



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.