

CHAPTER 3

Promoting a Culture of
Aging Across the Lifespan



A LIFE COURSE PERSPECTIVE ON AGING

A life course perspective on aging recognizes that older adults are affected by the environments and stressors they experienced as children, adolescents, and young adults. This framework demonstrates that early exposures to physical, environmental, and psychosocial factors influence health in later life. It also recognizes that the children, adolescents, and young adults of the present are the older adults of the future.

These perspectives are used to understand the origins and persistence of health inequities, as well as their transmission between generations.¹ This framework recognizes that exposures and resources are not allocated equitably across race, ethnicity, social class, gender, sexual orientation, disability, and geography. In addition, research on the “weathering hypothesis” posits that cumulative stress over a person’s lifespan leads to accelerated aging (higher “biological age”), negative impact on body systems, early onset of chronic disease and disability, and increased mortality among people in marginalized groups.²



A “HEALTHY AGING” POLICY LENS

Policy implications of life course perspectives on health often focus on what people need during childhood, adolescence, and young adulthood to promote well-being and prevent disease, disability, and mortality in later life.^{3,4} However, while this is an important goal, it does not directly address the needs of older adults who are aging in their communities today. A “healthy aging” policy lens acknowledges that older adults are active members of their communities and seeks to understand the impact that policies may have on older adults and on the process of aging in the general population. Questions to consider include: How would these developments impact older adults presently? How would these developments impact families in the future as they age in place? What modifications can be made when designing cities or neighborhoods that take into account changing needs as community members age?

AGING, DISABILITY, AND FUNCTIONAL IMPAIRMENT

Older adults may experience functional limitations due to both the normal process of aging and acquired illness and disability over the life course. It is typical for some older adults to experience hearing and vision loss, reduced muscle strength and tone, changes in walking speed or mobility, immune dysfunction, and bladder changes.⁵ These normal changes may affect an older adult’s mobility or activities of daily living, and/or may increase their risk of falls and injury.⁶ It is also normal for adults over age 85 to experience minor cognitive changes like short-term memory loss, difficulty finding words, and increased processing time.⁷ Aging also increases one’s risk of developing chronic conditions or disabilities.

AGEISM AND HEALTH

Ageism refers to stereotyping, prejudice, and discriminatory actions or attitudes toward others due to chronological age.^{8,9} In interpersonal relationships, people may dismiss older adults’ perspectives or communicate with them via “elderspeak”—the use of oversimplified language, terms of endearment, and sing-song tones.¹⁰ In the workplace, ageism may include the refusal to hire, promote, or train an individual because of their age or the assumption that older adults don’t know or can’t learn how to use new technology. Ageism can have dire consequences for older adults’ health. For instance, one study found that experiences of everyday ageism increased US older adults’ risk for poor physical health, greater numbers of chronic conditions, poor mental health, and depression symptoms.¹¹ Further, health care professionals may not treat older adults’ pain, anxiety, or depression because they mistakenly assume that these symptoms are an inevitable part of aging, hampering patient quality of life.¹²

Challenging ageist beliefs and actions can dramatically improve how we age. People with a positive attitude toward aging live longer and healthier lives than those with a negative attitude.¹³ A study of adults over age 50 from the Harvard T.H. Chan School of Public Health found that those with high aging satisfaction had a 43% reduction in all-cause mortality over four years and a 23% increased likelihood of frequent physical activity.¹⁴ Additionally, this group had lower risk for diabetes, stroke, cancer, and heart disease. Positive self-perceptions of aging may also be associated with improved cognitive processing and executive functioning.¹⁵ Finally, older adults with positive self-perceptions of aging are more likely to engage in preventive behaviors like getting an annual physical exam and maintaining a balanced diet than those with negative self-perceptions of aging.¹⁶

A CULTURE OF HEALTHY AGING

Ageism and predominant culture’s general fear of aging have been described as “prejudice against our feared future selves.”¹⁷ This prejudice is often due to the incorrect assumption that aging inevitably results in reduced productivity, liveliness, and health. There are normal changes that occur in later adulthood, just as there are changes that occur throughout the entire life course. Policy and local planning for these changes can ensure that older adults are considered in the decisions that impact them and promote their full participation in public life. This chapter presents two recommendations and related strategies for doing that. Full text of all recommendations and strategies can also be found in Appendix A.

Recommendation 4 – Create a Community Culture that Supports Healthy Aging

Strategy 11 - Promote Aging in All Policies

Strategy 12 - Grow Age-Friendly Communities with Support from Local Government and Community-Based Organizations

Strategy 13 - Help Older Adults Improve or Maintain Their Physical Activity, Strength, Flexibility, and Balance

Recommendation 5 - Collaborate to Encourage Actions that Support Healthy Aging across the Lifespan

Strategy 14 - Dedicate Resources to Answering Important Research Questions and Developing Data on Aging Services

Strategy 15 - Address Cultural Stigmas of Aging

Strategy 16 - Ensure Legislative Attention to Aging Issues



Aging Her Way with a Dedication to Sports and Community



Karen (left) and her mother Jean (right)

Karen has embraced growing older and relishes using the wisdom she has gained to make life choices. As she has gotten older, she sees the benefits she has received from being active and taking care of herself throughout her life and feels that it allows her to “serve others and do the things I like to do.”

All her life, Karen has been active in sports. As a middle and high schooler, she played basketball for her school teams. She was the first player at her high school, male or female, to score 1,000 points. Now as an adult, she coaches and teaches at the local high school where she attended. Over the last 30 years, she has been a head or assistant coach for basketball, tennis, tee-ball, baseball, softball, and soccer. One colleague says of her, **“There may be no person more qualified to talk about healthy aging in our state than Karen, as she is a current and former athlete, coach, teacher, and fitness role model.”**

Her wealth of coaching experience led her to coach a women’s basketball team for the North Carolina Senior Games. In fact, her own mother competes on the basketball team she coaches. Unlike Karen, her mother Jean did not have the opportunity to play sports earlier in life; growing up in the segregated South, the schools for Black children were a long bus ride away from Jean’s rural community, making it impossible for her to play on the sports teams. One day Karen received a call from a friend to help fill in for a three on three basketball game to qualify some senior ladies for the Senior Games. Since she was going to be playing against senior ladies, Karen invited her mom to tag along. At that time Jean was 69 years old and instantly became a member of the Red Foxes Senior Games basketball program. It was her first time playing basketball and from that day, both Jean and Karen have been involved with the team. Karen couldn’t wait to move from coach to player once she turned 50. **“My students made fun of me because they said I was the only woman they knew who couldn’t wait to turn 50!”**

Basketball turned out to be great therapy to help Jean deal with depression at that time in her life. Karen credits it for both the physical activity and friendships it has provided. When the pandemic hit, it impacted all the women involved in the basketball group. For two years, there were no in-person sports events. But Karen says North Carolina Senior Games did a great job of creating opportunities for community by being creative with activities like basketball-shooting competitions among the teams.

The close-knit community where Karen and Jean live in Granite Falls, North Carolina, **“is a special community where everyone is family, not by blood, and they are a great support group.”** Her community, church family, and life experiences as a teacher and coach have shaped Karen’s view on aging. **“I can see the importance of taking care of yourself, not just physically, but mentally and spiritually. I have seen the importance of the support that you have around you when you are growing up. If you have young people around you that already act old, you will dread getting older. If you see people blossoming in their older age, it inspires and motivates you to take care of yourself.”**

Karen has been that inspiration to her high school marketing and career management students. They recently came out to see the seniors participate at the Senior Games track events. Always using a moment to teach, Karen says, **“They were so inspired and excited for the competitors. I turned that around to them and reminded them, you have to take care of yourself now and for years to come!”**

RECOMMENDATION 4

Create a Community Culture that Supports Healthy Aging

Individuals' perceptions of aging can impact their health as they age, and people with a positive outlook on aging are generally healthier than those with a negative outlook.¹⁸ In fact, one study suggests that those with positive self-perceptions of aging lived an average of 7.5 years longer than those with negative self-perceptions of aging. There are some actions that individuals can take to promote healthy aging, like staying physically and cognitively active, having regular medical check-ups, minimizing stress, and connecting with family, friends, or neighbors.¹⁹ Community resources and built environments can also facilitate one's ability to take these steps. Policies and interventions that apply an "aging in all policies" framework, develop age-friendly communities, and encourage physical activity can meet the needs of older adults and nurture a culture that improves how aging is perceived and supports healthy aging.

AGING IN ALL POLICIES

"Health in all policies" is defined as "a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas."²⁰ This framework recognizes that only 15-20% of human health and longevity can be attributed to care we receive in a medical setting.²¹ Far more of our health and longevity depends on the social, economic, and environmental factors, like safe and affordable housing, access to transportation, and freedom from air and water pollutants.

An "aging in all policies" approach would celebrate aging, recognize older adults as key members of their communities, consider impact of policy on the experiences of older adults, and include their perspectives in decision-making across policy areas. Key components for the implementation of "health in all policies" initiatives that may translate to "aging in all policies" include:

- Promotion of health, equity, and sustainability,
- Collaboration across sectors of society,
- Consideration of benefits for multiple (or all) partners,
- Engagement of those affected by policy, and
- Change to structures or procedures.²²

It is essential to involve older adults as active participants in policy and decision-making processes and provide authentic opportunities for their voices to be heard.

AGE-FRIENDLY COMMUNITIES

As our global and national population ages, organizations like the World Health Organization and AARP see the need to develop age-friendly countries, states, and communities.^{23,24} While these communities are diverse in their populations, needs, and available resources, age-friendly communities share "an expressed desire to create places that support older adults and their families better, and enable older people to remain more active, contributing members of their communities."²⁵ Age-friendly communities will help more older adults maintain health and well-being to age in place in their homes. The AARP Network of Age-Friendly States and Communities provides their members with these "8 Domains of Livability"—community features whose availability and quality influence the well-being

of older adults and people of all ages:

- Housing
- Outdoor spaces and buildings
- Transportation
- Civic participation and employment
- Communication and information
- Respect and social inclusion
- Social participation
- Health services and community supports²⁶

OPPORTUNITIES TO PROMOTE ACTIVITY AND STRENGTH

The United States Department of Health and Human Services recommends that older adults complete at least 150 minutes of moderate-intensity activity every week, muscle-strengthening exercises two days a week, and additional activities to improve balance.²⁷ Regular physical activity is associated with a higher quality of life, improved physical function, and a reduction in falls among older people, especially those with existing health conditions.²⁸ Despite these benefits, studies suggest that smaller proportions of older adults in the United States meet physical activity guidelines than those who are young and middle-aged.^{29,30}

There are many reasons to promote physical activity among older adults. At an individual level, physical inactivity may be associated with low mood and poor physical health.³¹ Additionally, men report higher levels of physical activity relative to women, and White older adults report more physical activity than Hispanic and Black adults, with a variety of community, environmental, and social factors contributing to this disparity.²⁹ Group exercise programs may be particularly motivating for older adults compared to solo activities.^{32,33} One's neighborhood and built environment may also facilitate physical activity. One study found that moderate-to-vigorous physical activity among older adults was positively associated with proximity to parks, and reported walking or cycling to errands was positively associated with proximity to private recreation facilities.³⁴



STRATEGY 11

Promote Aging in All Policies

The Office of the Governor and the North Carolina Department of Health and Human Services, in collaboration with organizations such as the UNC Institute of Government, the North Carolina Association of County Commissioners, the North Carolina Coalition on Aging, North Carolina Community College System, and AARP NC, should work together to educate policymakers at all levels on promoting an “Aging in All Policies” framework similar to “Health in All Policies.”

Desired Result – State policy development will include considerations of direct and indirect impacts of rules and laws on the health and well-being of older adults.

Why does the task force recommend this strategy? –

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 age 18.³⁵ Healthy aging is influenced by social, physical, and economic factors. State and local policies can have a direct impact on these factors, supporting and enhancing the ability of people to live independently in the community. Implementing evidence-based policies to promote the well-being of older adults can help to prolong older adult independence and reduce the likelihood of using expensive health care services.³⁶ An Aging in All Policies lens helps to consider impacts of policies on aging and older adults and promotes a common language across sectors, which can remove barriers to allow for more coordinated efforts to maintain older adult health and well-being. Having champions and leaders who can facilitate promotion of this approach will ensure that aging is embedded in all decision-making.

Context – The Health in All Policies framework is a collaborative approach that integrates health considerations into a broad array of policymaking across all sectors.³⁷ This collaborative approach is based on the links found between health challenges and societal structures, such as transportation, access to healthy food, and education.³⁸ This framework can be similarly applied as a lens to assess how policies support or negatively affect how people can maintain their health, well-being, and independence as they grow older.

In 2020, the United Nations General Assembly proclaimed 2021–2030 the decade of healthy aging with a global initiative to improve the lives of older adults.³⁹ As part of the initiative, proactive policies to ensure equitable aging are encouraged. With the assistance of a database of action plans for aging, tools and resources are provided to policymakers to inform them of updated policies to support aging populations.

How would this impact the health of older adults?



Policy that considers safe housing needs for older adults can help prevent in-home falls and other injuries.



Policy that promotes accessible walkways and transportation will allow older adults, as well as all other age groups, to continue to move around the community safely.



Policy that targets accessible nutritious food will improve the health of older adults.



Policy that encourages financial savings, accessible communities, availability and affordability of internet services, and supports for maintaining independence in the community will help older adults maintain or grow their social connections.

What is Health in All Policies and how does it apply to Aging in All Policies?

“The goal of Health in All Policies is to ensure that decision-makers are informed about the health, equity, and sustainability consequences of various policy options during the policy development process. A Health in All Policies approach identifies the ways in which decisions in multiple sectors affect health, and how better health can support the goals of these multiple sectors.”

The concept of Aging in All Policies proposes a similar approach to understanding how policy decisions may influence or impact how different groups experience the aging process and their ability to live independently in the community.

– American Public Health Association. *An Introduction to Health in All Policies.*
https://www.apha.org/-/media/Files/PDF/factsheets/HiAPGuide_4pager_FINAL.aspx

STRATEGY 12

Grow Age-Friendly Communities with Support from Local Government and Community-Based Organizations

- a. Local governments should support and fund the development of age-friendly communities by:
 - i. Working directly with community leaders and residents of communities to identify opportunities for intergenerational community connections; opportunities to celebrate aging and the contributions of older adults; and opportunities to maximize the experience, talents, and interests of older adults.
 - ii. Including perspectives and representation from older adults most affected, including older adults who represent the racial and economic diversity of communities and advocates for people with disabilities, in aging planning processes.
 - iii. Ensuring a “healthy aging ambassador” is responsible for applying the “Aging in All Policies” approach to county- and municipal-level policymaking, planning, and program development.
- b. AARP NC, the North Carolina Department of Health and Human Services, Hometown Strong, and the UNC School of Government, and other units of the UNC system should collaborate to:
 - i. Develop educational opportunities for local government officials—especially city, county, and regional planners—to learn about the “Aging in All Policies” framework and best practices in age-friendly community development with considerations for issues such as pedestrian safety, transportation, zoning, etc.
 - ii. Identify an entity to host a learning collaborative of communities working to be designated as age-friendly to discuss best practices, lessons learned, and opportunities for sharing their experiences with other communities interested in becoming age-friendly.
 - iii. Identify funding needs and potential sources of funding for this work.

Desired Result – North Carolina communities will be places where everyone has access to infrastructure and services to make healthy aging at home possible.

Why does the task force recommend this strategy? – Policy and infrastructure at the community level are key determining factors in whether older adults can age in their homes and still have access to the things they need to maintain their health and well-being. Access to transportation, physical activity, and social connections are just some of the features of a community that can impact how a person can safely age at home. Community leaders set policies and priorities that can create an age-friendly culture and environment.

Context – As of August 2023, the state of North Carolina, eight counties, and eight cities are members of the AARP Network of Age-Friendly States and Communities.⁴⁰ The elected leadership of these communities have committed to “actively work toward making their town, city, county or state a great place to live for people of all ages.”⁴¹ Counties and cities that are part of the network develop an action plan based on community surveys identifying needs within the 8 Domains of Livability: 1) Housing, 2) Outdoor Spaces and Buildings, 3) Transportation, 4) Civic Participation and Employment, 5) Communication and Information, 6) Respect and Social Inclusion, 7) Social Participation, and 8) Health Services and Community Support (See Figure 1, Page 15).²⁶

The Blue Zones Project is another initiative that is working to make communities better places for everyone to age. Brevard, North Carolina, has participated in this project. Based on research about the places in the world where people live the longest and experience health into older age, this model focuses on supporting nine lifestyle habits related to belonging, eating wisely, physical movement, and outlook on life.⁴² According to the Blue Zones Project, this translates into “improv[ing] or optimiz[ing] city streets (smoking policies, bike lanes, sidewalks), public spaces (parks, lakes, walking paths), schools (cafeterias, safe walking paths to school), restaurants, grocery stores, employers, faith-based organizations, and community involvement.”⁴³

“Healthy Aging Ambassador”

The concept of a “healthy aging ambassador” was supported by the task force to encourage communities to identify an individual or group that could be accountable for applying the “Aging in All Policies” lens on the local level (See Strategy 11, Page 59). This role may already exist in some places and would

naturally look different depending on local needs and structures. This role would be responsible for increasing awareness and action toward developing an age-friendly community and would be connected to the community members, aging services providers, and community-based organizations that can represent the perspectives and needs of older adults.

Partners

Two of the partners identified in this strategy are Hometown Strong and the UNC Chapel Hill School of Government. These organizations serve important statewide leadership roles for North Carolina communities.

First, Hometown Strong’s mission is to “empower rural communities by providing resources and support to improve the quality of life for residents.... [through] economic development, education, healthcare, and community engagement.”⁴⁴ Like the aging initiatives discussed above, Hometown Strong “work[s] closely with local leaders and organizations to identify the specific needs of each community and develop customized solutions.” One of its priorities is Age My Way NC, a “collaborative effort between the State of North Carolina and AARP NC to help identify priorities for making our neighborhoods, towns, cities, and rural areas great places for people of all ages.”

Second, the UNC Chapel Hill School of Government is home to the Center for Public Leadership and Governance, which “equips public officials with the knowledge and skills they need to lead and govern their organizations and communities.”⁴⁵ The center offers dozens of courses for public officials to learn about their role, best practices, and leadership techniques.⁴⁶ This direct connection with North Carolina’s local public officials is a potential resource to connect those leaders with education about developing age-friendly communities.

How would this impact the health of older adults?



Local leadership and community engagement to create age-friendly culture, policies, and infrastructure will help older adults have access to the housing, transportation, food, social connections, and other resources they need to retain their health and well-being.

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 Buncombe, Orange, Durham, Forsyth, Lenoir, Mecklenburg, and Wake, counties. <https://states.aarp.org/north-carolina/governor-roy-cooper-commits-the-state-to-improvements-that-benefit-all-ages>. See Chapter 1, Page 15 for more information about the AARP Network of Age-Friendly States and Communities.



STRATEGY 13

Help Older Adults Improve or Maintain Their Physical Activity, Strength, Flexibility, and Balance

Local parks and recreation departments should convene and partner with senior centers, local health departments, Senior Games, faith-based organizations, other community activity organizations (e.g., YMCAs), local business representatives, health care payers, local planning entities, Senior Health Insurance Information Programs (SHIIP), and SNAP-Ed-implementing agencies to:

- a. Learn from and engage with older adult community members about their preferences and needs for activities to improve or maintain their physical activity and strength.
- b. Identify and increase implementation and use of programs and services to encourage physical activity and the maintenance of strength across different levels of physical ability among older adults, including evidence-based fall-prevention programs. This work should include an examination of how accessible and welcoming programs are for different groups within the community based on income, race, ethnicity, and physical and sensory disability status.
- c. Identify safety concerns and access considerations for older adults to engage in physical activity in the community (e.g., community safety, access to sidewalks, fall risks on streets and sidewalks, indoor and outdoor activity options, and virtual exercise programs) and partner with local government leaders and planners to develop options to address concerns.

Desired Result – Overall physical strength and capacity of older adults will be increased.

Why does the task force recommend this strategy? – Physical activity encompasses a range of activities, such as aerobic exercise, strength training, yoga, and balance development. According to the Centers for Disease Control and Prevention (CDC), adults aged 65 and older should engage in at least 150 minutes a week of moderate-intensity activities, such as walking, and two days a week of strength training.⁴⁷ Regular physical activity can decrease the risk of falls and prevent or delay many health issues, such as heart disease and some types of cancer, as well reducing symptoms of depression.^{48,49}

As adults age, they face the potential loss of strength, endurance, and balance; regular physical activity can help prevent and manage these experiences as well as disease. Physical activity programs and facilities for older adults should account for the preferences and physiological changes that older adults may have.

Context – While physical activity is an important component of maintaining health for older adults, it can be a challenge to achieve. According to America's Health Rankings:

- 19% of North Carolinians aged 65 and older say that they have met federal physical activity guidelines in the past 30 days.^{B,50}
- 28% of North Carolinians aged 65 and older say that they have done no physical activity or exercise other than their regular job in the past 30 days.⁵¹

Community Leadership in Physical Activity

Local parks play a significant role in physical activity within a community. People with access to parks and trails tend to walk and engage in more physical activity than those with limited access.⁵² Recreation departments and YMCAs can offer indoor facilities that provide a dedicated space for a variety of affordable physical activities. Local parks and recreation centers can provide the physical spaces for special programs like Senior Games, a year-round health promotion program for adults aged 50 years and older to compete in sports and arts categories.

Faith-based organizations serve as a source of trust and social support for many older adults. Partnering with local parks and recreation centers and YMCAs would allow these organizations to serve as connectors for those who may not otherwise have access to facilities or fitness education.

SNAP-Ed, which provides nutrition education related to Food and Nutrition Services (also known as Supplemental Nutrition Assistance Program [SNAP]), takes the form of many different programs in North Carolina. For example, the North Carolina Nutrition Education Program offers education on a healthy diet, obesity prevention, and physical activity education.⁵³ Partnering with local parks and recreation centers will allow for a space to educate older adults on physical activities and nutrition best suited for their health.

Understanding Older Adult Preferences for Physical Activity

Engaging older adults in activities that they prefer raises the likelihood of continued physical activity.^{54,55} An evaluation of many research articles on older adult physical activity preferences noted that walking was the preferred method. Other preferred modes of activity were swimming or aqua fitness, aerobic activities, gardening, and dancing. The study noted variability in the preferred social context (i.e., solitary or group setting) for exercise depending on age. However, the authors identified a significant limitation in the available research: much of the research base on this topic focused on White female populations. This emphasizes the need to engage a representative group of community members to understand the variety of preferences that different parts of the population may have for physical activity options depending on age, income, race, ethnicity, and disability status.

Safety and Accessibility of Exercise Programming

Individuals who lead exercise classes and programs for older adults need an understanding of the specific health and safety needs of this population; for example, the necessity of maintaining coordination, balance, and strength to prevent injuries, such as those that occur from falls.⁵⁶ There are several organizations that provide this certification, such as the National Academy of Sports Medicine.

^B Federal physical activity guidelines are 150 minutes of moderate or 75 minutes of vigorous aerobic activity and two days of muscle strengthening per week. https://www.americashealthrankings.org/explore/measures/exercise_sr

Aging is heterogeneous, with older adults experiencing a multitude of levels of capability. The accessibility of programming is integral to success and properly trained instructors can contribute to program safety by implementing tools such as a chair to maintain balance and maximize the abilities of a wide range of older adults.

In addition, with higher temperatures becoming more common, especially in summer months, access to indoor exercise spaces is an important consideration. Hot weather can pose risks to all people and older adults are at greater risks, particularly those with pre-existing health conditions.⁵⁷ Exercising in cooler spaces is a safer option during particularly hot days.

How would this impact the health of older adults?



People who engage in physical activity to maintain their strength and flexibility have a reduced risk of falling.



Increased physical activity provides the ability to have increased mobility in the community.



Nutrition education services can help older adults understand their unique nutrition needs.



Group exercises can provide social connections.



RECOMMENDATION 5

Collaborate to Encourage Actions that Support Healthy Aging Across the Lifespan

Key components of the Health in All Policies framework can be applied to an Aging in All Policies approach to healthy aging – notably efforts to develop a multisectoral and inclusive approach to policy and program decision-making. These collaborations may include agencies beyond health or aging advocacy organizations. For example, universities and community colleges, schools, recreation and arts departments, and local government offices can provide valuable insight and resources related to meeting aging policy goals. Rather than siloing aging initiatives, it is important to integrate healthy aging and the perspectives of older adults into research, policy, and programmatic goals. This approach emphasizes the need for multisectoral partnerships and intergenerational interactions.

Intergenerational and multisectoral collaboration can also address cultural stigma toward aging and older adults in predominant culture. Professional, recreational, and volunteering opportunities that connect people of all ages can show young

people positive images of aging as they interact with older adults who are productive, athletic, creative, and active in their communities. Additionally, intergenerational relationships have been shown to provide older adults with empowerment and a sense of meaning. It is important to note that many cultural and ethnic groups within our state already hold the values of respect, inclusion, and dignity for older adults. These communities and groups can be looked to as a source of best practice and learning for others committed to this work.

Dedicated legislative attention and resources are needed to support healthy aging in our state. With a wide variety of important issues to address, an intentional focus on aging-related topics is needed in both the North Carolina House and Senate committee structure. A greater focus on these topics would help to address pressing issues and resource needs in a timely manner and encourage consideration of how policy actions today will affect future older adults in the state.

STRATEGY 14

Dedicate Resources to Answering Important Research Questions and Developing Data on Aging Services

- a. The University of North Carolina (UNC) System General Administration and North Carolina Community College System should undertake or arrange for a study that includes:
 - i. Identification of existing Gerontology and Geriatric Medicine programs, curricula, and resources on campuses across the UNC and Community College systems;
 - ii. Assessment of the adequacy of the existing programs and curricula and the interaction of these programs across the systems; and
 - iii. Recommendations for enhancing research, education, training, and continuing education to respond to North Carolina's aging demographic, promote healthy aging, and address the workforce needs in serving an aging population.
- b. The North Carolina Division of Aging and Adult Services and aging partners should evaluate the outcomes and lessons learned from the additional funding for aging services programs that was available through the American Rescue Plan Act and identify:
 - i. Innovations and programs that should warrant state support,
 - ii. Opportunities to sustain effective programs and whether this requires modification of existing state policies and rules, and
 - iii. The most relevant and accessible outcome measures that can be collected from these programs to facilitate their continued support.

Desired Result – An increase in available training for older adult services, translation of research to assist in enhancing aging policies and programs, and sustained resources for effective programs.

Why does the task force recommend this strategy? – 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 age 18.³⁵ With the growth in the older adult population, there will be increased need for and use of health care and older adult services and programs. These programs are administered and managed by individuals with specialized knowledge of the needs of older adults and family caregivers. University and community college academic programs in gerontology or aging services can help prepare the next generation of workers for filling these roles. However, work is needed to identify where these programs already exist, the adequacy of curricula to meet future needs, and gaps that should be filled.

The American Rescue Plan Act (ARPA) of 2021 is a federal law that was passed to provide relief, contain COVID-19, and help the economy. In administering these funds, the North Carolina Division of Aging and Adult Services (DAAS) focused on service innovation in supportive services, nutrition, health promotion, and family caregiver support services. There was also a push to strengthen staff capacity and address workforce issues. However, the issue of sustainability of these enhanced services is a critical question, as these federal funds sunset in 2024. An evaluation of the outcomes from the enhanced services and potential savings they contributed to the state can help to identify where limited resources should be targeted or additional resources are needed for sustainability. This type of evaluative research is an example of why and how the academic community can work together with state, regional, and local entities toward maximizing use of resources for the well-being of older adults and their family caregivers.

Context -

Gerontology and Geriatrician Education

Gerontology is the study of the aging process and includes the physical, mental, and social changes in people as they age. It also entails the application of these changes and the changes in society to policies and social programs. **Geriatrics** is a type of medical science that deals with the prevention and treatment of diseases in older adults; it is a field in the broader scope of gerontology.

Within North Carolina, there are several bachelor's and master's level degrees in gerontology. For example, UNC-Greensboro offers a Master of Science degree as a fully online graduate program and UNC-Charlotte offers a graduate certificate program designed to provide supplementary graduate education. Winston-Salem State University offers a Bachelor of Arts degree, Barton College offers a Bachelor of Science, and Wake Tech offers an Associate in Applied Science. For geriatrician programs, UNC-Chapel Hill and Duke offer a geriatric medicine fellowship, a medical residency, and opportunities for medical students to experience the field of geriatrics. East Carolina University College of Nursing offers geriatric health programs for both undergraduate and graduate nurses. As of 2021, there were 301 physicians with a geriatrics specialty in North Carolina, down from 309 in 2013.⁵⁸ Nearly half of the counties in the state do not have a physician with this specialty.⁵⁸

However, there are gaps in the education provided. Much of the research around older adult care has been reported to be insufficient in addressing special needs of older adults who experience homelessness, who are LGBTQIA+, or have been formerly incarcerated.⁵⁹ This is echoed in the curricula, which has no standardization in geriatric medicine to include health inequities.⁵⁹

ARPA Funds and Aging Services

The American Rescue Plan Act (ARPA) authorized more than \$8.8 billion in state and local recovery funds to North Carolina. This included more than \$2 billion in appropriations to all 100 counties combined.⁶⁰ The North Carolina Department of Health and Human Services (NCDHHS) was a recipient of ARPA funds and used them to strengthen existing programs and invest in new ones.⁶¹ For example, \$11 million was provided to promote and support aging in place, with funds supporting repairs and improvements to housing to enhance safety, mobility, and independence for older adults.⁶¹ NCDHHS was given \$2 million to establish intergenerational programming by connecting children with low-income older adults experiencing social isolation.⁶¹ NCDHHS also received funding for three projects to increase food access to older adults, including the Pilot Discharge Project, which evaluated the effectiveness of providing 1,000 high-risk older adults with healthy meals for two weeks after a hospital discharge to help reduce hospital readmissions.⁶² In addition, the federal Administration for Community Living provided \$43 million in grants to North Carolina, funded through ARPA.⁶³ This grant was to help provide nutrition services, help older adults connect with others to reduce social isolation, and re-open senior centers. DAAS worked with Area Agencies on Aging to develop "ARPA funding service plans" that included a list of service codes that would not have been allowed under the traditional Home and Community Care Block Grant program, such as shopping and errand services and enhanced chore services like yard work.

The public health emergency funds for benefits such as food stamps ended March 2023. The effects of the ending of these emergency allotments have yet to be measured.

How would this impact the health of older adults?

Overall, an adequate supply of aging services and geriatrician workforce will help to support older adults while identifying needs and services related to falls, mobility, nutrition, and social connections.



Funds provided an opportunity to improve housing to support safety and falls prevention.



Mobility enhancements, such as more accessible transportation, can be maintained with sustained funding.



Sustained funding will provide more nutritious meals through programs like congregate meals.



Grants through ARPA funds allowed older adults to reconnect with peers and connect intergenerationally.

C A North Carolina Division of Aging and Adult Services administrator reported in a presentation to the NCIOM Task Force on Healthy Aging that \$43 million in ARPA funds were designated for Home and Community-Based Services (HCBS). Prior to that, \$24.6 million from the federal Coronavirus Aid, Relief, and Economic Security Act of 2020 was designated for HCBS in North Carolina.



STRATEGY 15

Address Cultural Stigmas of Aging

State and local agencies and partners should increase opportunities for intergenerational community interactions by:

- a. Redeveloping/growing programs like Senior Education Corps, AmeriCorps Seniors (Foster Grandparent and other programs), AARP Foundation Experience Corps, and NC Education Corps.
- b. Pursuing philanthropic support for resources/collaboratives to help parks and recreation, arts, Senior Games/Silver Arts, cooperative extensions, senior centers, schools, libraries, faith-based partners, etc., to develop intergenerational programming.

Desired Result – Create mutually beneficial experiences that address the social needs of older adults and members of younger generations and increase social connections.

Why does the task force recommend this strategy? –

Intergenerational community interaction is characterized by meaningful contact between older adults and younger people. These interactions allow both age groups the chance to experience relationships that can reduce social isolation and combat ageism, which refers to a negative aging stereotype that includes discriminatory actions and attitudes toward older adults.⁶⁴ With an intergenerational approach through programs like the Senior Education Corps and AmeriCorps Seniors Foster Grandparent programs, the needs and interests of both generations can be engaged. Intergenerational integration can enhance mutual understanding and contribute to feelings of belonging to a wider community.⁶⁵ The intergenerational framework values the unique contributions of each generation while respecting the interdependence of the involved groups.

Context – Intergenerational interactions have positive effects on all parties involved:

- For younger generations, relationships with older adults can improve perceptions of aging (i.e., reduce ageism), increase the likelihood that they seek advice from older adults, improve prosocial behavior, increase volunteerism, and improve attitudes about school and the future.⁶⁶
- For older generations, relationships with younger generations can improve physical activity and function, increase social interactions, improve executive function and memory, and decrease experiences of depression.⁶⁷

Examples of Intergenerational Programming and Opportunities

The AARP Foundation Experience Corps is a community-based volunteer program that focuses on students, schools, and older adult volunteers. As an evidence-based intervention, the model tracks both student and volunteer outcomes; for example, evaluation of Social-Emotional Learning outcomes of students in the program found significant improvements personal responsibility, relationship skills, and decision-making, while volunteers felt helpful, more active, and like they had accomplished something.^{68,69} In addition, volunteers experiences improved executive function and memory.⁷⁰

The North Carolina Division of Aging and Adult Services offers intergenerational programming through its senior centers, though there is no requirement to do so, nor is there an accessible list of the facilities that offer these programs. Incorporating intergenerational practices into current programming can respond to community needs and offer a wider range of resources for both older and younger adults.

The Home and Community Care Block Grant (HCCBG) regulations allow for the use of grant funds for public services activities such as programming for older adults and educational programs; the HCCBG can cover the cost of operations and maintaining the facility in which the programming takes place.⁷¹

How would this impact the health of older adults?



Instructing youth about normal aging and tips to prevent falls can enhance the safety of intergenerational households.



Older adults who participate in intergenerational programs have been shown to sustain physical function and strength.



Intergenerational programming focused around nutritious meals, sharing of recipes, and cooking can benefit youth and older adults.



Older adults who make connections with members of younger generations improve their social connectedness.

“ [For older adults] it is their developmental stage of life that provides them with experiences, skills, and abilities that are especially well suited for addressing the growing needs of young people, skills, and abilities that are underutilized and undervalued. ”

- Carr DC and Gunderson JA. *The Third Age of Life: Leveraging the Mutual Benefits of Intergenerational Engagement*

“ AmeriCorps training prepared me to tutor elementary grade students struggling with reading and writing. The youngsters I worked with were all bilingual, but I am not. Because of this difference, we had valuable things to teach each other. This experience was one of my most fulfilling service moments over the years. The emotional reward to witness students gaining confidence and pride is indescribable. ”

- AmeriCorps Seniors volunteer, <https://americorps.gov/stories/halsy-taylor-0>

STRATEGY 16

Ensure Legislative Attention to Aging Issues

- a. The North Carolina General Assembly should ensure that legislative committee structures promote discussion and review of policy that impacts older adults, family caregivers, and aging across the lifespan.
- b. The North Carolina Division of Aging and Adult Services, in collaboration with AARP NC and the North Carolina Coalition on Aging, should convene an annual meeting of representatives from state agencies and statewide organizations involved in aging issues (e.g., Division of Public Health, Division of Services for the Blind, Division of Services for the Deaf and Hard of Hearing, Department of Commerce, Department of Transportation), the Office of the Governor, Governor's Advisory Council on Aging, North Carolina Senior Tar Heel Legislature, NC Association on Aging, NC Association of Area Agencies on Aging, NC Association of County Commissioners, UNC-Asheville Center for Health and Wellness, Disability Rights NC, NC Housing Coalition, NC Falls Prevention Coalition, Senior Health Insurance Information Programs (SHIIP), Meals on Wheels North Carolina, and others as identified to discuss priorities and identify opportunities for alignment of goals and activities.

Desired Result – There will be state-level coordinated attention, urgency, and action to address the needs of the population as it ages.

Why does the task force recommend this strategy? – Given the growing older adult population and the urgent issues facing this population, the task force wants to ensure that the legislative committee structure is adequate to provide the attention and action needed to meet modern and future needs. Likewise, the task force wants to encourage ongoing discussion and collaboration among sectors and entities that are engaged in activities to meet the needs of older adults and their families. Ongoing discussion and collaboration will help to decrease overlapping efforts, align energy and limited resources, and identify gaps. This strategy is one way to carry out activities identified in Strategy 11 - Promote Aging in All Policies related to supporting an "aging in all policies" lens.

Context

General Assembly Legislative Committees

House and Senate committees within the North Carolina General Assembly are tasked with studying legislative bills that are assigned by chamber leadership. Committee structure is determined at the beginning of a biennium in the rules for each chamber and is essentially the same for each session. In the House the Families, Children, and Aging Policy Committee has responsibility for reviewing age-related legislation, while in the Senate this responsibility lies with the Pensions and Retirement and Aging Committee.^{72,73} Each committee is chaired by two legislators and has membership from the Democratic and Republican parties.

Common practice in recent history is for bills that are passed out of a House or Senate committee to then go to the respective Rules Committee in the chamber for review before going to the floor for vote.

Statewide Aging Organizations

Many statewide organizations are committed to advocating for or addressing the needs of older adults. The list presented in Strategy 16b is not exhaustive but represents organizations and agencies that should "discuss priorities and identify opportunities for alignment." These organizations and agencies include:

- **North Carolina Division of Aging and Adult Services** - This division is housed within the Department of Health and Human Services and "works to promote the independence and enhance the dignity of North Carolina's older adults, persons with disabilities and their families through a community based system of opportunities, services, benefits and protections."
- **AARP NC** – 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."
- **North Carolina Coalition on Aging** – Statewide organization with a mission to "improve the quality of life for older adults through collective advocacy, education, and public policy work."
- **Department of Transportation** – The mission of this department within state government is "connecting people, products and places safely and efficiently with customer focus, accountability and environmental sensitivity to enhance the economy and vitality of North Carolina."
- **Division of Public Health** - This division is housed within the Department of Health and Human Services and "works to promote and contribute to the highest possible level of health for the people of North Carolina."
- **Division of Services for the Blind** - This division is housed within the Department of Health and Human Services and "provides services to people who are visually impaired, blind and deaf-blind to help them reach their goals of independence and employment."
- **Division of Services for the Deaf and Hard of Hearing** - This division is housed within the Department of Health and Human Services and "works to ensure that all Deaf, Hard of Hearing, or DeafBlind North Carolinians have the ability to communicate their needs and to receive information easily and effectively in all aspects of their lives, especially their health and well-being."
- **Department of Commerce** – This department's mission is to "improve the economic well-being and quality of life for all North Carolinians."
- **Office of the Governor** – This office represents the North Carolina governor's initiatives and priorities.
- **Governor's Advisory Council on Aging** – This council 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."
- **North Carolina Senior Tar Heel Legislature** - This is a nonpartisan body with representatives from each county 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."
- **NC Association on Aging** – This is a statewide organization that "represent[s] community-based service providers in the North Carolina aging network."
- **NC Association of Area Agencies on Aging** – This is a statewide organization with the mission to "build capacity and coordinate the activities of the 16 Area Agencies on Aging (AAAs) in North Carolina."



- **UNC-Asheville Center for Health and Wellness** – This organization’s mission is to “develop healthy North Carolina communities with equitable opportunities, with a particular focus on addressing health disparities in the prevention and treatment of chronic health conditions.”
- **NC Association of County Commissioners** – This association is the “official voice of all 100 counties on issues considered by the General Assembly, Congress and federal and state agencies,” and provides expertise and training on advocacy, research, risk management, and leadership.
- **NC Housing Coalition** – This is a statewide organization that is “leading a movement to ensure that every North Carolinian has a home in which to live with dignity and opportunity.”
- **Disability Rights NC** – This is a legal advocacy agency with the mission to advance and defend the rights of people with disabilities in North Carolina.
- **NC Falls Prevention Coalition** – This coalition “works to reduce the number of injuries and deaths from falls among adults” through a variety of methods, including “maintain[ing] a statewide structure to coordinate falls reduction efforts.”
- **Senior Health Insurance Information Programs (SHIIP)** – These programs “counsel Medicare beneficiaries and caregivers about Medicare, Medicare supplements, Medicare Advantage, Medicare Part D, and long-term care insurance.”
- **Meals on Wheels North Carolina** – This is a statewide organization that “serves as the principal advocate and leadership organization for Meals on Wheels and Congregate Nutrition providers in the state.”

How would this impact the health of older adults?



Statewide attention and coordinated action will create the best opportunity to meet the needs of older adults through policies and programs that support safe and affordable housing, access to transportation, adequate nutrition, and opportunities for social connection and civic engagement.

ADDITIONAL RESOURCES:

Strategy 11 - Promote Aging in All Policies

- [Health in All Policies: A Guide for State and Local Governments](#)
- [Planning for Aging Societies](#)
- [The Healthy Ageing Collaborative](#)

Strategy 12 - Grow Age-Friendly Communities with Support from Local Government and Community-Based Organizations

- [AARP Network of Age-Friendly States and Communities](#)
- [Blue Zones Project](#)
- [Hometown Strong](#)
- [UNC Chapel Hill School of Government – Center for Public Leadership and Governance](#)
- [Socially Connected Communities – Solutions for Social Isolation](#)

Strategy 13 - Help Older Adults Improve or Maintain Their Physical Activity and Strength

- [North Carolina Parks & Recreation](#)
- [North Carolina Senior Games](#)
- [CDC physical activity for older adults](#)
- [SNAP Education](#)
- [North Carolina Alliance of YMCAs](#)

Strategy 14 - Dedicate Resources to Answering Important Research Questions and Developing Data on Aging Services

- [NC ARPA funding](#)
- [UNC School of Medicine Division of Geriatric Medicine](#)
- [NC Community College System](#)

Strategy 15 – Address Cultural Stigmas of Aging

- [National Center to Reframe Aging](#)
- [AmeriCorps Seniors](#)
- [Operation Polaris 2.0](#)
- [NCDHHS Senior Centers](#)
- [Generations United](#)



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