

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.