NCIOM

CHAPTER 4

Community Services and Programs that Support Aging in Place

COMMUNITY SERVICES FOR AGING IN PLACE

There is a diverse array of experiences when it comes to aging. Some older adults may retire, reduce their working hours, or change careers. Others may begin their life as "empty nesters"—couples or individuals who live alone after raising children. Some may dedicate their time to lifelong interests and hobbies, and others may pursue brand new endeavors. Others take on family caregiving responsibilities. A common thread among many older adults, however, is the desire to stay in their homes or communities for as long as possible.[1,2]

The US Centers for Disease Control and Prevention (CDC) defines "aging in place" as "the ability to live in one's own home and community safely, independently, and comfortably, regardless of age, income, or ability level." Aging in place can positively impact both older adults and their communities. Older adults associate staying in their homes with autonomy, independence, identity, and connection.[3,4] By staying in their communities, older adults are also able to participate in organizations, volunteer their time for important causes, contribute to the local economy, and exchange social support with community members of all ages.[5]

Many community services and programs already exist to meet the needs of older adults. However, funding for programs is limited and awareness of their availability can be a challenge for getting services to people who need them. As we strive to support our aging population, it is important to strengthen existing services and programs while further integrating aging into public health and health care. This chapter presents three recommendations and related strategies for doing that:

Recommendation 6 - Strengthen Existing Programs and Services

Strategy 17 - Strengthen North Carolina's Local Senior Centers

Strategy 18 - Increase Access to the Program of All-Inclusive Care for the Elderly (PACE)

Strategy 19 - Increase Knowledge about and Prevalence of Current Programs and Supports

Strategy 20 - Conduct Research and Evaluation on Current Programs to Increase Access to Services

Strategy 21 - Increase and Modernize the Home and Community Care Block Grant

Strategy 22 - Strengthen Adult Protective Services

Recommendation 7 - Include Aging in Local Public Health & Hospital Community Health Assessments

Strategy 23 - Ensure Integration of Age-Related Issues in Community Health Assessments and Action Planning

Recommendation 8 - Connect Health Care with Aging Issues

Strategy 24 - Identify and Address Health Issues Related to Getting Adequate Nutrition

Strategy 25 - Use Screening and Assessments to Identify Issues of Falls Risk, Fitness to Drive, and Social Isolation

Aging His Way with a Dedication to Health and Leadership

Corbin exercising

Corbin is a community leader who strives to care for his health so he can be there for his family. Growing up as the son of older parents, he saw them experience poor health later in life, which he says has given him "an appreciation of ***controlling the things I can control like diet, exercise, and sleep***." As he turns 54, his drive to stay healthy has "clicked into a different level."

His family's extensive service in the military—Corbin himself is a former Marine—has played a part in his drive to be at his best. About a year ago he started lifting weights and now does so six days a week. He says, "***It's so much fun! Even at an age where I don't know if I'm sore or if it's arthritis.***"

Corbin's drive to stay physically active and healthy motivates and encourages other people. He served as Vice Chairman of the Lumbee Tribe in Pembroke, North Carolina, from 2017 to 2023. His time in leadership was filled with immense challenges for the community as they experienced Hurricanes Matthew and Florence and the COVID-19 pandemic. During those times he saw many tribal members displaced from their homes without transportation, shelter, or food. Other tribal members stepped in to fill needs, and partnerships were developed to provide services. Even with all those efforts, he saw people falling through the cracks. Although he sometimes wonders what more he could have done, he has realized that even if one person can't solve every problem, "***if you can improve things or make people aware of what is available, then you have done good work.***"

Corbin's experiences leading through disaster emphasized the importance of understanding a community's culture to meet their needs. "Transportation was one of the huge issues we saw in those times. Our folks are different. In terms of leaving home, our seniors don't want to go stay at a hotel for a week or two even if it is what they need medically or for safety reasons." He has also learned how the trauma of experiencing a natural disaster can have a lasting impact. "***All it takes is a good solid rain and your mind goes back to those hurricanes***. If it happens for me, I can only imagine small children and senior citizens, what goes through their mind."

Now he is thinking about the next generation—how he can be there for them and teach them. His two adult sons have been a blessing to him. Thinking about them, Corbin says, "I'm not a grandfather yet, but I would like to be. When I am, I want to be able to enjoy that. I owe it to my grandchild to be the best version of myself." He remembers many years of helping his mother, who used a walker, with trips in and out of the hospital and how it was tough on her knowing she wanted to be a healthier version of herself.

Corbin continues to follow his goal to strive for his best and support others in doing the same. In addition to lifting weights, he teaches Sunday school to teenagers. To continue to identify with young people and lead them, he "***always tries to get involved in whatever they're doing—swimming, biking, running a 5k***." Although he sometimes wonders if it's time to be more careful, he has "***realized they don't see me as that person who needs to walk away yet***." He also competes in many events in the Senior Games and has won 15 medals this year in basketball, swimming, track and field, football, softball, basketball, bocci, and pool.

Being a part of the Senior Games has been an inspiring experience for Corbin. At his first competition he watched two women in their 90s run the 100-yard dash. "Watching them, it was the most fun and so exciting. ***That day, it changed for me. Yes, I want to win, but I really want to watch everyone else***."

RECOMMENDATION 6

Strengthen Existing Programs and Services

As North Carolina's aging population continues to grow, it becomes imperative to adapt and bolster existing programs and services to meet the needs of older adults. While federal, state, and local programs for older adults have existed for decades, the aging population, and their needs, have evolved over time. Between 2020 and 2040, the proportion of the North Carolina population aged 65 and older is projected to increase from 17% to 21%. Many older adults, especially those residing in rural or underserved areas, may not have access to vital services, or they may be unaware of the availability of services. Additionally, barriers such as financial constraints, social isolation, geographic limitations, physical or sensory disability, and availability of technology can hinder access to theses essential services. Hence, enhancing the knowledge of existing programs and making necessary modifications and investments is crucial to promoting health aging.

AGING SERVICES IN NORTH CAROLINA

Many existing programs in our state provide services to help older adults remain independent. Across 95 of 100 counties in North Carolina, there around 170 senior centers.[6] 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.[A]

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 who need access to food.

Programs such as adult day programs, the Program for All-Inclusive Care for the Elderly (PACE), the Centers for Independent Living North Carolina Statewide Independent Living Council, State/County Special Assistance In-Home Program for Adults, and home modification 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.

The strategies to achieve ***Recommendation #6 – Strengthen Existing Programs and Services***, call on ways to sustain and enhance programs that are already serving many North Carolinians, particularly to meet the needs of those who are not currently reached.

A Individual and group services vary by senior center location.

STRATEGY 17

Strengthen North Carolina's Local Senior Centers

a. The North Carolina General Assembly should strengthen the skill and ability of senior centers to provide vital social connections, activities, exercise, and other programs integral to the lives of older adults and their families by:

i. Supporting the 2023–2024 Senior Tar Heel Legislature priority to "Increase Recurring Funding for Senior Centers by $1.26 Million"

ii. As part of this funding increase, the General Assembly should also request a study of the current senior center certification program to evaluate effectiveness and identify opportunities for strengthening certification to ensure that needs of older adults are being met, that centers are serving a population representative of the community with regard to race, ethnicity, and disability of older adults, and to evaluate how funding can meet the goal of incentivizing certification.

b. The North Carolina Division of Aging and Adult Services should conduct the analysis of the senior center certification program recommended in Strategy 17.

i. To identify strengths and weaknesses and opportunities for improvement. This process should include Area Agencies on Aging, a representative sample of senior centers and participants, and representatives of the Senior Tar Heel Legislature and Governor's Advisory Council on Aging.

Priority of the Senior Tar Heel Legislature 2023–2024

Increase the Senior Center General Purpose Appropriation by **$1,265,316** in recurring funds.

Senior Center General Purpose funding is currently **$1,265,316**, which is not meeting the demands of a growing population.

Desired Result – North Carolina's senior centers will have a strengthened capacity to serve the diverse groups of older adults in their communities.

Why does the task force recommend this strategy? – Senior centers offer a variety of programs and services that help older adults connect to needed resources, experience social connections, and remain physically active. Despite the importance of senior centers for many older adults in communities across North Carolina, state Senior Center General Purpose funding has decreased by 18% since 2004 when adjusted for inflation, while the population of people aged 60+ has grown by 82% during the same time (**see Figure 5**).[7] With increased funding should also come accountability, which is why the task force recommends a review of the senior center certification program to evaluate whether it is fulfilling its purpose of ensuring best practices in programming and administration. A review and revision of the certification requirements and process can help to make sure senior centers are meeting modern needs (e.g., supporting digital literacy) and serving a variety of community constituents.

Context – Senior centers offer a wide array of services and programs, which can include but are not limited to:

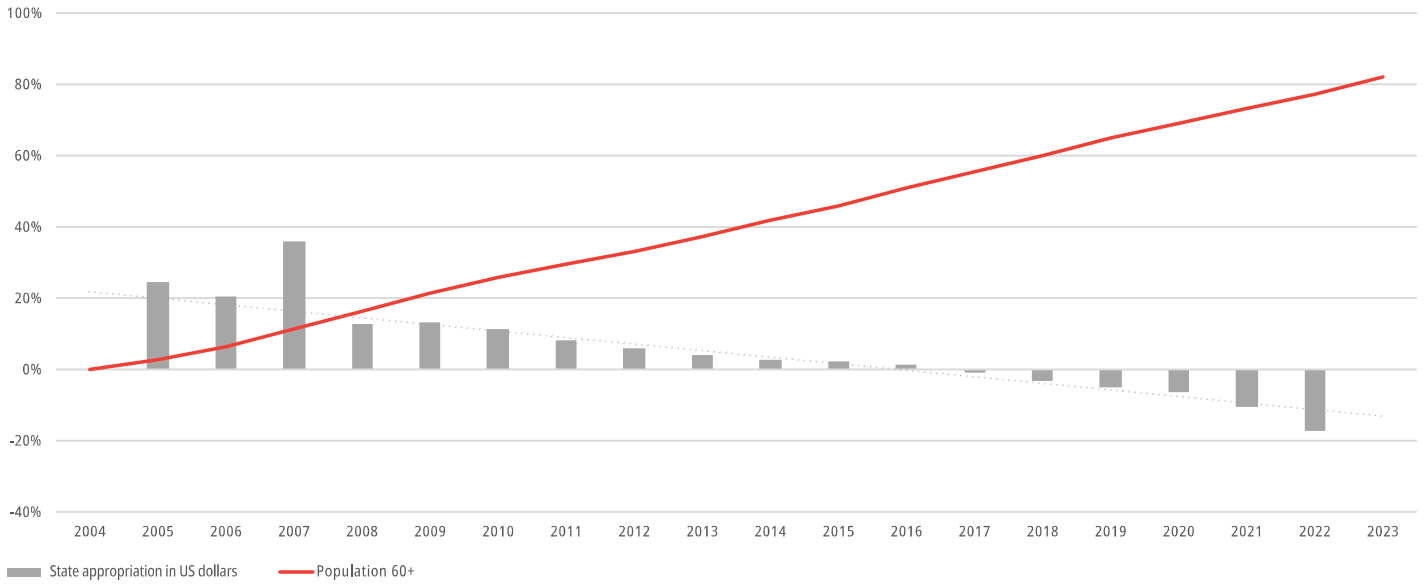
Individual services:[8]

- Information and referral
- Case assistance
- In-home assistance
- Home-delivered meals
- Job search and training
- Legal assistance
- Health insurance counseling and claims assistance
- Transportation
- Volunteer opportunities

Group services:

- Congregate meals
- Educational sessions
- Cultural events
- Health education sessions and wellness activities
- Retirement planning
- Support groups
- Community service projects
- Intergenerational programs
- Recreational trips

FIGURE 5. Senior Center General Purpose Funding, Adjusted for Inflation, Compared to Change in 60+ Population, 2004-2023



Source: Senior Tar Heel Legislature Priority #2, Funding for NC Senior Centers. https://ncseniortarheellegislature.org/wp-content/uploads/2023/01/2023-24-STHL-LEGISLATIVE-PRIORITIES-FACT-SHEETS.pdf

Participation in senior center activities is associated with a variety of benefits for older adults, including lower levels of depression, increased supportive friendships, lower levels of stress, and improved perceptions of social and physical health.[9]

Senior Center General Purpose Funding and Certification

Senior centers are typically funded through three to eight different funding sources.[9] These sources can include municipal or county government tax dollars, federal and state government, fundraising events, grants, participant contributions, in-kind donations, and volunteer hours.[9]

In North Carolina, Senior Center General Purpose (SCGP) funding is allocated from the state to Area Agencies on Aging to distribute to local senior centers. One purpose of the SCGP is to incentivize senior centers to complete a state certification process to increase their base funding levels. Funding levels are determined by a center's status as a "Center of Merit" or "Center of Excellence" and funds require a 25% local match.[10]

The certification process reviews the following criteria for senior centers:

- Information and referral/case assistance services
- Publicity for the center and its programs
- Marketing to special populations and the community
- Activities
- Opportunities for volunteers
- Advocacy
- Transportation to the center
- Governance
- Input from older adults
- Planning
- General personnel practices
- Individual training and professional development planning
- Other operational issues

Anita is a retired physician and an active member of her community who enjoys spending time with her friends at the local senior center. At the senior center, she participates in exercise classes, keeps up her computer and other technology skills, and finds deep joy in the relationships she has built through the center's knitting group. Anita has even found opportunities to share her professional expertise and passion for caring for people by coordinating information sessions on different health topics for center participants and by helping to develop a partnership with a nearby clinic for monthly health screenings at the center. In these ways, the senior center has both benefited from Anita's participation and provided endless opportunities for her to explore and learn new things, create and sustain friendships, and keep up her physical activity.

**This is a composite story that represents the experiences of many older adults who participate in senior center activities.*

How would this impact the health of older adults?

Senior centers can offer physical activity and falls-prevention programming to reduce the risk of falls in older adults.

Senior centers often offer physical activity programming and transportation services to help older adults stay mobile.

Many senior centers participate in congregate meal programs and/or offer other nutrition support services.

Senior centers offer a variety of programming that helps older adults build and maintain social connections.

STRATEGY 18

Increase Access to the Program of All-Inclusive Care for the Elderly (PACE)

a. NC Medicaid should help to increase access to the Program for All-Inclusive Care for the Elderly (PACE) through improved eligibility and enrollment processes.

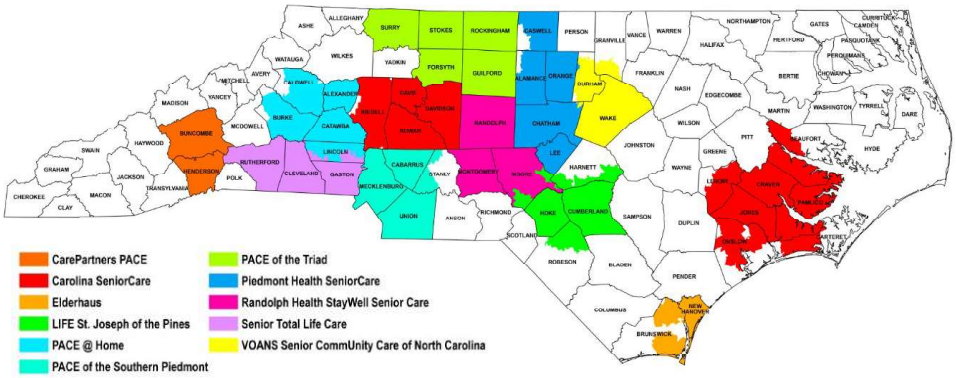
b. The General Assembly should help to increase access to the PACE by fulfilling the recommendation of the Governor's Advisory Council on Aging to expand program availability throughout the state, including providing additional resources to the Division of Health Benefits for program administration.

Recommendation of the Governor's Advisory Council on Aging
Continue the phased expansion of the PACE (Program of All-Inclusive Care for the Elderly) managed care model statewide and provide additional resources to support the administration of the PACE program by the North Carolina Division of Health Benefits.

Desired Result – Expand access to PACE for older adults in need of services throughout the state.

Why does the task force recommend this strategy? – The PACE model has shown that PACE participants reported better self-rated health status, fewer unmet needs, and lower likelihood of depression. Many areas of North Carolina are not currently served by a PACE provider, making it impossible for many eligible older adults to receive services. This is particularly true in rural areas of the state.

FIGURE 6. PACE Organizations in NC Service Areas



Source: NC PACE Association. https://www.ncpace.org/PACE-Programs-in-NC

Context – PACE is an innovative, community-based managed care program for older adults with complex medical needs. People eligible for PACE must be:

- Aged 55 or over
- Certified to need nursing home care
- Living in a PACE service area
- Able to live safely in the community with PACE support at the time of enrollment.[11]

The program provides a range of integrated preventive, acute, and long-term-care services to assist older adults with aging in place. There are currently 11 PACE organizations operating in 12 different areas around North Carolina with a total of 2,100 individuals served.[12] PACE centers provide services including transportation, meals served at home, dentistry, primary care, and behavioral health.[13] PACE provides team-managed care through a continuous process of assessment, treatment planning, and service provision. Payment is capitated, with Medicare or Medicaid contributing a fixed, monthly capitation payment depending on the enrollees' income. In North Carolina, 90% of PACE participants are dually eligible for Medicare and Medicaid and 9% are eligible for Medicaid only.[11]

Currently, PACE is provided to Medicaid beneficiaries if that state chooses to provide PACE as a Medicaid benefit. Older adults who do not qualify for Medicaid must pay a monthly premium; however, there are no deductibles for prescription drugs, services, or approved care.

Federal and State Initiatives to Expand PACE

The PACE Expanded Act was introduced to Congress in 2022 to recommend ways to expand existing PACE programs and to allow for the establishment of new ones.[14] One recommendation would enable PACE enrollment at any time; right now, PACE programs can only enroll beneficiaries on the first of the month. Opening enrollment all month long would shorten the waiting time before enrollment. The Act also recommends streamlining applications and approvals; CMS only accepts applications once a quarter for new PACE programs and for existing programs looking to expand into a new service area.

In North Carolina, NC Medicaid (Division of Health Benefits) helps to provide access to physical and behavioral health care and services. NC Medicaid must also approve the service area defined for each PACE organization. Since PACE organizations are the sole providers of these these Medicare and Medicaid-related services, there is a decrease in administrative burden for PACE clinicians and participants; however, application, administrative, regulatory, and start-up funding issues create the burdens and affect the viability of PACE programs.[15] Delays are also caused by the fact that PACE programs must be fully operational, including a care team, while waiting for state and CMS approval, which can take up to a year. The PACE Expanded Act recommends reducing the approval time to expedite this process.

How would this impact the health of older adults?

PACE programs require a focus on falls prevention, which can help to reduce preventable injuries.

Transportation assistance to and from medical appointments is provided through PACE programs.

Nutritional counseling and healthy meal delivery are resources provided by PACE programs.

PACE programs have adult day health care programs, allowing for social interactions to prevent isolation and loneliness.

STRATEGY 19

Increase Knowledge about and Prevalence of Current Programs and Supports

The North Carolina Department of Health and Human Services should work with Offices and Divisions within the Department and Area Agencies on Aging to develop:

a. An outreach strategy and identify partners at the state and local levels (e.g., faith leaders, libraries, local government, regional AHECs) to increase knowledge and use of existing services and programs. This includes but is not limited to Home and Community Care Block Grant funding, adult protective services, guardianship, 211, NCCARE360, FNS/SNAP, falls prevention programs, transportation assistance, food prescription programs, and the 988 Suicide and Crisis Lifeline. Special attention should be paid to accessibility of programs for different groups based on income, race/ethnicity, and disability status.

b. Recommendations and strategies to increase funding for and number of programs such as CAPABLE, A Matter of Balance, Handy Helpers, CHAMP (Community Health and Mobility Partnership), community paramedicine, Regional Falls Prevention Coalitions (to connect all counties), programs employing community health workers, programs that help older adults with health literacy, medication access, and Medication Therapy Management (MTM, e.g., Senior PharmAssist), and other programs to address the needs of older adults aging at home and the needs of family caregivers.

Desired Result – Increased coordination among various programs will allow for more comprehensive services and preventive strategies for older adults.

Why does the task force recommend this strategy? – Many effective programs exist to address the needs of older adults. These programs do not always have adequate resources to meet the needs of everyone who could benefit from their services and many who could benefit are not aware of these services. Ongoing coordination and funding development is needed to meet the needs of a growing older adult population and raise awareness about available programs and services.

Context – One example of a program that currently faces low participation is SNAP, or Food and Nutrition Services (FNS) as it's referred to in North Carolina. Only around 34% of older adults who are eligible for the program actually participate.[16] Reasons cited for this include confusion around the application process, stigma associated with receiving services, and concern that the benefit amount is not worth the effort to apply. FNS is an income-based program that requires yearly recertification. Outreach agencies could help educate older adults to understand their eligibility and the advantages to the benefit.

There is also limited uptake of Medicare Savings Programs (MSP), which are available to older adults with low incomes to help pay for Medicare premiums, and in some cases provide cost-sharing for services.[17] Despite the challenges low-income older adults experience with health care expenses, up to 53% of those eligible do not participate (depending on the specific program).[18] Individuals can find out about these programs through medication access programs like the Senior Health Insurance Information Assistance Program (SHIIP), administered through senior centers and other local organizations such as Senior PharmAssist in Durham, NC. The NC Seniors' Health Information Insurance Program (SHIIP) trains local programs at the community level.[19]

See additional information about Home and Community Block Grant funding in **Strategy 21, Page 82**; Adult Protective Services in **Strategy 22, Page 84**; FNS/SNAP in **Strategy 4, Page 34**.

Partners

Some examples of potential partners for outreach to older adults for awareness of programs and services include NC SHIIP, Meals on Wheels, NCCARE360, and the 988 suicide prevention hotline.

NCCARE360 is a statewide coordinated care network supported by NC 211 that electronically connects providers and individuals to a statewide resource directory. It is meant to reduce provider siloes and create a collaborative, community-oriented approach to delivering care in North Carolina.

North Carolina ranks 17th in the country for death by suicide in older adults with close to 16 deaths per 100,000 people aged 65 and older.[20] The new national 988 suicide prevention hotline is available for phone calls and text. 988 is promoted to those aged 13 and up; there has not been significant promotion to older adults. There are opportunities for messaging aimed at older adults, but there is currently no funding in place to do so.

Trusted community leaders and groups are essential partners in this work. For example, in many rural areas and for many people of color, churches and houses of worship provide the primary place for older adults to gather. Thus, an important source for outreach and information dissemination is through churches, mosques, and temples.

Examples of Programs and Services

- **Community Aging in Place – Advancing Better Living for Elders (CAPABLE)** is an interdisciplinary, in-home program targeting older adults with functional limitations. CAPABLE is a four-to-five-month program that teaches participants new skills and exercises and identifies needed home modifications to improve function and safety.
- **A Matter of Balance** is one of several evidence-based falls prevention programs that is designed to reduce the fear of falling and increase physical activity among older adults. Community classes are offered both virtually and in-person in two-hour sessions.
- **Handy Helpers** is an example of a local program that offers assistance with minor home repairs, such as painting, gutter cleanings, and changing light bulbs for adults aged 60 and over.

- **Community Health and Mobility Partnership (CHAMP)** is an example of a program to improve the health of older adults and to decrease the risk of falling. CHAMP offers individualized home exercise programs that place emphasis on muscle strength, balance, and mobility.
- **Community Paramedicine** programs are designed to address local problems like coordination of health services. They are integrated with EMS agencies and fill health care gaps.
- **Regional Falls Prevention Coalitions** help to reduce the number of injuries and deaths from falls among older adults. They are currently divided into seven separate regions, but not all counties are included.
- **Community Health Workers** are public health workers who are trusted members of their community and provide a range of services including health education and support for access to community resources. They can make home visits and meet older adults in health care settings to help identify barriers and facilitate communication.
- **Senior PharmAssist** helps Durham older adults obtain and manage medications. It also provides health education, Medicare counseling, and community referrals.

How would this impact the health of older adults?

Community services and programs across the state address needs related to falls prevention, mobility, food security and nutrition, and social connections. Making sure these programs are financially supported and that people know about them will help more older adults age in place safely with better health and well-being.

STRATEGY 20

Conduct Research and Evaluation on Current Programs to Increase Access to Services

a. The North Carolina General Assembly should fund:

i. A study to understand the adult day health program landscape, how to expand in rural areas, what the funding landscape is now (i.e., adequacy, range of rates from different funding sources), and how to ensure equitable access for populations who are lower-income, historically marginalized, and/or experiencing physical or sensory disabilities.

i. The UNC General Administration System to support research and evaluation studies, with input from the North Carolina Division of Aging and Adult Services, that would inform future aging service planning and development and the promotion and support of "Aging in All Policies" (**also see Strategy 14**).

b. The North Carolina Department of Transportation should work with relevant partners, such as the Division of Aging and Adult Services, Area Agencies on Aging, local departments of health and social/human services and health/medical providers to identify innovative ridesharing and transportation-hailing solutions that are demand-responsive (e.g., RideSheet), streamlined, and consumer-friendly and seek funding for additional program implementation and advertising across the stat.

c. The North Carolina Department of Health and Human Services should identify Division representatives and other partners to review terminology used in human services program applications, systems, and other data collection sources and make recommendations about inclusive methods of collecting gender, race/ethnicity, family status, and other demographic information.

d. The Governor's Highway Safety Program, in collaboration with the North Carolina Department of Health and Human Services and the UNC Highway Safety Research Center, should develop training materials for relevant aging services providers on how to screen for fitness to drive and make appropriate referrals to medical providers.

Desired Result – Research and evaluation will guide activities, priorities, and best practices to enhance access to a variety of services for older adults.

Why does the task force recommend this strategy? – Through the task force process, members identified topics for possible research and evaluation related to services for older adults. Research and evaluation can help increase understanding of how programs or services are working, best practices for replicating them, and/or ways to enhance access to them. This strategy details several areas of research and evaluation to address some specific service needs.

The task force also wishes to emphasize the importance of planning for ongoing evaluation of all programs and services beyond those detailed in this strategy. Evaluation is essential to identifying whether programs are achieving intended outcomes and meeting the needs of all intended participants or beneficiaries, with particular attention to unintended disparities in who is served when considering race, ethnicity, disability status, and other characteristics. Ongoing evaluation of new and existing programs can also help identify how cost-effective programs are in supporting health and wellness.

Context –

Adult Day Health Programs

According to the National Adult Day Services Association, "Adult Day Services centers provide a coordinated program of professional and compassionate services for adults in a community-based group setting. Services are designed to provide social and some health services to adults who need supervised care in a safe place outside the home during the day. They also afford caregivers respite from the demanding responsibilities of caregiving."[21] Services can include social activities, transportation, meals and snacks, personal care, and therapeutic activities.[22] Studies show that participants in these programs experience improvements in physical and emotional problems and perceived well-being, as well as positive changes in social support and quality of life.[22] Caregivers of people with disabilities who attend adult day programs experience lower caregiver burden and improved well-being, including reduced isolation, worry, guilt, and stress.[22]

In North Carolina, only around half of counties have an adult day program available, drastically limiting the number of people who could be served. Adult day service centers in North Carolina are certified annually by the North Carolina Division of Aging and Adult Services. Starting a new program can be challenging, with barriers including funding, staffing, and identifying transportation options for participants. Information on program landscape in the state (e.g., funding status and adequacy) is needed to understand potential opportunities to expand access in rural areas.

University of North Carolina System and Aging Studies

The University of North Carolina (UNC) System schools have historically collaborated on aging-related research, education, and community service. This began in the 1990s with the development of the UNC Institute on Aging, which received state funding, conducted research, and hosted an annual conference on aging. The Institute eventually dissolved and the Partnership in Aging Program (PiAP) at UNC-Chapel Hill was developed with a narrower focus on Orange County. That program continues and has demonstrated success in local collaborations. Development of similar programs or an umbrella structure across the state would allow for the expansion of aging studies and collaboration with local partners at the university and community college level. Gerontology programs or certificates are also available at other North Carolina universities, including UNC-Greensboro, Winston-Salem State University, UNC-Charlotte, and UNC-Wilmington.

Ridesharing and Transportation-Hailing Services

Nationally, around 24% of older adults do not have access to a vehicle, 21% report that they are no longer able to drive, and 52% say they no longer drive long distances.[23] Adults aged 60 and older in North Carolina can contact their local transit authority to learn about transportation options for general and medical needs, although transit authority services vary significantly throughout the state and may or may not meet the needs of the communities that they serve.

Ridesharing – typically a service arranged through a third party and using another driver's private vehicle – has the benefit of providing door-to-door service on demand. These services may help to address barriers some can experience where there are little to no public transportation options available or they do not meet accessibility needs.

Another area of potential study and action relates to insurance policy when using personal cars for volunteer transportation. Some task force members raised this as a concern, however, it is unclear if there is a policy barrier to address or if there is misunderstanding of the policies currently in place in North Carolina related to volunteer driving and insurance coverage.

Demographic Terminology

Having accurate and robust data helps to inform evaluations of services and programs. Task force members identified some challenges with current social services data collection in the use of birth names, binary gender options, limited racial and ethnic identification categories, and other demographic limitations. Analysis and modernization of these data collection fields can inform future program and service improvement, particularly for historically underserved and/or marginalized populations.

Fitness to Drive and Referrals

The Governor's Highway Safety Program has the goal of "reducing the numbers of traffic crashes and fatalities in North Carolina" by "promot[ing] highway safety awareness through a variety of grants and safe-driving initiatives."[24] With this goal, partnership with the North Carolina Department of Health and Human Services Division of Aging and Adult Services could be a useful strategy to identify providers and services that can be outreach partners in the identification of older adults for further screening and connection to resources related to driving. See more information about screening for fitness to drive and referrals to medical providers in **Strategy 25 on Page 88**.

The UNC Highway Safety Research Center has a mission to "improve the safety, sustainability, and efficiency of all surface transportation modes through a balanced, interdisciplinary program of research, evaluation and information dissemination." Along with the Governor's Highway Safety Program, they lead the ncseniordriver.org program, which has resources for older adult drivers, caregivers, and professionals in health, social services, law enforcement, and other fields.

How would this impact the health of older adults?

Services like adult day programs can help older adults with disabilities remain safe during the day and avoid falls.

A variety of transportation services can help more older adults move around their communities safely.

Adult day programs and transportation services help older adults maintain access to appropriate nutrition.

Adult day programs and transportation services help older adults remain socially connected.

STRATEGY 21

Increase and Modernize the Home and Community Care Block Grant

The North Carolina General Assembly should:

a. Fulfill the Senior Tar Heel Legislature's recommendation to increase recurring state funding for the Home and Community Care Block Grant (HCCBG) by $8 million.

b. Fund the North Carolina Division of Aging and Adult Services to:

1. Study and update HCCBG policies that impact how local providers can use funds.

2. Improve provider reimbursement to streamline data-sharing and increase capacity for evaluation.

3. Modernize the Aging Resources Management System (ARMS) as a tool for provider reimbursement and program planning and evaluation.

Priority of the Senior Tar Heel Legislature 2023–2024

Allocate an additional $8M in recurring funds for the Home and Community Care Block Grant.

The Home and Community Care Block Grant is the primary funding source for community-based programs that support people 60 and older and current funding is insufficient to meet the need. The current state appropriation is $36.9M.

Desired Result – Increased funding for the Home and Community Care Block Grant (HCCBG) to improve the capacity to serve older adults and family caregivers in North Carolina.

Why does the task force recommend this strategy? – The HCCBG is the primary source for non-Medicaid-funded home- and community-based services for older adults in North Carolina. American Rescue Plan Act (ARPA) of 2021 funding has allowed for a flexibility in adding in new services that traditional block grant funding would not have allowed, such as food vouchers, carryout meals, and supports for social connections through purchase of technology equipment like tablets. When the ARPA funds terminate, these kinds of services may be lost to older adults. Modernizing the grant will allow for the continuation of similar services.

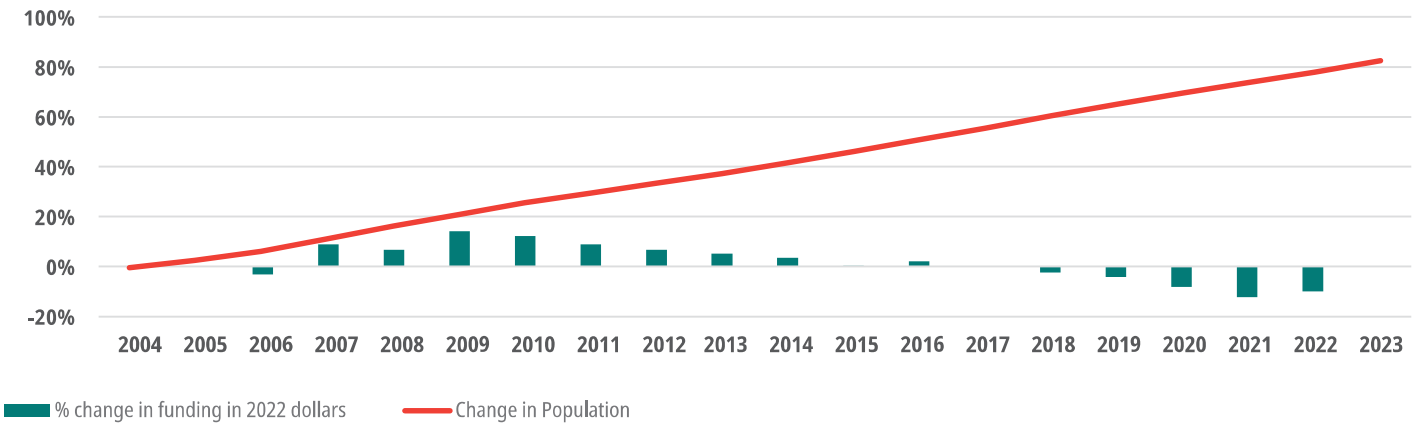
Context – The HCCBG was established by North Carolina General Statute 143B-181.1(a)(11) and became effective in 1992.[25] The North Carolina Division of Aging and Adult Services (DAAS) administers the HCCBG, which is made up of funds from the Older Americans Act (45%) and separate state and local funds (each county is required to provide 10% of HCCBG funds).[26] Area Agencies on Aging (AAAs) monitor programs that receive HCCBG funds. In FY 2021–2022, 88,007 individuals were assisted through HCCBG services, primarily nutrition services (71,590 individuals), with a total of $101 million in funds dedicated to those services ($34 million from the state).[26] Adjusting for inflation and population growth, the HCCBG appropriation has decreased by 10% since 2004 (**See Figure 7**).

Services have not been able to expand, with more than 10,000 older adults on the waiting list for HCCBG services.[27]

There are 18 allowable services under the HCCBG (**see Figure 8**), and each county provides some, but not all, of these services due to limited funding. Funding is allocated to Area Agencies on Aging based on the Intrastate Funding Formula that takes into account an area's proportion of the state population aged 60 and older and the proportion of the older adult population in that area who live in poverty, represent non-White racial/ethnic groups, and live in rural areas.[28] Eligibility criteria for HCCBG-funded services is:

- Individuals aged 60+ years and their unpaid primary caregivers
- Generally based on functional needs of the individual.[26]

FIGURE 7. Change in HCCBG Appropriation (Adjusted for Inflation) and 60+ Population Growth, SFY 2004-2023



Source: NC Senior tar Heel Legislature. Priority #3. Funding for NC Home & Community Care Block Grant. https://ncseniortarheellegislature.org/wp-content/uploads/2023/01/2023-24-STHL-LEGISLATIVE-PRIORITIES-FACT-SHEETS.pdf

B Information about the potential of ARMS system updates was gathered through discussion with DAAS staff familiar with the system.

FIGURE 8. Services Funded Under the Home and Community Care Block Grant

Congregate Nutrition	Housing and Home Improvement	Institutional Respite Care
Home-Delivered Meals	Information and Case Assistance	Health Screening
Adult Day Care	In-Home Aide	Health Promotion and Disease Prevention
Adult Day Health Care	Senior Companion	Mental Health Counseling
Care Management	Transportation	Senior Center Operations
Skilled Home (Health) Care	Group Respite	Volunteer Program Development

Source: Fiscal Research Division. Presentation to Joint House and Senate Appropriations Committees on Health and Human Services. Division of Aging and Adult Services (DAAS) Overview. https://webservices.ncleg.gov/ViewDocSiteFile/75939

Aging Resources Management System (ARMS)

The Aging Resources Management System (ARMS) is a state system that tracks client demographic data and performance data for reimbursement purposes.[29] It is accessible by all Area Agencies on Aging, service providers, and governmental bodies that need access to the data. ARMS was designed to collect client data, provide budgetary control, link databases to track services and costs, and meet federal reporting requirements.[29]

However, ARMS was designed for inclusion of one funding source at a time, which creates issues when there are multiple funding sources for a service. The system's outdated design has made additions and maintenance is a significant challenge. An overhaul of the system to modernize and maintain its capabilities will require initial and sustained funding. Modernization of the system would allow for care management capabilities, connections with other data systems, and more advanced system analysis to improve service delivery.[8]

How would this impact the health of older adults?

Increased funding and improved data systems would allow for expanded access to quality programs that can prevent falls, expand mobility, improve nutrition, and increase social connections.

Antonio is a retired businessman and his wife Maria is a retired school teacher. Maria suffered a stroke a few years ago that has limited many of her physical and mental functions. Antonio drops her off several days a week at an adult day health program. The program offers a safe place for Maria to be so that Antonio can go to the gym, work at his part-time job, and run errands like grocery shopping. Antonio is grateful for the program, which is supported by Home and Community Care Block Grant (HCCBG) funds along with various forms of participant payments. He says of the program, "It allows me to do the things I need to do during the day and know that she is being taken care of." Maria receives medications that she needs during the day and participates in activities designed for her capabilities. The organization that provides the adult day health program offers respite care, which is also supported through HCCBG funds. Twice a year Antonio joins his friends for a weekend of golfing and is able to use the respite service to make sure Maria is cared for, giving him needed rest from caregiving responsibilities.

***This is a composite story that represents the experience of people who can benefit from HCCBG-supported services.*

STRATEGY 22

Strengthen Adult Protective Services

a. The North Carolina General Assembly should work with Adult Protective Services (APS) at the state and local levels and advocates for older adult to evaluate the current state statute for APS to identify opportunities for modernization and funding.

b. Fulfill the 2023–2024 Senior Tar Heel Legislature priority of increasing recurring funding for Adult Protective Services by $8 million.

Priority of the Senior Tar Heel Legislature 2023–2024

Allocate an additional $8M in recurring funds for Adult Protective Services (APS) to address staff shortages.

In SFY 21, APS received 32,075 reports across the state, compared to 14,001 reports in SFY 2005-06, reflecting an increase of 129% in 17 years.

Desired Result – There will be proactive intervention to prevent maltreatment and self-neglect of older adults.

Why does the task force recommend this strategy? – Adult Protective Services (APS) provides a vital lifeline to the most vulnerable older adults and people with disabilities in our communities. The rise of APS reports over the years, coupled with insufficient funds and staffing, means that these vulnerable community members are at risk for fraud and abuse. To ensure that older adults can be safe as they age in their homes, the task force recommends that APS laws be modernized and funding increased.

What Is Adult Protective Services?

"Services provided to ensure the safety and well-being of elders and adults with disabilities who are in danger of being mistreated or neglected, are unable to take care of themselves or protect themselves from harm, and have no one to assist them."

- APS Presentation to the NCIOM Task Force on Healthy Aging

Context – According to the UNC School of Government ncIMPACT Initiative, "at least 10% of elders are abused in some way each year, including through physical abuse, financial fraud, scams, caregiver neglect, psychological abuse and sexual abuse."[30] The APS statute in North Carolina was developed to help older adults when they are unable to take care of themselves and if they have no one able to assist with essential services. This law was written in 1975 and has not been updated since. The North Carolina Division of Aging and Adult Services is engaged in an APS improvement project to address reform needs. One area that current law does not address is how to address self-neglect and other forms of maltreatment with early action. Colorado APS is piloting a program that meets this need through an alternative response to low-risk allegations by providing "opportunities for APS staff, clients, and their families to work together to best meet the needs of at-risk adults and mitigate harm in a supportive way."[31]

It is estimated that only about 1 in 24 cases of elder abuse is reported to authorities.[32] According to APS reports, the most common form of mistreatment is neglect, including self-neglect and caretaker neglect.[33] In North Carolina for State Fiscal Year 2019-2020, 83% of reports involved older adults who lived alone or with family (rather than in an institution).[33] Sixty four percent of reports involved self-neglect.[33] The number of reports has risen steadily over the past two decades and reached 34,470 reports in 2022.[34]

APS Funding

In North Carolina, the federal Social Services Block Grant (SSBG) provides 21% of the funding for county Division of Social Services (DSS) staff, leaving the counties to provide the remaining 79%.[32] There are currently no funds allocated from the state. These funds are often depleted by halfway through a calendar year.[32] This funding is also shared with local social services departments, which can result in fewer resources directed to APS.[35] Most counties report that they are in need of two additional full-time APS staff members to adequately address the needs of older adults in their communities.[32]

The North Carolina Coalition on Aging (NCCOA) also recommends additional investment of state dollars in APS to provide funding for program staff and essential services. With the substantial rise in APS reports, an increase in staffing will allow the evaluation of more claims of older adult neglect and mistreatment.

Programs to Provide Check-Ins with Older Adults

In North Carolina, multidisciplinary teams (MDTs) have been created to combat older adult abuse. These teams may include judges, APS social workers, physicians, law enforcement, and psychologists. MDTs are tasked with reviewing cases of abuse in the community and addressing systemic change to curb the issue of elder abuse.

Local examples of MDTs include the Wake County Sheriff's Office re-implementation of the Citizen Well Check Program, a service for Wake County residents aged 65 and older. These wellness checks consist of daily calls from the Sheriff's Office to check in on the older adult. If there is no answer by the third call, their emergency contact is notified. Other programs include Wellness Watch in Winston-Salem, Greensboro, and surrounding areas, which offers weekly calls by a care team designed to provide important health information and two hour-long in-home wellness visits per month.

How would this impact the health of older adults?

Adult Protective Services can identify issues of neglect and mistreatment that can impact the safety of an older adult's home, their ability to care for themselves, difficulty meeting nutritional needs, and their connection to other people.

RECOMMENDATION 7

Include Aging in Local Public Health & Hospital Community Health Assessments

STRATEGY 23

Ensure Integration of Age-Related Issues in Community Health Assessments and Action Planning

a. The Division of Public Health, North Carolina Institute for Public Health, and North Carolina Healthcare Association should help to increase inclusion of aging-related issues in the work of local public health and hospitals by providing these entities with education and technical assistance related to aging priorities, services, and supports to include falls prevention, senior nutrition, mobility, accessibility, transportation planning, and social isolation in community health assessments.

b. Local health departments and nonprofit hospitals should ensure aging-related issues are included in community health assessments and should grow partnerships with aging-related community organizations.

Desired Result – Improved data collection on community issues related to healthy aging and incorporation of aging-related issues in ongoing community strategies and partnerships.

Why does the task force recommend this strategy? –
Community health assessments identify community strengths and challenges related to health and well-being. Older adults are an important demographic with unique health-related needs that should be quantified and addressed through this assessment. The public health and nonprofit hospital community health assessment process can draw greater attention to the needs of adults and their informal and paid caregivers, and partnerships with aging-related community organizations can strengthen the ability to address those needs. A convening of Trust for America's Health recommended similar activities in its 2017 publication, "A Public Health Framework to Support the Improvement of the Health and Well-being of Older Adults."[C]

Context – Community health assessments use data collection and analysis to identify key health needs and issues with room for improvement.[36] This information is then used to help state and local health departments develop health improvement plans and identify priority issues.[37] Typically, these assessments use principles such as organizing partners, creating a community vision and value statement, and collecting and analyzing data.[37] For local health departments in North Carolina, these assessments are required every three to four years as part of an accreditation process.[38] Nonprofit hospitals are required by federal tax law to conduct similar assessments every three years.

Chatham County Public Health is an example of successfully integrating aging into their community health assessment. Their community assessment has involved the local Health Alliance, Chatham Hospital and many local providers, including aging.

Community Health Assessment Technical Assistance
The North Carolina Institute for Public Health (NCIPH) provides technical assistance for community assessments, offering local health departments and hospital systems a community health assessment and improvement toolkit with training resources from the Centers for Disease Control and Prevention and other sources. NCIPH can also conduct services like primary data collection, action planning, and report development.[39] As part of its work with local health departments and non-profit hospitals, NCIPH can include trainings on older adult services to keep healthy aging as a priority for community health assessments.

The North Carolina Division of Public Health is responsible for reviewing and approving all community health assessments and can be tasked with examining the assessments to ensure inclusion of aging issues. This is consistent with the Aging in All Policies approach.

The North Carolina Healthcare Association (NCHA) advocates for hospitals, health systems, and care providers, and can provide support and connections necessary for the inclusion of aging issues in the assessments.

Partnerships to Support Action
Partnerships between local health departments and aging-related organizations could help strengthen the likelihood that healthy aging services remain a priority. Appropriate partners include the North Carolina Coalition on Aging (COA), which represents the aging population through a membership of consumers, providers, and advocacy programs and organizations. Members of the COA include the North Carolina Association on Aging, Meals on Wheels Association of North Carolina, and the North Carolina Senior Games. A community assessment approach informed by and working in partnership with COA would give voice to issues that affect older adults. Similarly, local organizations like senior centers and Area Agencies on Aging would be appropriate partners to help identify and address aging-related health needs in a community.

How would this impact the health of older adults?

Increased incorporation of aging-related health assets and needs in community health assessments would improve a multi-sector community focus on falls prevention, mobility, nutrition, and social connections for older adults.

C Trust for America's Heath. Creating an Age-Friendly Public Health System: Challenges, Opportunities, and Next Steps. March 2018. https://www.tfah.org/wp-content/uploads/2018/09/Age_Friendly_Public_Health_Convening_Report_FINAL__1__1_.pdf

RECOMMENDATION 8

Connect Health Care with Aging Issues

Older adults often need more health care services compared to younger adults due to the normative aging process and acquired disability or illness. Approximately 80% of adults aged 65 years and older have at least one chronic condition, and 68% have two or more chronic conditions.[40] The prevalence of multiple chronic conditions increases with age.[41]

Due to their unique health needs, older adults have more contact with the health care system than younger adults. In 2016, there were 498 office-based physician visits per 100 adults aged 65 years and older – far more than the 190 office-based physician visits per 100 adults aged 18 to 44.[42] In 2020, adults aged 75 and older had the highest rate of emergency department visits (63 visits per 100 persons) compared to all other non-infant age groups.[43] In 2019, adults aged 55 and older accounted for 30% of the population but 56% of total health spending.[44]

The frequency of contact with the health care system allows for health care settings to be points of screening, assessment, and intervention on key aging issues: nutrition, falls prevention, driving safety, and social isolation.

THE ROLE OF SCREENING IN HEALTH CARE AND COMMUNITY-BASED SETTINGS

Given the frequency of older adults' contact with the health care system and community-based agencies, standardized screening can identify those who have nutritional challenges, risk for falls, driving risk, or who may face social isolation. It is important to note that these topics may be sensitive for many. Many older adults fear losing their independence, and most older adults in the United States express a desire to age in their homes and communities.[45,46] Some may worry that disclosing trouble with mobility or other issues may result in a loss of autonomy because they may not know that they have a legal right to services in the most integrated setting appropriate for their needs. Some may feel shame. Thus, it is important to communicate the purpose of assessments with older adults and refer them to services that can help meet their needs for nutrition, mobility, transportation, and social connection.

STRATEGY 24

Identify and Address Health Issues Related to Getting Adequate Nutrition

a. The North Carolina Oral Health Collaborative should work with partners to identify standards and improve awareness of oral health for older adults by:

- **i.** Collaborating with the North Carolina Academy of Nutrition and Dietetics, North Carolina Medical Society, Old North State Medical Society, Family Physicians Association, North Carolina Nurses Association, and other health care trade associations to build awareness of older adult oral health issues and identify simple screening and referral protocols.
- **ii.** Collaborating with the North Carolina Division of Aging and Adult Services, Area Agencies on Aging, state and local public health, and senior centers to identify opportunities and funding to build awareness of older adult oral health issues and ways to connect older adults to dental services, including for those who are homebound and those who otherwise face barriers due to their income, geographic location, or special needs.
- **iii.** Developing a recommendation for service frequency and coverage of dental care for older adults.

b. The North Carolina Healthcare Association (NCHA) should work with experts in food security and nutrition to identify and support a standard evidence-based tool for hospitals to use in the identification of malnutrition. NCHA should also advocate for adequate training of any hospital staff who conduct malnutrition assessments, as well as referral mechanisms for those identified as food insecure and/or malnourished (e.g., NCCARE360).

Desired Result – Older adults will have improved access to oral health care, education about oral health, and ability to maintain adequate nutrition.

Why does the task force recommend this strategy? – There is a bidirectional relationship between oral health and nutrition. A variety of oral health conditions, such as tooth loss and periodontal disease, can lead to poor nutritional status due to problems chewing food. Poor nutrition can lead to cavities that result in tooth loss and periodontal disease. Oral health is now recognized as an essential part of overall physical health.[47] Oral health education is an important component in improving health outcomes.[48]

Context – As of 2021, 1 in 5 adults aged 65 and older had untreated tooth decay and about 2 in 3 had gum disease.[49] Older adults who live below the federal poverty level are three times more likely to have lost all their teeth than adults who are living above the federal poverty level.[47] In North Carolina, rates of complete tooth loss in older adults are consistently higher than the national average, with 15.8% of North Carolinians aged 65 and older reporting that they have had all their teeth removed due to decay or gum disease in compared to an average of 13.4% of people nationwide.[47,50] Tooth loss has multiple impacts on health; older adults without most of their teeth often end up avoiding fresh fruits and vegetables, leading to malnutrition, which can lead to reduced muscle and cognitive function. In addition, lack of teeth can contribute to a loss in self-esteem, leading to loneliness and social isolation.[51–53]

The North Carolina Oral Health Collaborative aims to remove barriers to oral health and help implement policies that reduce oral health disparities through partnerships, advocacy, and education. This mission makes the Oral Health Collaborative an important party in addressing oral health needs of older adults.

Access to Dental Services

Medicare does not cover dental services, which leads many older adults to experience high out-of-pocket expenses.[54] A Medicare Advantage Plan, sometimes called Part C, is a health plan offered by private companies approved by Medicare.[55] Depending on plan selection, dental coverage may only include preventive services, some are reimbursement plans while others work via a narrow network of providers.[56] As of 2019, approximately 24 million Medicare beneficiaries nationally did not have dental coverage and 11% of Medicare beneficiaries had access to dental coverage through Medicaid.[56]

Many low-income individuals receive dental care through nonprofit safety-net dental clinics.[57] The majority of North Carolina's 100 counties have at least one safety-net dental clinic.[57] Many of these facilities accept private insurance, Medicaid, and sliding-scale fees for those without insurance. The North Carolina Institute of Medicine is currently partnering with the NC Oral Health Collaborative to identify strategies for strengthening the delivery of oral health services through North Carolina's Medicaid program throughout the state.

Mobile dentistry could also play an important role in providing dental care for older adults, especially for those who are homebound or have transportation difficulties.[58] In New Hanover County, a program initiated in 2022 and coordinated by New Hanover County Health and Human Services and the Senior Resource Center provides dental care to adults who are aged 55 and older with lower incomes.[59]

Malnutrition

Although the term malnutrition is sometimes used interchangeably with hunger, these conditions are not the same. Malnutrition is a lack of balance in nutrients, such as protein, vitamins, and minerals from food, while hunger is weakness or discomfort from a lack of food. Being malnourished results in a deficiency in nutrients that leads to adverse effects on mental and physical health.[60] Malnutrition 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, such as poor oral health.[61] Challenges with the ability to chew can lead to a five-fold increase in the likelihood of becoming malnourished.[62] In addition, common medications can cause dry mouth, which slows down the production of saliva, affecting the ability to break down nutrients and impacting the experience of eating.[63]

Screening and early intervention are the first steps necessary in the treatment of health conditions caused by malnutrition, such as those marked by a loss in muscle mass and strength. Earlier evaluation and treatment of malnutrition can have a positive effect on clinical outcomes, such as an improvement in physical function and a reduced hospital stay.[64] The Joint Commission requires hospitals to screen for malnutrition within 24 hours of admission, but there are no guidelines for what type of health care professional conducts the screening, which may affect the efficacy of the questioning as well as what actions are taken if an older adult is found to be at risk.

It is often assumed that being underweight is a key factor in malnutrition. One commonly used malnutrition assessment—measurement of body mass index (BMI)—is limited in its scope to estimating body fat percentage without factoring in nutritional intake. A more reliable instrument for measuring or assessing malnutrition in older adults is the Malnutrition Universal Screening Tool (MUST). The MUST assessment considers height and weight, unplanned weight loss, and effects of acute disease, and contains guidelines to help develop a care plan. Another commonly used screening tool, the Mini Nutritional Assessment (MNA®), is designed specifically for older adults.[65]

How would this impact the health of older adults?

Adequate nutrition provides enough strength to remain mobile and prevents the risk of falls.

Proper oral health helps older adults maintain adequate nutrition.

Maintaining oral health and adequate nutrition helps older adults remain active in the community and confident in social interactions.

Helen is a retired librarian who likes to participate in her neighborhood walking club. Recently she was experiencing some dizziness and weakness that was causing her to miss out on the daily walks. After speaking with her doctor, Helen realized that her symptoms may be related to her diet. She had gradually been phasing out certain foods that she was not enjoying anymore or were causing her pain when she ate. This meant she wasn't getting the proper amount of protein and nutrients she had been getting before. Helen went to her dentist to find out what was causing the pain and her dentist identified several cavities. She explained to Helen that some of her regular medications may be causing dry mouth, which can lead to development of cavities and generally make the experience of eating less enjoyable. Helen's dentist repaired the existing cavities and counseled her on strategies to help with her dry mouth. Helen plans to speak with her doctor about the medications that may be causing this issue and see if she can make any changes.

**This is a composite story that represents the experiences some older adults may have with oral health and nutrition.*

STRATEGY 25

Use Screening and Assessments to Identify Issues of Falls Risk, Fitness to Drive, and Social Isolation

a. The North Carolina Department of Health and Human Services should:

- **i.** Update client intake forms for social services programs to include questions to screen for falls risk and social isolation.
- **ii.** Partner with the North Carolina Community Health Workers Association to identify training and targeted outreach opportunities for community health workers to educate about and screen for falls risk, fitness to drive, and social isolation at community-based organizations serving older adults (e.g., senior centers).
- **iii.** Partner with the North Carolina Area Health Education Centers (AHEC), North Carolina Community Health Workers Association, North Carolina Nurses Association, North Carolina Medical Society, Old North State Medical Society, and North Carolina Association of Pharmacists to identify and promote educational opportunities for health care providers and direct care workers on:
  1. Health impacts of social isolation and ways to address this issue with older adults.
  2. Importance of screening and assessments for fitness to drive and available screening tools.
  3. Relevance of vision and hearing changes to risk of falls and social isolation and recommended screenings.
  4. Relationship between polypharmacy and risk of falls and methods to decrease medication burden.
  5. Moving beyond fall-risk screening to assessing specific risk factors for falls to know how to appropriately intervene.

b. The North Carolina Health Care Association, North Carolina Medical Society, and other health care professional organizations should:

- **i.** Promote the inclusion of screening and assessment for falls risk and social isolation on standardized screening for patients, particularly for older adults, and a screening for traumatic brain injury if a patient has experienced a fall.
- **ii.** Promote the inclusion of falls prevention and social isolation as topics for community outreach services or events.
- **iii.** Work with and help financially support the NC Falls Prevention Coalition and their partners to promote the development or expansion of evidence-based intervention plans and programs for individuals screened as at risk for falls and ensure relevant health care providers are educated on these intervention plans. Intervention plans should include referral pathways to help community-dwelling older adults access an appropriate evidence-based community falls-prevention program.

Desired Result – Increase health care worker knowledge about falls risk, fitness to drive, and social isolation and ways to address these issues in older adults.

Why does the task force recommend this strategy? – Falls risk, fitness to drive, and social isolation are issues that are intertwined with individual health. Because older adults rely on and trust health care providers for their knowledge and perspective on issues impacting their health, there is significant opportunity for providers to identify issues related to these topics and begin the process of addressing needs.

Context -

Falls Prevention

In the United States, an older adult is treated in an emergency department for a fall every 15 seconds.[66,67] Governor Roy Cooper's proclamation during the 2022 Falls Prevention Awareness Week states that "unintentional falls are the leading cause of fatal and nonfatal injuries among people in our state age 65 and older, causing 1,357 deaths, 19,688 hospitalizations, and 83,788 emergency department visits in 2020."[68] Most falls result from a combination of intrinsic risks, such as balance issues and environmental risks like an unsecured rug or cracked sidewalk.[69] **See Chapter 1, page 19** for more information about the impact of falls on older adults.

The Centers for Disease Control and Prevention (CDC) STEADI (Stopping Elderly Accidents, Deaths, and Injuries) initiative provides tools for health care providers to screen older adults' falls risk, assess factors for falls risk, and identify interventions to reduce falls risk. The three main steps to STEADI—screen, assess, and intervene—can be adapted to various clinical practice settings.[70] The STEADI falls risk assessment consists of falls history, medication review, a physical exam, and environmental assessments.[71]

A falls risk assessment is a required part of the Welcome to Medicare examination as well as the Medicare Annual Wellness visit.[72] The American Geriatrics society recommends that adults aged 65 and older be screened annually for a history of falls or balance impairment.[73] Patients do not often volunteer information about falls, so asking annually is recommended in order to identify adults at high risk for future falls.[69]

Screening for traumatic brain injury after a fall is also an important clinical process. Adults aged 65 and over have the highest rates of brain injury hospitalizations of any age group.[74] Older adults with a traumatic brain injury are more likely to require lengthy hospitalization, to be more severely disabled after hospital discharge, and to be more at risk for falls.[75]

Fitness to Drive

In 2020, there were around 48 million licensed drivers aged 65 and older in the United States, a 68% increase since 2000.[66] Age-related changes in physical function, vision, and chronic disease can affect some older adults' driving capabilities.[66] Drivers aged 70 years and older have higher crash death rates than middle-aged drivers, primarily due to increased vulnerability to injury.[66]

Physicians have a role in identifying an individual's medical fitness to drive. The Fitness-to-Drive Screening Measure is a free online screening tool that can identify at-risk drivers; however, the assessment tool is 54 items long and takes around 20 minutes to administer, limiting its usage by clinicians.[76] A shortened version of the measure has been developed. Fitness-to-drive tools are often used by occupational therapists to determine an older adult's driving capabilities after an illness, injury, or accident.

Social Isolation

The health impacts of social isolation are well documented, leading to a higher risk of dementia as well increased risk of depression, anxiety, and heart disease.[77] Educating older adults on the risks while promoting involvement in social service programs can decrease the poor health outcomes associated with social isolation. **See Chapter 1, page 20** for more information about the importance of social connections for older adults.

A standardized screening for loneliness—the UCLA 3-Question Loneliness Scale—measures an individual's perception of isolation.[78] The five-item Steptoe Social Isolation Index can be used to indicate an individual's level of social isolation. Individuals identified as lonely and/or socially isolated should be asked if they would like help and, if so, referred to resources.

Sensory Changes in Older Adulthood

Loss of hearing and/or vision can contribute to experiences of social isolation and can increase the risk of falls. Older adults with sensory limitations are more likely to experience depression and struggle with activities of daily living and are less likely to engage in social activities.[79] The fear of falling due to vision loss often leads to decreased physical activity, which in turn can lead to decreased muscle strength and tone, which may play a role in future falls.[80] To mitigate these risks, the American Optometric Association recommends annual eye exams for everyone aged 60 and older. Devices such as glasses, magnifiers, and talking watches may be offered to assist with daily living.[81] Age-related hearing loss is associated with cognitive decline and falls risk; screenings for hearing loss may allow for diagnosis and treatment to decrease the risk of cognitive impairment.

Polypharmacy

Polypharmacy—the taking of multiple medications—has been associated with an increased risk of falls due to the effects of many of the commonly prescribed drugs for older adults.[82] According to a 2019 CDC report, about one-third of older adults used five or more prescription drugs and three out of four older adults take at least one medicine that is linked to falls or car accidents.[82] Polypharmacy or "medication overload" increases the risk of adverse drug effects and loss of balance and coordination.[83] Some non-medication treatments, such as counseling and exercise, have been suggested as substitutes for some of the medications linked to recurrent falls in older adults.[83] Some medication therapy management services have been specifically designed to decrease the risk of falls in older adults.[84]

Community Health Workers (CHWs)

The North Carolina Community Health Workers Association is home to more than 650 community health workers, who serve as liaisons between medical and social services in the community. Through a range of activities including outreach, education, social support, and advocacy, CHWs build health knowledge and self-sufficiency for community members. The unique knowledge CHWs have about the communities they serve makes them well-equipped to work with older adults to identify and help address issues related to falls, nutrition, driving, and social isolation.

North Carolina Falls Prevention Coalition

The North Carolina Falls Prevention Coalition aims to reduce injuries and death from falls among older adults throughout all the regions in North Carolina. Strategies include increasing understanding of falls prevention through improved data collection and analysis and raising awareness of strategies to reduce falls, such as routine screening; identifying Falls Prevention County Champions to meet the needs of all 100 counties in North Carolina; and promoting the National Falls Prevention Awareness Week with educational programs available free via webinars to anyone interested.

How would this impact the health of older adults?

Assessment of falls risk, fitness to drive, malnutrition, and social connections —and referral to resources if needs are identified—can help older adults prevent falls, stay more mobile, maintain adequate nutrition, and stay socially connected.

ADDITIONAL RESOURCES:

Strategy 17 - Increase Access to the Program of All-Inclusive Care for the Elderly (PACE)

- Program of All-Inclusive Care for the Elderly (PACE)
- NC Pace Association
- National PACE Association

Strategy 20 - Conduct Research and Evaluation on Current Programs to Increase Access

- UNC Partnerships in Aging Program
- NCseniordriver.org
- UNC Highway Safety Research Center
- Governor's Highway Safety Program

Strategy 21 - Increase and Modernize the Home and Community Care Block Grant

- NC Senior Tar Heel Legislature
- NCDHHS HCCBG Procedures Manual
- NC DAAS HCCBG County Budget Instructions

Strategy 22 – Strengthen Adult Protective Services

- NCDHHS Adult Protective Services
- UNC Elder Abuse Prevention
- The North Carolina Adult Protection Network
- NC Senior Tar Heel Legislative Priorities
- North Carolina Coalition on Aging
- North Carolina Partnership to Address Adult Abuse

Strategy 23 – Ensure Integration of Age-Related Issues in Community Health Assessments and Action Planning

- North Carolina Institute for Public Health
- North Carolina Healthcare Association
- North Carolina Division of Public Health
- NCDHHS Community Health Assessment

Strategy 24 – Identify and Address Health Issues Related to Getting Adequate Nutrition

- North Carolina Oral Health Collaborative
- NCIOM Issue Brief: Malnutrition & Older Adults in North Carolina

Strategy 25 - Use Screening and Assessments to Identify Issues of Falls Risk, Fitness to Drive, and Social Isolation

- NC Falls Prevention Coalition
- CDC STEADI initiative
- Older Adult Falls and Related Traumatic Brain Injury: Overview, Prevention Strategies, and Statewide Resources
- Article - Driving Decisions: Distinguishing Evaluations, Providers and Outcomes
- A Guide to Screening for Social Isolation and Loneliness

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