

CHAPTER 1

Healthy Aging





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

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

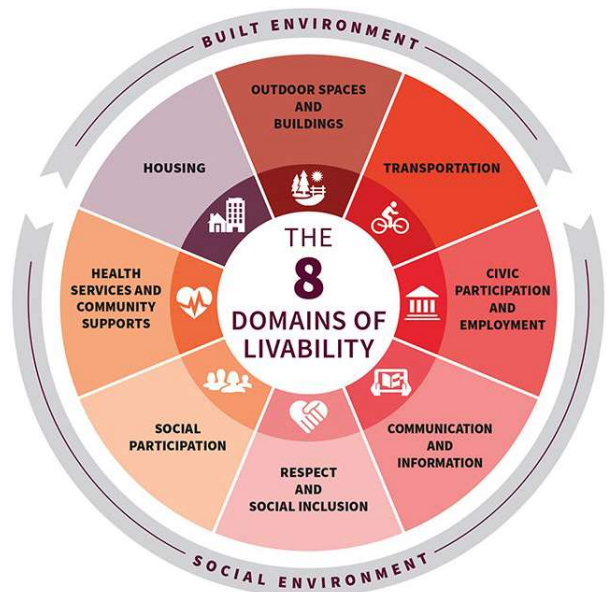
In response to worldwide population growth and aging trends, the WHO established the Global Network for Age-Friendly Cities and Communities in 2006. The mission is to “connect cities, communities, and organizations worldwide with the common vision of making their community a great place to grow old in.”⁶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

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

OLDER ADULTS

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

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



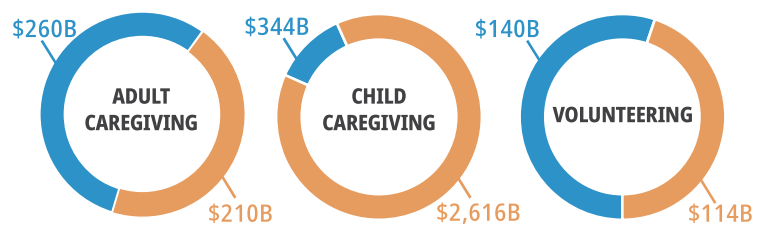
Source – AARP, <https://www.aarp.org/livable-communities/network-age-friendly-communities/info-2016/8-domains-of-livability-introduction.html>

CONTRIBUTIONS OF OLDER ADULTS

Older adults contribute much to our communities through their time and finances. In 2018, 56 cents per dollar spent in the United States came from an adult aged 50 or older. That number is projected to grow to 61 cents per dollar by 2050.¹² Within the labor force, the number of people aged 75 and older will grow approximately 96.5% by 2030. Adults who are aged 50 and older are projected to support more than 100 million jobs – through jobs they hold or create - by 2050.¹³ With generational changes in job expectations, many employers are finding that older workers are an asset because of their reliability and work ethic.¹⁴ If the 50+ population in the United States were its own economy, it would be the third-largest economy in the world by Gross Domestic Product (GDP).¹²

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

FIGURE 2. Value of Unpaid Caregiving and Volunteering in 2018 (B=Billion) ● 50+ ● Under 50



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

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

GOVERNMENT SPENDING AND AGING

With an increase in the older adult population, our country and state will experience an increase in health care needs and expenses. Medicare spending is projected to double over 10 years from \$875 billion in 2021 to \$1.8 trillion in 2031.¹⁶ State Medicaid expenditures for adults over age 65 in North Carolina were close to \$2.8 billion in fiscal year 2022.¹⁷

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

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

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

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

AGING IN NORTH CAROLINA

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

HEALTH CHARACTERISTICS OF ADULTS AGED 65 AND OLDER

81% Have one or more chronic diseases

72% Reported exercising in the past 30 days*

35% Have a disability

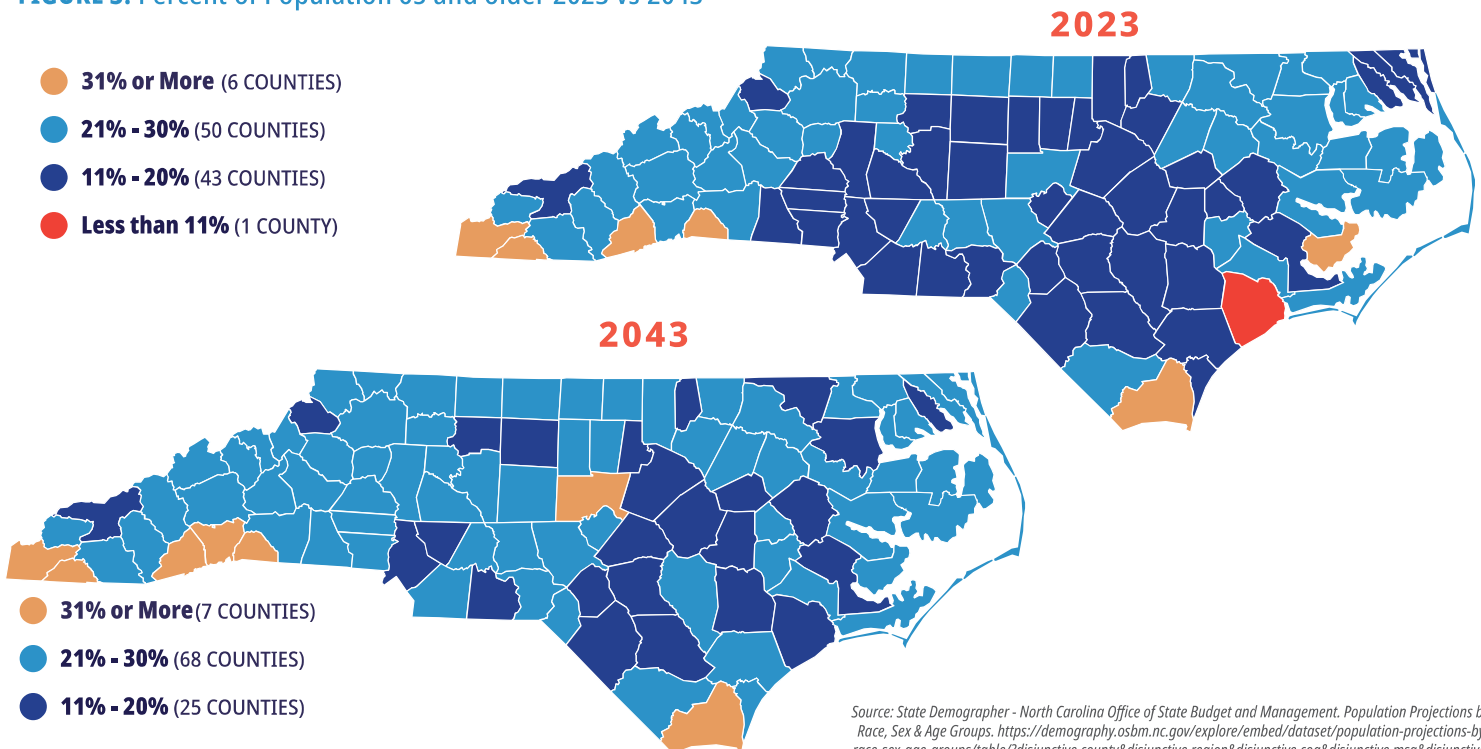
19% Reported two or more falls

8% Self-reported their health is poor

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

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

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





POPULATIONS EXPERIENCE AGING DIFFERENTLY

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

a <https://www.ncbi.nlm.nih.gov/books/NBK425845/>

b <https://www.cdc.gov/healthequity/whatis/index.html>

c <https://www.kff.org/racial-equity-and-health-policy/issue-brief/disparities-in-health-and-health-care-5-key-questions-and-answers/>

AGING SERVICES IN NORTH CAROLINA

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

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

The fiscal year 2020-2021 state budget passed in 2019⁹ allocated nearly \$51.2 million to the North Carolina Division of Aging and Adult Services of the estimated \$122.1 million required for services for those aged 60 and over.²² Services include adult day care, care management, home-delivered meals, congregate nutrition, in-home care, senior centers, and transportation. The budget allocated \$213.3 million to the Division of Social Services of the estimated \$1.94 billion required for programs such as food and nutrition services for older adults and adult protective services, among many others.²² Funding for the remainder of those budgeted needs is received from the federal government. The state budget for these two state agencies that provide vital services for older adults, as well as some who are younger or have a disability, totals about 1.1% of the state's 2020-2021 budget.²²

^c Individual and group services vary by senior center location.

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

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

AGING SERVICES IN NORTH CAROLINA

The federal Older Americans Act—which is administered by the Administration for Community Living—provides funding to allow individual states to deliver social and nutrition services to older adults. Services provided through the Older Americans Act help keep older adults as independent as possible while staying active in their communities. Prior to the COVID-19 pandemic, federal funding decreased steadily between 2009 and 2019.²⁴ In 2020 and 2021, COVID-19 emergency funds led to the largest levels of funding in the Act's history.²⁴

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

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

STATE LEVEL

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

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

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

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

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

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

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

Guardianship - Services for individuals who are deemed 'incompetent'

REGIONAL LEVEL

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

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

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

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

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

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

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

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

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

OTHER SERVICES AND AGING ADVOCACY IN NORTH CAROLINA

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

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

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

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

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

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

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

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

NCIOM TASK FORCE ON HEALTHY AGING

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

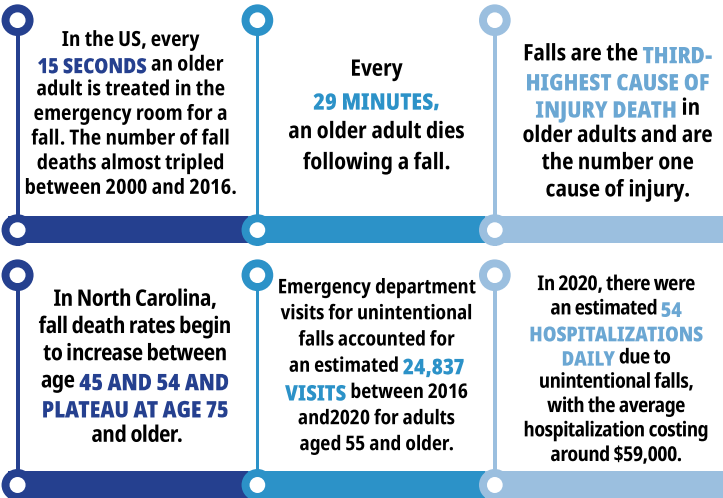
Through task force meetings and discussions with leading experts, it became evident that the four key areas are closely interconnected. For example, poor nutrition may lead to increased falls risk, and poor mobility issues may decrease an older adult’s ability to connect with others in their community.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

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

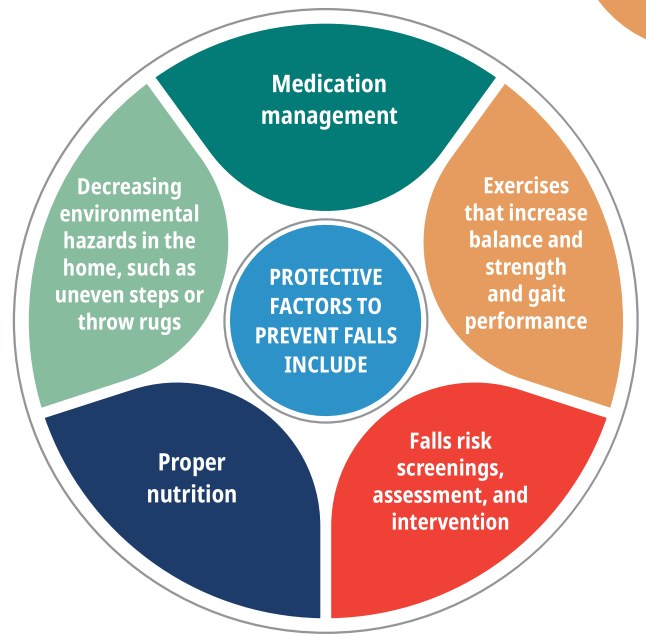


The following is a brief introduction to the four main topic areas that informed the task force discussions.

FALLS PREVENTION



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



Sources: National Institutes of Health. Falls and Fractures in Older Adults: Causes and Prevention. <https://www.nia.nih.gov/health/falls-and-fractures-older-adults-causes-and-prevention#steps>; CDC. Older Adult Fall Prevention. <https://www.cdc.gov/falls/programs/compendium.html>. CDC – Stopping Elderly Accidents, Deaths, & Injuries. <https://www.cdc.gov/steady/pdf/steady-factsheet-riskfactors-508.pdf>; Institute of Medicine (US) Division of Health Promotion and Disease Prevention; Berg RL, Cassells JS, editors. The Second Fifty Years: Promoting Health and Preventing Disability. Washington (DC): National Academies Press (US); 1992. 15, Falls in Older Persons: Risk Factors and Prevention. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK235613/>.

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

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

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

MOBILITY

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

Communities need to consider the mobility needs of their aging populations in both their planning decisions and their recommendations to state transportation bodies.⁴⁵ Some features of communities can make driving less safe for everyone, such as confusing signage and landscaping at the edges of driveways and corners that blocks views of the road. Driving allows older adults to participate in social interactions and complete independent activities. In 2020, there were almost 48 million older adults with an active driver's license in the United States, which is a 68% increase from 2000.⁴⁶ However, older adults may have reduced physical functions such as strength and range of motion that can impair driving.⁴⁷ The reduction or complete stopping of driving has been associated with decline in quality of life, increased social isolation, and depression.⁴⁸ In many areas, alternatives to personal vehicles are sparse and considered unacceptable or unusable to many older adults.⁴⁸ An estimated 39% of older adults in North Carolina live in a rural area, and the lack of public transportation as an alternative presents a barrier to mobility in many rural communities.⁴⁹

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

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



NUTRITION AND FOOD SECURITY

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

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

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

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

Carolina over \$140 million a year, or \$95 per person for those aged 65 and older, in direct medical spending.⁶⁴

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



SOCIAL ISOLATION

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

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

“ **LONELINESS** is the pain we feel when our social connections do not meet our needs. **SOCIAL ISOLATION** is the state of having a smaller number of social contacts, which may contribute to loneliness. ”

<https://www.who.int/teams/social-determinants-of-health/demographic-change-and-healthy-ageing/social-isolation-and-loneliness>

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

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

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



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

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

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

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

TASK FORCE ON HEALTHY AGING REPORT AND RECOMMENDATIONS

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

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

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

ICON KEY



FALLS PREVENTION



MOBILITY



NUTRITION/FOOD SECURITY



SOCIAL CONNECTIONS

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



Annette working on her art.

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

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

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

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

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

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

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



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