and develop training opportunities for older workers
4. Continue to integrate the Senior Community Service Employment Program (SCSEP) with a broad array of local workforce development employment and training programs delivered through the JobLink System
5. Increase the participation rates of 'minorities' and those 'most in need' within SCSEP

"There is an inadequate quantity, quality, and diversity of the workforce to meet the needs of older adults."

-Rebecca Hunter, UNC Center for Aging and Health

Goal 8: Maintain good stewardship of publicly funded services

As the demand for publicly supported services grows, state and local governments are facing hard choices about how to use limited revenues. Good planning and stewardship of public funds require agencies and organizations to be able to track spending and results, and use that information to inform planning.

Major Accomplishments

DHHS Divisions have implemented Open Window, a database which captures information on DHHS services for the purpose of enhancing transparency and clarity.

DAAS transitioned two major reporting systems to web-based environments: the Aging Resources Management System (ARMS) and the Ombudsman Documentation and Information System (ODIS).

DAAS was granted permission to join the Common Names Data Service (CNDS) and the Client Services Data Warehouse (CSDW), which builds infrastructure and capacity within DAAS for matching clients across DHHS data systems to facilitate long-term care systems research and planning across funding streams.

DAAS has further strengthened and streamlined its monitoring of Home and Community Block Grant (HCCBG) services through enhancements made in the risk-based assessment process and with revisions to many of the HCCBG monitoring instruments.

DAAS has been an active contributor to the development of DHHS Excels.

"Assuring fiscal accountability and quality assurance of public funds is paramount—now and for the future."

-Tonya Cedars, NC4A President

Strategies:

1. Continue DAAS monitoring activities associated with funding allocated to AAAs and local county departments of social services
2. Continue refinement of DAAS monitoring policies and practices
3. Support full and ongoing implementation of DHHS Excels
4. Ensure proper administration and monitoring of the Family Caregiver Support Program (FCSP)
5. Evaluate the effectiveness of the Senior Legal Helpline as an activity of the Model Approaches Grant
6. Complete merger of ARMS with CNDS and the CSDW as part of the Systems Transformation Grant
7. Reduce Medicare error, fraud, and abuse through coordinated statewide efforts involving educational and promotional activities and encourage reporting of discrepancies by Medicare beneficiaries
8. Expand and improve performance measures in DHHS Open Window
9. Continue to survey the effect of the current economic situation on the availability and delivery of home and community-based services



Performance Measures

Goal 1: Empower older adults, their families, and other consumers to make informed decisions and to easily access existing health and long-term care options

Objective 1.1: Educate the public on the availability of services to foster independence, self-sufficiency, and their future planning for long-term needs

Performance Measures	Target Date
1.1.1 NCcareLINK hubs will have a provider update rate of 80%	Bi-annually
1.1.2 SHIIP, CRCs, and AAAs will assist 17,500 persons in completing Low-Income Subsidy applications	September 30, 2012
1.1.3 DAAS, DPH, UNC-IOA and their partners will publicize NC Roadmap for Healthy Aging on their websites and through their local provider agencies	Ongoing
1.1.4 NC Department of Insurance and DMA will effectively implement the new public/private Long-term Care Partnership program to promote appropriate purchase of qualified private long-term care insurance	Ongoing
1.1.5 Department of Insurance will provide information through publications, media, and the web on the impact of health care reform on consumers	Ongoing
1.1.6 DAAS will collaborate with the Office of State Personnel, DHHS Human Resources, and aging liaisons to examine the feasibility of recreating the PREPARE program and/or providing planning tools and promising practices	July 2011
1.1.7 DAAS will continue collaboration with NC Baptist Aging Ministry (NCBAM), Family Support Network, and North Carolina Respite Care Coalition through the activities of the Lifespan Respite Care program to build knowledge and understanding of caregiver needs among local agencies and ensure NCcareLINK has adequate and up-to-date information on respite services	Ongoing
1.1.8 DAAS will finalize and adopt FCSP promotion plan	October 2011
1.1.9 Various university law clinics will sponsor at least two one-day senior law sessions on wills and advance directives	Annually
1.1.10 DAAS will partner with other members of the NC Senior Driver Safety Coalition to post online resources for the general public promoting safe driving	Ongoing

Objective 1.2: Streamline and strengthen access to long-term services and supports to facilitate informed decision-making

Performance Measures	Target Date
1.2.1a The DHHS Office of Long Term Services and Supports (OLTS) will produce a 5-year Strategic Plan for CRCs	May 2010
1.2.1b OLTS and its various partners and stakeholders will implement the Strategic Plan for CRCs	Ongoing
1.2.2 OLTS will hold monthly curriculum development meetings for Options Counseling grant	Ongoing
1.2.3a Community organizations will implement statewide public awareness initiatives during Family Caregiver Month and Alzheimer's Disease Awareness Month	Annually
1.2.3b DAAS will include and analyze caregiver questions on the North Carolina Behavioral Risk Factor Surveillance System (BRFSS)	2011
1.2.4a Provide training through the FCSP statewide web conferences/conference calls on issues pertaining to all divisions and populations	Quarterly
1.2.4b Duke University will continue to sponsor the Joseph and Kathleen Bryan Alzheimer's Disease Research Center Annual Conference	Annually

Objective 1.3: Ensure inclusion of diverse cultures and abilities in all aspects of the aging and adult services network

Performance Measures	Target Date
1.3.1a DAAS will provide demographic reports on racial and ethnic older populations to facilitate improved planning for and outreach to older adults with limited English proficiency	Annually
1.3.1b AAAs will provide outreach to diverse racial and ethnic populations as reflected in their Area Plans	Annually
1.3.2 CRCs will facilitate training opportunities to the aging and adult services network about compliance with the Americans with Disabilities Act (ADA)	Ongoing
1.3.3 DAAS will continue to support the planning and promotion of North Carolina's Assistive Technology Expo	Annually
1.3.4a DAAS, in partnership with the Southwestern AAA, will facilitate the training of EBCI in at least three evidence-based programs including Living Healthy and A Matter of Balance	December 2011
1.3.4b Regional Coordinators and their community partners will increase the number of minorities participating in Living Healthy	Semi-Annually

Goal 2: Enable older adults to age in their place of choice with appropriate services and supports

Objective 2.1: Promote flexibility in publicly funded services and supports to allow people more opportunities to choose how and where they receive these

Performance Measures	Target Date
2.1.1a DMA will deliver mandatory training for all Community Alternatives Program for Disabled Adults (CAP/DA) lead agencies on providing the CAP/DA Choice Program (a consumer-directed service delivery model)	March 2011
2.1.1b DAAS will offer training to community providers on the Home Care Independence program, a consumer-directed service supported with HCCBG funds	Annually
2.1.2a CAP/DA lead agencies will increase the number of CAP/DA Choice participants to 800 statewide through existing slots	December 2014
2.1.2b DAAS will have 9 Home Care Independence programs, in operation, serving 80 participants	June 2015
2.1.2c Division of Vocational Rehabilitation will continue to operate the Independent Living Rehabilitation Program (ILRP) Personal Assistant Services program	Ongoing
2.1.3a MFP project director will provide training and educational materials to regional FCSP and Ombudsman staff during quarterly meetings	Annually
2.1.3b MFP Demonstration Project will support at least 366 individuals in transitioning out of qualified facilities and into their own homes and communities	December 2013

Objective 2.2: Maintain and expand the availability of community-based services and supports

Performance Measures	Target Date
2.2.1 DAAS and its partners will expand Project C.A.R.E. to 75 participating counties	2015
2.2.2 The Project C.A.R.E. work group will consist of key informants from across the state and will convene in February 2011 with final recommendations presented to DAAS by June 30, 2011	2011
2.2.3 Lifespan Respite grant partners in each county will identify at least one new or enhanced resource in each county	September 2012
2.2.4a DMA will support an expansion of the number of PACE programs by four	Annually
2.2.4b DMA will encourage the expansion of existing PACE programs to rural counties	Annually
2.2.5 DAAS will provide technical assistance, training, and reports to support counties planning to expand the SA-IH program	Ongoing
2.2.6a DAAS will provide technical assistance and training to DSSs and AAAs in an effort to increase utilization of funds for housing and home improvement services	Ongoing
2.2.6b DAAS will collaborate with various housing stakeholders to expand and promote housing options	Ongoing
2.2.7 DAAS will survey AAAs to identify local planning processes with a transportation component and will share best practices across regions	2012



Objective 2.3: Continue to transform NC's long-term services and supports system

Performance Measures	Target Date
2.3.1a The DHHS Leadership Team will establish a DHHS Excels workgroup to examine opportunities for strengthened collaboration to support independent community living	May 2011
2.3.1b DMA in partnership with other DHHS agencies will develop a strategy for allocating its MFP Rebalancing Fund	December 2011
2.3.1c DMA in partnership with other DHHS agencies and stakeholders will set transition benchmarks for calendar year 2014 through the end of the MFP Project	December 2011
2.3.2 State-level leadership will examine ways to further partner to implement and expand the Medicare 646 Waiver, care transition programs, and the multi-payer project; the various partners will disseminate information to their regional and local networks and encourage local collaboration and use of best practice models	Ongoing
2.3.3. DAAS will play an active role on all appropriate IOM Health Care Reform workgroups (prevention, safety net, health professional workforce, health insurance exchange and insurance oversight, Medicaid, new models of care, quality, fraud and abuse) and support implementation of the recommendations	August 2011
2.3.4 DAAS will collaborate with UNC-CH Jordan Institute for Families to host Person-Centered Thinking and Person-Centered Planning training events to increase the number of professional staff trained in these areas	Ongoing

Goal 3: Empower older adults to enjoy optimal health status and to have a healthy lifestyle

Objective 3.1: Build capacity and infrastructure to develop and sustain health and wellness programs and initiatives

Performance Measures	Target Date
3.1.1 80% of Senior Games participants will rate their present health 'excellent' or 'very good' compared to others their age. Baseline, 2010: 66% BRFSS	June 2014
3.1.2 SHIIP will develop and disseminate materials related to Medicare prevention benefits	Ongoing
3.1.3 North Carolina Committee for Dental Health, whose members include DAAS, DMA, NC4A, and State Dental Society, will hold quarterly meetings to sustain and expand access to dental services for special care populations	Quarterly
3.1.4 DAAS will participate in state-level health literacy workgroups and disseminate relevant information and tools to the aging and adult services network	Ongoing
3.1.5 DHHS, in partnership with the FNS4NC Coalition (www.fns4nc.org), will continue to promote enrollment to FNS program by collaborating with key stakeholders and disseminating informational materials	Ongoing
3.1.6 Increase the number of Seniors Farmers Market Nutrition Program participants to 8,500 Baseline, 2010: 3,745 participants	2015
3.1.7a Increase the proportion of NC's adults 65-74 years of age who are vaccinated annually against influenza from 68% to 70% Baseline, 2008: 68% of adults, age 65 and older, received the influenza vaccination, based on NC BRFSS	2014
3.1.7b Increase the proportion of NC's adults 65-74 years of age who are vaccinated against pneumococcal disease from 63% to 65% Baseline, 2008: 62% of adults, age 65 and older, received the pneumococcal vaccination, based on NC BRFSS	2014
3.1.7c Contribute to increasing the proportion of US adults, 60 years of age and older, who are vaccinated against Herpes Zoster (Shingles) disease from 10% to 12% Baseline: 2009: 10% of adults 60 years and older received a Herpes Zoster shot, source: cdc.gov	2014
3.1.8 DAAS, in partnership with UNC-CARES, will offer training to service professionals statewide on serious mental illness, multidisciplinary approach to geriatric mental health, cognitive impairments, and substance abuse and older adults	Annually

Objective 3.2: Expand access to and increase participation of evidence-based health promotion and disease prevention programs

Performance Measures	Target Date
3.2.1a North Carolina Healthy Aging Coalition (NCHAC) will meet quarterly to sustain and create programs, policies and environments to foster healthy aging and the health, well-being, and independence of North Carolinians	Quarterly
3.2.1b Continue to strengthen the infrastructure to support evidence-based health promotion programs by making on-line training available and creating a comprehensive database of trainers and participants	2012
3.2.1c Increase the number of partnerships supporting the implementation of Living Healthy (Stanford University's Chronic Disease Self-Management Program)	June 2014
3.2.1d Living Healthy coordinators will collaborate with physicians' practices, hospital discharge planners, and local agencies to develop and implement a direct referral process for patients to be enrolled into community evidence-based health promotion programs	2012
3.2.2a Regional and local evidence-based health promotion programs will increase the number of participants enrolled by 10% each year statewide	Annually
3.2.2b Living Healthy programs will work to increase the statewide participant completion rate to at least 80%	2012
3.2.3 Expand the evidence-based REACH II intervention to 25 additional counties	December 2015
3.2.4 Community Resource Connections (CRCs) will develop and maintain a process to facilitate the referral of CRC clients to Living Healthy workshops; by 2013, the process will expand to include all evidence-based health promotion programs	2013
3.2.5 The rate of emergency department visits, hospital discharges and deaths due to falls will be less than or equal to the rates seen at baseline in 2011	2015

Goal 4: Ensure the safety and rights of older and vulnerable adults and prevent their abuse, neglect and exploitation

Objective 4.1: Maximize collaboration, outreach, and training to stop or prevent abuse, neglect, and exploitation

Performance Measures	Target Date
4.1.1a Reduce the number of repeat Adult Protective Services referrals below 10% Baseline 2010: 12%	2015
4.1.1b Increase the annual percentage of substantiated Adult Protective Services cases to 32% by 2015. Baseline 2010: 22%	2015
4.1.1c Increase the number of professionals reporting abuse, neglect, and exploitation of vulnerable adults by 5% each year	Annually
4.1.1d DAAS in partnership with UNC-CARES will increase the number of distance learning sessions for APS workers through the use of web-based technologies Baseline 2010: 1 session delivered at 6 sites	2015
4.1.2a LTC Ombudsman program will conduct 80 community education training events statewide focused on elder abuse and neglect prevention, identification/ reporting elder abuse, and financial exploitation of seniors	Annually
4.1.2b LTC Ombudsman program will conduct 40 long-term care staff in-service trainings focused on elder abuse, neglect, and exploitation	Annually
4.1.3 Seek appropriate support from NC's US Congressional delegation to authorize federal funding in 2012 for the Elder Justice Act	2012
4.1.4a LTC Ombudsman program will conduct 4 sessions of the Investigating Crimes in Long Term Care Facilities: Voiceless Victims Course annually at the NC Justice Academy and administer surveys to determine effectiveness and post-course utilization	Annually

Objective 4.1, continued: Maximize collaboration, outreach, and training to stop or prevent abuse, neglect, and exploitation

Performance Measures	Target Date
4.1.4b LTC Ombudsman program, in collaboration with local law enforcement and professional organizations, will develop and conduct 1 pilot training for long-term care administrators and managerial staff focused on best practice responses to reports of crime occurring within a long-term care facility	2013
4.1.5 Develop a universal message promoting World Elder Abuse Awareness Day and disseminate through all available and cost-effective media outlets	2012
4.1.6 DAAS will collaborate with AAAs, AARP, and the NC Senior Consumer Fraud Task Force to conduct 17 scam jams annually	Annually
4.1.7 Implement recommendation of the NC Center for Public Policy Research on fraud	2015
4.1.8 DAAS will provide training for AAA staff, VAP volunteers, and family members of victims to enable them to provide assistance to fraud victims	Annually
4.1.9 DAAS will be a collaborating partner with the NC Secretary of State, Securities Division on the development of the Elder Investment Fraud and Exploitation Prevention Program	2011
4.1.10 DAAS and DPH will analyze 25 cases where there is a match between violent death data and APS intervention to determine any lessons learned that can inform improved practice	2012

Objective 4.2: Strengthen emergency preparedness and response for older adults and people with disabilities

Performance Measures	Target Date
4.2.1 Appointment of a legislative study commission	2013
4.2.2 A functional needs assessment will be developed by DHHS Disaster Coordinators	2015
4.2.3 Information on the special needs registry will be shared with AAAs to be disseminated to all local HCCBG providers	2013

Goal 5: Empower older adults to engage in the community through volunteerism, lifelong learning, and civic activities

Objective 5.1: Promote volunteerism and other active engagement

Performance Measures	Target Date
5.1.1 The aging and adult services network will promote volunteerism to increase the number of RSVP participants statewide with particular attention to those in rural areas	On going
5.1.2 Local aging service providers and Senior Centers will partner with public libraries to enhance program content for serving the baby boomer population	2013
5.1.3 DAAS, in partnership with UNC-CARES, will offer 2 Ann Johnson Institute for Senior Center Management training modules	Annually
5.1.4 At least 50% of all senior centers will achieve certification as Centers of Merit or Excellence. Baseline 2010: 48%	2015

Objective 5.2: Offer senior leadership opportunities that recognize the importance of older adult involvement in addressing issues affecting seniors

Performance Measures	Target Date
5.2.1 UNC-IOA Senior Leadership program will have 5 graduates	Annually
5.2.2 Senior Tar Heel Legislature will meet 3 times a year and develop legislative agenda	Annually
5.2.3 Senior Games SilverArts program participation will increase to 4,800 Baseline 2010: 4,000 Silver Artists in 2010	2015

Goal 6: Prepare North Carolina for an aging population

Objective 6.1: Prepare state government to better serve and address the needs of an aging population

Performance Measures	Target Date
6.1.1 DAAS will track number of collaborations, and meet at least quarterly with state corps of aging liaisons	Annually
6.1.2 DAAS, in partnership with UNC-IOA, will create a web-hub for sharing information about resources and programs/services targeted to older population by all state agencies	2011
6.1.3 DAAS will collaborate with the Office of State Personnel, DHHS Human Resources, and aging liaisons to provide planning tools and promising practices on succession planning and eldercare/family caregiver resource information	July 2011

Objective 6.2: Support local communities to better plan and prepare for an aging population

Performance Measures	Target Date
6.2.1 DAAS will track the number of technical assistance and training sessions provided to AAAs and counties	Annually
6.2.2a DAAS will assist AAAs with local assessments	Annually
6.2.2b AAAs will submit their 4-year Area Plan and produce annual updates	2012
6.2.3a DAAS will produce state and county demographic profiles and service expenditure data reports for the 60 and older population	Annually
6.2.4 DAAS will provide technical assistance to support collaboration among local aging providers, home builders, county planning departments, and others to promote sustainable measures for aging in place	Ongoing

Goal 7: Ensure an adequate direct care workforce for an aging population and opportunities for older workers

Objective 7.1: Focus on the need for an adequate and quality direct care workforce

Performance Measures	Target Date
7.1.1a Set up PHCAST Partner Team and hold monthly meetings	May 2011
7.1.1b Partner team will develop curricula and competency measures	Sept 2011
7.1.1c Conduct PHCAST pilot	July 2013
7.1.1d DHHS will establish Home Care Nurse Aide Registry	June 2012
7.1.1e PHCAST oversight of training/competency program, implementation, and ongoing management responsibility for any dissemination efforts fully transitioned to DHHS	Sept 2013
7.1.2 DAAS will train 60 personnel through the Improving the Management and Supervision of In-home Aide Services course	Bi-annually

Objective 7.2: Promote older workers as vital for businesses seeking a trained, qualified, and reliable workforce

Performance Measures	Target Date
7.2.1 Continue to observe National Employ Older Workers Week	Annually
7.2.2 Sustain the activities of the North Carolina Older Worker Task Force or an equivalent body	Quarterly
7.2.3 Support the Workforce Development Partnership Conference	Annually
7.2.4 DAAS will develop standard tools for SCSEP to use in recruitment (e.g., newspaper ads, flyers, mass media advertisement)	2012
7.2.5 SCSEP rates of 'minorities' will be above the 2010 baseline of 52% and 'most in need' rate will be above the baseline of 2.13%	Annually

Goal 8: Maintain good stewardship of publicly funded services

Objective 8.1 Promote effective and efficient management policies, including the use of performance-based standards and outcomes

Performance Measures	Target Date
8.1.1 DAAS staff will conduct annual risk evaluations and conduct monitoring in accordance with the DAAS monitoring plan	Annually
8.1.2a DAAS will solicit feedback from AAAs and DSSs on monitoring tools and activities	Ongoing
8.1.2b DAAS monitoring workgroup will produce sample Risk Evaluation Matrix and other tools as needed	2011
8.1.3 All DAAS supervisors will access the DHHS Excels Toolkit and implement with staff	2012
8.1.4a DAAS will update the FCSP Policy Manual including fiscal and programmatic standards	2012
8.1.4b DAAS will hold training for regional FCSP specialists	Monthly
8.1.5 DAAS and LANC will conduct an evaluation of NC Senior Legal Helpline	2012
8.1.6 DIRM, DAAS, and AAAs will work together to successfully merge CNDs and CSDW	2011
8.1.7 DOI will continue development of the AOA funded, Senior Medicare Patrol Program	Ongoing
8.1.8 DAAS will have output measures for its services in Open Window	2015
8.1.9 DAAS, in partnership with UNC-CARES, will conduct a survey of HCCBG providers to evaluate the status of HCCBG services given the current economic/budget situation	Annually

Conclusion

The Department of Health and Human Services is committed to meeting the various needs of North Carolina's rapidly growing aging population and tapping our maturing population as a key resource. Toward this end, DHHS and its Division of Aging and Adult Services look forward to working with the newly established corps of aging liaisons that represent state government and with the many local and private partners. The eight goals set forth in this plan provide the vision and structure for moving North Carolina forward. To achieve the

goals defined in this plan, actions are required by state, regional, and local agencies and interests. As we move forward, we are keenly aware of the economic uncertainties facing our state and its citizens. Our best work will come when we work together. We will need to enhance collaboration, streamline service administration, target available resources, and emphasize accountability for improved outcomes. It is only with the support and strength of the many and varied stakeholders that we can hope to achieve the Plan's goals.



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State Government Agency Aging Liaisons

Board of State Elections-Carlos Casallas

Commission on Volunteerism and Community Service-Faye Stone

Community College System-Renee Godwin Batts

Department of Administration-David Shehdan

Department of Agriculture and Consumer Services-David Smith

Department of Commerce-Chet Mottershead

Department of Correction-Laura Yates

Department of Cultural Resources-Donnell Adams

Department of Crime Control and Public Safety/Division of Emergency Management-Michael Sprayberry

Department of Environment and Natural Services-Lloyd Inman

Department of Insurance-Carla Suitt Obiol

Department of Juvenile Justice and Delinquency Prevention-William Lassiter

Department of Justice-Jennifer Epperson

Department of Labor-Tina Morris-Anderson

Department of Public Instruction-Jack Stone

Department of Revenue-Deborah Morris

Department of Secretary of State-Lori Allison

Department of State Treasurer-Anthony Solari

Department of Transportation (DOT)-Angela Faulk and Hope McLamb (Division of Motor Vehicles)

Education Lottery-Margaret Spindola-Bode

Employment Security Commission-James Korth

Housing Finance Agency-Mary Reca Todd

Office of Information Technology Services-Pam Frazier

Office of the State Auditor-Charles Duckett

Office of the State Controller-David Reavis

Office of State Budget and Management-Pam Kilpatrick

Office of State Personnel-Sharon Howard

Wildlife Resources Commission-Marcia Coley

Department of Health and Human Services (DHHS)

Council on Developmental Disabilities-JoAnne Toomey

Division of Aging and Adult Services-Joyce Massey-Smith

Division of Child Development-Katherine Shepherd

Division of Health Service Regulation-Jesse Goodman

Division of Medical Assistance-Lawrence Nason

Division of MH/DD/SAS-Marta Hester

Division of Property and Construction-Hampton Fields

Division of Public Health-Sharon Rhyne

Division of Services for the Blind-Mary Flanagan

Division of Services for Hard of Hearing-Jeff Mobley

Division of Social Services-Dean Simpson

Division of State Operated Healthcare Facilities-Lisa Moon

Division of Vocational Rehabilitation Services-Pamela Lloyd-Ogoke

Office of Citizen Services-Melodee Stokes

Office of Economic Opportunity-Verna Best

Office of Housing and Homelessness-Heather Dominique

Office of the Internal Auditor-Debra Johnson

Office of Medicaid Management Information System Services-Vicki Parker Medlin

Office of Minority Health and Health Disparities-Kimberly Leathers

Office of Purchasing and Contracts-Sherri Garte

Office of Rural Health and Community Care-Shelley Keir

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Notes



North Carolina
Aging Services Plan
2011 - 2015

Living Wise and Aging Well

State of North Carolina
Beverly Eaves Perdue, Governor



Department of Health and Human Services
Lanier M. Cansler, Secretary
www.ncdhhs.gov

Division of Aging and Adult Services
Dennis W. Streets, Director
www.ncdhhs.gov/aging/index.htm

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