



Task Force Meeting Summary

Tuesday, May 10, 2022 – 9:00 – 12:00 AM

Attendees:

- *NCIOM staff:* Kathy Colville, Brienne Lyda-McDonald, Alison Miller, Michelle Ries, Rachel Smith
- *Co-chairs:* Tamara Baker, Dennis Streets, Becki Gray
- *Steering Committee:* Ingrid Bou-Saada, Adrienne Calhoun, Zach Deaton, Audrey Edmisten, Rebecca Freeman, Lisa Riegel, Ellen Schneider, Tish Singletary
- *Task Force Members:* Sandra Amado, Nathan Boucher, Laverne Blue, Jessalyn Bridges, Richard Buchanan, Karen Bullock, Heather Burkhardt, Rev. Brian Davis, Rabbi Lucy Dinner, Nicole Dozier, Kiya Edwards, Thessia Everhart-Roberts, Jill Forcina, Deryl Davis Fulmer, Anne Dickerson, Shirley Gerrior, Lindsey Hayes-Maslow, Amanda Holliday, Mary Penny Kelley, Suzanne LaFollette-Black, Bill Lamb, Kamiyo Lanning, Amy Joy Lanou, Sabrena Lea, Vern Martell, Heather Martin, Sarajane Melton, Danika Mills, Tara Muller, Carla Obiol, Ursula Robinson, Ed Rosenberg, Kathryn Saine, Marry Anne Salmon, Maggie Sauer, Danny Scalise, Kimberly Strong, Althea Taylor Jones, Jennifer Teague, Owen Thomas, Janice Tyler, Gina Upchurch, Zachary White, Elaine Whitford, Honey Yang Estrada, Martha Zimmerman
- *Guests:* Ellen Bailey, Gina Becherer, Joyce Massey-Smith, Marcus Peterson, Janice White, Tammy Romain

Welcome

Brienne Lyda-McDonald – Project Director, NCIOM

Ms. Lyda-McDonald welcome task force participants, provided details about using Zoom, and welcomed co-chairs – Dr. Tamara Baker, Professor, Department of Psychiatry, School of Medicine, University of North Carolina at Chapel Hill; Becki Gray, Director of Government Affairs, Blue Cross and Blue Shield of North Carolina; and Dennis Streets, Retired, Former Executive Director, Chatham County Council on Aging

Co-Chair Introductions

Dr. Baker and Mr. Streets introduced themselves.

Agenda

Ms. Lyda-McDonald review the agenda for the meeting:

1. Presentation - Introduction to the NCIOM and Purpose of the Task Force on Healthy Aging
2. Presentation – Aging in North Carolina
3. Presentation - Structures and Governance of Aging and Adult Services
4. Panel – Learning More About Task Force Topics
5. Breakout Discussion Groups by Topic Area

Introduction to the NCIOM and Purpose of the Task Force on Healthy Aging



Kathy Colville – President and CEO, NCIOM

Ms. Colville introduced the NCIOM and the purpose for the task force. The key purpose is to understand how we can support healthy aging related to falls prevention, mobility, food security/nutrition, and social connections – and with that, the structures, investments, partnerships, and policies needed to make necessary changes. Past NCIOM work related to aging includes Dementia-Capable NC and the Task Force on Serious Illness Care. Outside the scope of this task force is discussion of health care services and workforce, institutional services, and other factors related to aging in place that not identified in the four main topics.

[Colville presentation slides](#)

Aging in North Carolina

Heather Burkhardt – Executive Director, North Carolina Coalition on Aging

Deryl Davis Fulmer, Co-Chair, Health Disparities Committee, North Carolina Coalition on Aging; Community Outreach Liaison, NC Retired Governmental Employees Association

Ms. Burkhardt and Dr. Davis Fulmer reviewed key demographics of the aging population in North Carolina. Over the next 20 years, we will see a very steep increase in the 85+ population. Most older adults live in the community. There are higher poverty rates for older adults in rural areas, especially for those who are Black or Hispanic.

Female older adults are more likely to live alone (divorced, widowed), have fewer savings, make less money, live long), and many leave workforce for caregiving. Income for older adults is often mostly from Social Security. Many older adults do not know what programs are available to them

81% NC older adults have 1+ chronic disease. Many people are afraid to talk about falls and health issues for fear of losing their independence, which delays care. Older LGBTQ adults more likely face poverty, have no children, and experience social isolation.

Factors in health disparities for older adults include racism, health literacy, SDOH, health disparities, trust as a component of health care access.

[Burkhardt and Fulmer presentation slides](#)

Structures and Governance of Aging and Adult Services

Joyce Massey-Smith, Director, Division of Aging and Adult Services, North Carolina Department of Health and Human Services

Ms. Massey-Smith discussed the governance structures and flow of funds for aging and adult services. 31% of Medicaid recipients are 65+ or disabled yet account for 64% of spending (most of this spending goes into long-term care (LTC) settings). Area Agencies on Aging (AAAs) are the backbone of aging work. It costs more to provide health and other services in rural communities and this is a very important issue



to consider in the task force work. Continuum of care (see presentation Slide 12) is a helpful framework to ID gaps and needs.

COVID-19 has increased isolation, suicide risk, and loneliness. Housing and home improvement is so important for safety; one of the biggest fears is being forced to leave home, so older adults are afraid to get help. Funds available are only \$150 per recipient for home improvement.

[Massey-Smith presentation slides](#)

Panel: Learning More About Task Force Topics

Martha Zimmerman – Retired, PT and PTA Program Director; Co-Chair, WNC Falls Prevention Coalition; Research Committee Member, NC Falls Prevention Coalition

Richard Buchanan - Senior Social Services Manager-Senior Nutrition and Transportation, Mecklenburg County

Kimberly Strong - Executive Director, Cabarrus Meals on Wheels

Thessia Everhart Roberts - Senior Services Director, Department of Senior Services, Davidson County

Ms. Lyda-McDonald asked each participant to briefly discuss the issues around the topic they represent, as well as some follow-up questions about work their organization does to address needs and where they see the biggest potential for effective action.

Falls

Ms. Zimmerman talked about falls being a cause of death in older adults and how they have a high cost to the federal and state governments. Underreporting of falls is an issue, possibly due to fear of loss of independence. Falls are multifactorial with a variety of causes - muscle weakness, diabetes-peripheral neuropathy, chronic diseases, depression, dementia, social isolation.

Work in McDowell County to address falls includes NC CHAMP, multidisciplinary falls risk assessment, although this was interrupted by COVID-19. There are countywide falls prevention coalitions. There is now a community paramedicine program for those who have been identified in emergency departments as having fallen. The Western NC Falls Prevention Coalition in the 14-county region is creating a strategic plan over the next six months.

The biggest areas for potential effective action include:

- Teaching everyone that falls can be prevented (strength, home modifications)
- Healthcare professionals need standard curriculum requirements
- PACE, Medicare/Medicaid waiver program
- Blue Zones - Brevard is only one in NC; goal is to have community live to 100+; look into the services they have primary, secondary, tertiary intervention levels- focus on primary (preventing the initial fall, education)



Mobility/Transportation

Mr. Buchanan talked about how transportation is essential for meeting medical needs, basic needs, social needs and wellbeing, and that our current network is inadequate. Private transportation is so expensive and might not even exist in communities, especially in rural areas. Getting to a bus stop can be difficult, as well as going “the last mile” from the bus stop to a destination. The pandemic led to transportation shutdowns, and we are not seeing it recover. With the privatization of Medicaid, that funding stream is disrupted now, leading to more challenges for rural transportation.

The biggest areas for potential effective action include:

- Infrastructure- the walk from door to vehicle can be challenging process
- Adaptive equipment, public infrastructure, funding
- Uber and Lyft models causing disruptions in transportation networks

Food Security/Nutrition

Ms. Strong talked about challenges for older adults with reliable access to sufficient quality of affordable, nutritious food. North Carolina is very high in food insecurity (11th highest). Unhealthy foods can lead to medical problems, increased medical costs. Many times, older adults need proper nutrition to address their health issues appropriately.

Meals on Wheels of Cabarrus addresses food security by providing at least one balanced meal a day for those who don't know where they will get all they need to eat. They provide paper towels, tissues, toilet paper, pet food (more money for clients to purchase food), as well as referrals to other programs, like assisted home improvement.

The biggest areas for potential effective action include:

- Funding and education
- Educate clinicians, hospitals, insurance companies that proper nutrition is a key to better health - less falls, less hospitalizations, not spending as much
- Funding: NANASP, insurance companies (should start paying for meals), increase in SNAP program, farmer's market program
- Streamline approaches to apply for funding

Social Connections

Ms. Everhart-Roberts talked about the negative implications of social isolation for older adults, including increased risk of death from all causes, dementia, heart disease, stroke, depression, anxiety, suicide, and increased emergency department visits. The pandemic has made isolation issues much larger.

Davidson Senior Services has addressed isolation with monthly activity packets that include puzzles, games, and information for those living alone, and “Bandwagon visits” with staff doing driveway visits, bringing fresh fruits and vegetables and other gifts.

One way to address social connectedness is addressing access to technology.



Small Group Discussion – Topics of the Task Force

Facilitators: Kathy Colville, Brienne Lyda-McDonald, Alison Miller, Michelle Ries

Participants selected one of four breakout rooms based on topics we will be discussing as a task force: falls prevention, mobility/transportation, food security/nutrition, and social connections.

Key themes from small group discussion included:

- Falls Prevention
 - Strengths - Falls Prevention Coalition; access to data and evidence-based strategies; interest in prevention; Lowes Livable Home; dual-eligible and/or Medicare Advantage payment for modifications; possibility of Habitat for Humanity for home modifications, Senior PharmAssist
 - Challenges – cost of home modifications
 - Greatest need for action:
 - Physicians need a plan in place
 - Universal design/home modifications
 - Information dissemination
 - Behavior change
 - Pharmacist education/education in pharmacy schools
 - Policy, funding, or programmatic recommendations for consideration:
 - Amendments to building codes
 - Incentives for livable design (in the works)
 - Homes Renewed Coalition
 - State tax credit
- Mobility/Transportation
 - Strengths – free public transportation in some places (e.g., Chapel Hill primarily due to university funding); NC Medical Review Program for older drivers; Go Go Grandparent (order ride-share services by talking to live person on the phone)
 - Challenges – very expensive to transport rural residents to participate in senior center programming; bridging in gaps for transportation for last-mile to get to destination
 - Greatest need for action:
 - Addressing stigma about using public transportation
 - Addressing last-mile transportation barriers
 - Innovative ways to connect people with needs (e.g., faith-based organizations, volunteer driving)
 - Addressing older driver safety
 - Developing ride-sharing capacity (e.g., new services being developed through health care systems linked to insurers and ride-share services)
 - Addressing barriers for people in rural areas
 - Policy, funding, or programmatic recommendations for consideration:
 - Need better understanding of available and developing services



- Food Security/Nutrition
 - Strengths – informal networks of caregiving (e.g., neighbors, churches, families); strong public-private partnerships (e.g., Meals on Wheels and Division of Aging and Adult Services); strong food pantries; committed volunteers; NCCARE360
 - Challenges – high demand; stigma around applying for benefits; safety of seniors cooking at home; siloed organizations; lack of sufficient resources; restrictions of Home and Community Care Block Grant that are outdated; difficulties applying for benefits
 - Greatest need for action:
 - Use flexibility granted during COVID around eligibility, simplified applications, applying without having to be at Division of Social Services (DSS) in person, allowing food pick-up at congregate meal sites
 - Innovation (e.g., ways to keep meals hot while delivering on long routes in rural areas)
 - Policy, funding, or programmatic recommendations for consideration:
 - Intentional programmatic focus on food with dignity
 - Framing food access as a responsible way to maintain your self-sufficiency (rather than a hand-out)
 - Small consumer contributions (such as \$1 a month) build ownership (this is a Meals on Wheels model)
- Social Connections
 - Strengths - aging network; local service providers; senior centers; investment in our state using federal funds to think strategically about social isolation and social connectedness; collaboration across the state and locally, including in faith communities; AARP; spirit of cooperation in North Carolina; several universities in the system that are interested in intergenerational training opportunities and working in partnership
 - Challenges - getting folks to realize that it's not just an aging issue, common and prevalent in younger folks; not only rural, but also urban; building partnerships with rural health, mental health, etc. to address it; senior centers are understaffed and under-resourced; few resources and services for Spanish-speaking older adults or those who speak other languages; lack of broadband infrastructure; providing culturally-relevant resources and tools; transportation to connect to resources; difficulty maintain funding from foundations
 - Greatest need for action:
 - Teaching technology literacy (e.g., Community Health Workers as digital navigators)
 - Funding for senior centers has not increased in years
 - Increase knowledge of available tools and resources
 - Suicide prevention
 - Making the case for addressing social isolation
 - Thinking of social isolation as a lifespan problem



Task Force on Healthy Aging

Wrap-Up

Brianne Lyda-McDonald, Project Director, NCIOM

Ms. Lyda-McDonald gave a reminder of the next meeting on June 1. The topic of that meeting will be falls prevention.