



Membership Application

To join the **AARP Network of Age-Friendly Communities** and the
World Health Organization Global Network of Age-Friendly Cities and Communities

- If you have questions while completing this form, please email livable@aarp.org or call 202-434-2430
- If you need additional space for answering the questions you may add an additional sheet of paper.

APPLICATION SUBMISSION DATE: 6/21/2016

Section 1: COMMUNITY DETAILS

NAME OF THE COMMUNITY: Wake County

STATE: North Carolina

POPULATION SIZE: 1,024,198

PERCENTAGE OF RESIDENTS ABOVE THE AGE OF 60: 15%

NAME AND TITLE OF THE ELECTED OFFICIAL SIGNING THE OFFICIAL COMMITMENT: James West, Chairman,
Wake County Board of Commissioners

OFFICE ADDRESS OF THE SIGNER: Wake County Commissioner's Office, 4th Floor, 301 S. McDowell Street, Raleigh,
NC 27610

Section 2: COMMUNITY CONTACT FOR THE AARP NETWORK OF AGE-FRIENDLY COMMUNITIES

The community contact is the local staff member or volunteer who is primarily responsible for carrying out the community-level work — it is not the responsible AARP staff member.

NAME: David Ellis

POSITION: Deputy County Manager, Wake County

EMAIL ADDRESS: david.ellis@wakegov.com

TELEPHONE NUMBER: 919-856-6160

Please describe the named person's role in the city or community's age-friendly initiative:

As Deputy County Manager, Mr. Ellis oversees many of the departments that provide services and/or programs to our residents. In this capacity Mr. Ellis will be able to ensure department functions in Human Services, Community Services, Environmental Services, Workforce Development and Emergency Services are looking at opportunities across departments to implement age friendly policies.

Section 3: COMMUNITY ACTIVITIES, ENGAGEMENTS and COLLABORATIONS

1) Please provide a brief summary of the community policies, programs and services that are targeted toward older people and how the community plans to become more age-friendly.

In 2005, the Wake County Human Services Board recognized that Wake County was facing a significant challenge in the coming years in the form of a rapidly growing senior population, many of whom were also economically disadvantaged. In response to that trend, the Human Services Board established an Aging Services committee and charged it with the task of developing a countywide Aging Services Plan. This diverse committee included representatives from government, nonprofit, business and consumer representatives. Over time, this committee evolved into the GOLD (Growing Older Living with Dignity) Coalition and was charged with the responsibility of amplifying, implementing and monitoring the progress of recommendations made in the initial plan. Wake County believes that the GOLD Coalition has done a tremendous job for the past decade of ensuring that Wake County stays an age friendly community. With the additional knowledge and resources that comes along with receiving the designation of an age friendly community, Wake County is confident that our community will continue to improve the quality of life for people of all ages. The Wake County Aging Plan Update from 2010 – 2014 and the Wake County Action Plan for Aging Adults and Adults with Disabilities 2015 – 2019 are attached.

2) How will the community engage and involve older people in the process of becoming a more age-friendly?

As previously mentioned, the GOLD Coalition has been engaging older people in becoming more age friendly for the past decade. We believe the GOLD Coalition will continue to be the vehicle to engage older individuals and stakeholders in ideas on how we can continue to be an age friendly community. The Wake County Aging Plan Update from 2010 – 2014 and the Wake County Action Plan for Aging Adults and Adults with Disabilities 2015 – 2019 are attached.

3) Briefly describe the mechanisms the community has or is planning to put in place to facilitate collaborative planning and implementation between different agencies and departments.

Our current plan is to work with the GOLD Coalition as they are a cross section of individuals and stakeholders, from the public, private and faith based communities. In 2010, the Coalition provided an initial Aging Plan for 2010-2014 and recently provided an updated plan for 2015-2019. The Wake County Aging Plan Update from 2010 – 2014 and the Wake County Action Plan for Aging Adults and Adults with Disabilities 2015 – 2019 are attached.

Section 4: NETWORK MEMBERSHIP

Your answers to the following questions will help us complete your membership in the global age-friendly network and better enable us to understand how to support the network.

4) How do you hope to contribute to the AARP Network of Age-Friendly Communities and the World Health Organization Global Network of Age-Friendly Communities?

Wake County is the second fastest growing community over 1,000,000 people in the United States. On average, Wake County adds 64 people per day, of that amount 6 are over the age of 55. We believe that the diversity and speed of our growth, while challenging, will provide many lessons on how to enhance an age friendly community during rapid demographic growth and changes.

5) What motivated your community to join the AARP Network of Age-Friendly Communities and the World Health Organization Global Network of Age-Friendly Communities?

AARP is one of the premier organizations for information and resources for older individuals in the United States. In looking at how the County can enhance the quality of life for older individuals, the Age Friendly Communities initiative was one that aligned with the work of the GOLD Coalition and our Human Services Department.

6) Please provide a digital file or link of a logo or other image that represents your community.

The image resolution should be at least 72 dpi. As an example of an image, here's ours >



http://www.wakegov.com/media/resources/PublishingImages/Logo/Wake_C

Wake County Aging Plan Update

2010-2014



Growing
Older
Living with
Dignity



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INTRODUCTION

The 2010-2014 Aging Plan represents the collaborative work of individual citizens, representatives from the business and nonprofit communities and service providers from both the public and private sectors. It should be read in conjunction with the previous plan, as we have not attempted to repeat all the information contained in the original.

Issues are divided into the following six major areas defined in the previous plan:

- Health
- Personal Care
- Safety
- Housing
- Transportation
- Economic Self-Sufficiency

We begin by listing priority goals and recommendations in these areas for the next four-year period. The rationale for these recommendations becomes evident as each issue area is presented and discussed in chapter format.

While many issues have remained unchanged, both positive and negative developments have occurred over the last four years that have impacted the health, safety and welfare of our county's senior adult population. We have attempted to define these developments throughout each chapter and to consider how they, in addition to emerging trends, will impact senior adults over the next four-year period. The recommendations and strategies offered here represent our collective ideas as to how we can work together most effectively to assure the future is bright for our county's senior adult population.

Priority Recommendations from Previous Plan

Several common themes emerged from the 2005-2009 Aging Plan that guided the establishment of priority recommendations for the plan period. The chosen priorities were the following:

- Transportation – Coordinate existing transportation services to expand numbers of individuals served, especially those in rural areas.
- Health – Develop adequate nutritional assistance programs for adults who are at risk for malnutrition and institutionalization.
- Public Awareness and Education – Develop consistent and unified adult services provider network; increase utilization of and access to existing information and referral services.

Progress on these and other goals is outlined in this update.

Aging Profile, Updated

Unfortunately, Wake County demographic information gathered during the 2010 census will not be available for some time, so we must rely on the NC Division on Aging and Adult Services

for the most recent projections available. The 2009 Aging North Carolina profile reveals the following trends.

Between 2009 and 2030, the population of North Carolina residents 65 and older is expected to grow 80 percent, and the population 85 and older, 50 percent. Growth of the over-65 population in Wake County is projected to be over 200 percent, the highest rate of growth among North Carolina's 100 counties.

North Carolina ranks tenth among states in the number of persons age 65 and older with about 1.2 million residents over 65; roughly 70,000 of those individuals live in Wake County. The over-65 population is expected to grow to about 2 million statewide by 2030; over 200,000 are expected to be living in Wake County.

North Carolinians who are age 60 today are expected to live, on average, an additional 22.5 years to almost 83 years old. Generally, women live longer than men and whites live longer than persons of other racial groups. However, at the oldest ages, African Americans in particular have life expectancy that is the same or slightly greater than that of whites.¹

Wake County seniors are somewhat more educated and have somewhat higher income than seniors in North Carolina as a whole; even so, approximately 7% of Wake County residents aged 65-74 are below the federal poverty level, and nearly 20% of that age group fall below 200% of the federal poverty level. Older females are more likely than males to suffer from poverty. According to the 2008 American Community Survey, the older adult group most below poverty level in North Carolina is African American females age 75+ (33.1%).

In summary, the outlook for Wake County remains challenging, with very substantial anticipated growth in our senior population over the coming years. Current systems are not sufficient to deal with this level of growth and need. It is urgent that we continue to build infrastructure that will allow us to support these seniors in years to come.

¹ *Aging North Carolina: the 2009 Profile*, North Carolina Division of Aging and Adult Services, 2010

GUIDING PRINCIPLES

WAKE COUNTY AFFIRMS COMMITMENT TO OLDER ADULTS

Wake County seeks to support efforts that will provide the highest quality of life for all of our senior citizens. We strive to offer a service continuum that maintains each individual's dignity, self-esteem and right to self-determination. Our endeavors to assist current and future senior citizens, as well as those who care about them, are based on the following guiding principles:

- **VALUE POTENTIAL:** recognizing, valuing and utilizing the abundant potential of older adults
- **MAINTAIN WELL-BEING:** acknowledging the importance of programs designed to maintain well-being and forestall any negative consequences of the aging process.
- **EMPOWER AND SUSTAIN:** providing empowering opportunities as well as supportive and sustaining services to address physical, mental, financial and social needs
- **SUPPORT CAREGIVERS:** supporting the caregivers of older adults
- **FOSTER EQUALITY:** fostering environments which are sensitive to discrimination, ageism, impairments of age, and elements of safety
- **STREAMLINE SERVICE ACCESS:** streamlining the service delivery system to promote the dissemination of accurate information and prompt service delivery
- **ASSURE SERVICE EXCELLENCE:** assuring that services are provided in a sensitive, cost-effective, responsive and quality manner, with appropriate results, particularly in long-term care facilities.
- **PROMOTE COLLABORATION:** promoting governmental and agency collaboration and co-location
- **NURTURE QUALITY EMPLOYEES:** providing for the recruitment, training, compensation and retention of quality employees to work with seniors, especially for those in long-term care facilities.

STRATEGIC RECOMMENDATIONS FOR 2010-2014

Health

Goal Summary: Wake County seniors and adults with disabilities will have improved access to affordable medical care, improved quality of care, health insurance, prescription drug assistance and health promotion programs.

Priority Recommendations

- Improve transportation services to assure seniors and adults with disabilities can access health resources.
- Promote person-centered care management to better support individuals with cognitive impairment.

Personal Care

Goal Summary: Wake County senior citizens and adults with disabilities will have access to high-quality care in settings appropriate to their needs. When possible, individuals will be offered assistance allowing them to remain in their homes, avoiding premature institutional placement.

Priority Recommendations

- Substantially increase county funding for in-home care, while exploring ways to increase cost-sharing by program participants who can afford it.
- Support and promote adult day care services as a viable alternative to institutional care and supplement to in-home care.
- Explore ways to provide financial assistance for those individuals who need assisted living care but do not qualify for Special Assistance.
- Increase available workforce and improve retention of qualified, certified nursing assistants (CNA) and personal care aides (PCA).

Safety

Goal Summary: Older adults in Wake County will have increased awareness of and protection from consumer fraud and elder abuse, access to home safety information and disaster preparedness and response issues.

Priority Recommendations

- Work with existing information and referral services, the Senior Fraud Task Force, and the Community Resource Connections program, to enhance public awareness of senior fraud and abuse.
- Increase coordination between agencies serving senior citizens and adults with disabilities, and the emergency management community, to improve planning for disaster response.

Housing

Goal Summary: Wake County senior citizens and adults with disabilities will have access to high quality affordable housing throughout the county and homeowners will be assisted in remaining in their homes with the support of programs that provide home repairs and modifications.

Priority Recommendations

- Expand rental housing opportunities for senior adults with emphasis on building new units of affordable housing to meet anticipated demand due to population growth.
- Increase public awareness of, and funding for, programs that assist senior adults with home repairs, upkeep, and energy efficiency.

Transportation

Goal Summary: Senior citizens and adults with disabilities, in all parts of Wake County will have access to affordable general purpose transportation to enable them to get to medical appointments, stores, senior centers, physical activity programs and social activities.

Priority Recommendations

- Maintain and further develop volunteer transportation network.
- Encourage expansion and coordination of existing transportation services to increase numbers of individuals served, especially those living in rural areas.

Economic Self Sufficiency

Goal Summary: Wake County residents will have access to options counseling and assistance with planning for long term independence and support in the employment process.

Priority Recommendations

- Provide one-on-one assistance to seniors regarding their options and programs and services for which they may qualify, through the Community Resource Connections for Aging and Disabilities.
- Provide senior-specific assistance and support for those seeking employment.

HEALTH

Contributors

Alan Kronhaus, M.D., CEO, Doctors Making Housecalls
Maura Marini, Human Services Supervisor II, Wake County Human Services
Peggy Smith, Executive Director, NC Assisted Living Association
Miranda Strider-Allen, Director of Senior Centers, Resources for Seniors
Alan Winstead, Executive Director, Meals on Wheels of Wake County
Gail Holden, Director of Senior Services, Wake County Human Services

Key Issues in Previous Aging Plan

Access to Health Care

- Shortage of physicians willing to accept Medicare patients
- Lack of affordable health insurance for those who retire before they become eligible for Medicare.

Prescription Drugs

- Rising prescription drug costs

Health Promotion – Physical Activity and Nutrition

- Need to provide and promote effective physical activity programs throughout the county
- Waiting lists and underserved areas for Meals on Wheels nutrition program

Dementia Care

- Lack of dementia-specific care in long-term care facilities
- Lack of a specialized geriatric evaluation unit in Wake County

Depression

- Undertreatment of late-life depression

Substance Abuse

- Lack of awareness of substance abuse in the senior population

Developments in the Health Sector During the Plan Period

Access to Healthcare

On January 1, 2009, North Carolina began offering a last-resort health insurance option for people with pre-existing conditions who would otherwise be denied coverage or have to pay extremely high premiums. Marketed under the name Inclusive Health, this high-risk insurance pool targets individuals who have lost healthcare coverage and who have been unable to purchase coverage on their own due to pre-existing conditions. Monthly premiums vary by age, gender, and tobacco use, but may be in the range of \$600-1300 for a 60 year old, for instance, depending on the plan chosen. While such costs would not be affordable for many, this program does provide an option for some individuals who would not otherwise be able to obtain coverage at any price. For older adults who are not yet 65, or for adults with disabilities enduring the 2-year waiting period for Medicare, this option may be life-saving.

Hospice Facility

Over the past several years, Hospice of Wake County has observed a need in Wake County for a freestanding hospice facility for those who need inpatient care that is consistent with the hospice approach to dying. To meet this need, Hospice of Wake County embarked on a building campaign in October 2007. The Hospice and Palliative Care Center was publicly dedicated on January 9, 2010. The new campus provides specially designed spaces for patients and families to approach the end of life in comfort and with dignity. The campus also houses a bereavement center and spiritual retreat open to the community at large.

Prescription Drugs

Medicare prescription drug coverage (Medicare Part D) was enacted as part of the Medicare Modernization Act and went into effect on January 1, 2006. It is available to all people with Medicare and is offered by insurance companies approved by Medicare. About 90% of Medicare beneficiaries now have prescription drug coverage, either through Medicare or other sources, compared to 66% in 2004. About 60% of Medicare beneficiaries receive their coverage through a Medicare Part D plan.

Medicare Part D plans differ significantly in their premiums, copayments, and formularies, but share limitations in the total amount of coverage offered. As a result, many seniors encounter a “doughnut hole” – a gap in coverage at some point during the year, when they are forced to pay full price for their medications. A Low Income Subsidy program, also called Extra Help, provides reduced premiums, deductibles, and copayments, and eliminates the doughnut hole for very low-income individuals. The Medicare Part D program, despite its limitations, has been a tremendous help for many seniors, providing a basic level of prescription coverage that was previously unavailable.

The NCRx program was created after Medicare Part D went into effect. This state-funded program provides a subsidy for part of the Medicare Part D premium, for seniors who have limited income and resources but do not meet criteria for the Low Income Subsidy.

Health Promotion – Nutrition

The 2006 Meals on Wheels Long Range Plan adopted a goal of serving 390,000 meals by June 30, 2009. That goal was nearly met with 378,500 meals served during fiscal year 2008/2009 – the most meals ever served in one year. Total financial support has increased from \$1,800,000 to \$2,300,000, with more emphasis placed on fund-raising activities. The agency invested in upgrading technology, recruited additional volunteers and staffed additional home delivered meal routes.

Health Promotion – Physical Activity

During 2006-2007, the US Administration on Aging (AoA) initiated its Evidence-Based Disease and Disability grant program. Through both public and private partnerships, 27 states (including North Carolina) have deployed evidence-based interventions whose primary focus is to help enable adults to maintain their health, wellness and independence. In Wake County, such programs include Living Healthy (Chronic Disease Self-Management Program), Arthritis Self-Management, and Matter of Balance. Living Healthy and Arthritis Self-Management emphasize

goal setting, problem solving, communication, working with health care providers and condition and treatment management. Matter of Balance helps reduce fear of falling by emphasizing fall prevention skills, and increasing flexibility and lower body strength.

Other evidence-based health promotion programs offered in Wake County include tobacco cessation programs, Arthritis Foundation programs, Fit and Strong (a physical activity program targeting people with osteoarthritis), and Powerful Tools for Caregivers (self-care program for caregivers).

Health Promotion – Public Awareness

On November 2, 2009 The North Carolina Roadmap for Healthy Aging was launched as a web-based, interactive site to promote healthy aging throughout North Carolina, www.ncroadmap.org. The Roadmap is designed for community providers, clinicians, and older adults to find and access the health promotion programs in their communities. The roadmap contains resources and tools to implement and sustain evidence-based health promotion programs throughout the state. It also includes links to health information databases, listings and contact information for the evidence-based health promotion programs currently available in North Carolina, and listings of master trainers. For each county, the NC Roadmap provides a snapshot of healthy aging data and listings of organizations and facilities that provide health promotion programming to older adults.

Dementia Care

Many medical professionals are not comfortable with diagnosing and treating dementia. Alzheimers North Carolina, Inc. (formerly the Eastern North Carolina Chapter of the Alzheimer's Association) is supporting the work of Dr. Daniel Kaufer at the UNC Memory Disorders Clinic in particular, as he begins to train primary care physicians throughout the state on how to screen and refer to specialists.

Continuing Challenges

Access to Health Care – Medicare Physicians

Access to affordable health care continues to be a significant problem for senior citizens and adults with disabilities. Fewer and fewer physicians in Wake County are willing to take new Medicare and Medicaid patients because of low reimbursement rates. There is also an overall shortage of physicians in family practice and primary care specialties (internal medicine or geriatrics), as new medical graduates, often burdened with high levels of student debt, instead seek specialties with higher incomes such as cardiology, gastroenterology, radiology and anesthesiology.

Mrs. D. is a healthy 80 year old widow whose primary care physician chose to leave her family practice in exchange for a specialty. After calling 15 different family care and internal medicine practices in search of a new doctor, Mrs. D. has yet to find a physician willing to take new Medicare patients. She is frustrated to the point that she is considering giving up on having a primary care doctor.

The problem of access to care is compounded for seniors whose disabilities make it difficult for them to get to a doctor's office. One solution to this problem is home-based primary care. Physician home visits may improve quality of care and save Medicare and Medicaid significant amount of money, primarily by reducing unnecessary emergency room visits and hospitalization. Nonetheless, the availability of this service in Wake County has been severely constrained because insurance will not pay for physician travel time. There is currently only one medical practice regularly making home visits for routine care in Wake County.

Prescription Drugs

Despite the substantial benefits offered by Medicare Part D, affordability of prescription drugs continues to be a concern for Medicare recipients, particularly those who reach the coverage gap, where they are suddenly exposed to the full cost of their medications. This price shock often results in seniors having to drop prescriptions until the beginning of the next plan year, because they are unable to afford the full cost. Healthcare reform legislation passed in spring 2010 promises to close the coverage gap, but the change will be phased in gradually between now and 2020.

In addition, the financial protection offered by Part D has been partially undermined by increases in Medicare Part D premiums and cost-sharing requirements over time. Between 2006 and 2009, the weighted average monthly premium for prescription-drug plans increased by 35%, from \$25.93 to \$35.09 per month, with some of the more popular plans posting much steeper increases. Copayments have also increased in many plans. Often enrollees switch plans in hopes of saving money only to find, in the small print, that the new plans do not cover some of their medications.

An unintended consequence of Medicare Part D was the fact that most Medicare recipients lost access to Patient Assistance Programs that had formerly provided free medicines through drug companies. If such programs are available to Medicare beneficiaries at all, they usually only become available once the senior reaches the coverage gap. Resources for Seniors' MAPS program, featured in the previous edition of this plan, continues to assist seniors by counseling them about how to best use their Medicare D benefit, and by facilitating applications for assistance when they exhaust the initial coverage limit.

Nutrition

While Meals on Wheels has improved financial support and increased number of meals served, it still has not been able to keep up with growing demand for services. There is always a wait list for home delivered meals caused by inadequate financial resources and shortage of volunteers. Further efforts are planned to recruit and retain additional volunteers, as well as to establish and cultivate additional community and corporate partnerships.

Alzheimer's Disease and Dementia Care

There are currently an estimated 9,600 individuals age 65 and older in Wake County affected by Alzheimer's Disease. The likelihood of developing Alzheimer's doubles about every five years after age 65, with the risk reaching nearly 50% by age 85. Training and education needs of family and professional caregivers continue to be a major challenge. Without understanding

the disease, it is hard to provide adequate support to those who have a cognitive impairment. We need a culture change from one of being task-oriented to one that allows caregivers to know who the person with dementia was prior to the disease and who that person is today, in other words, person-centered care. The scenario needed to make such a change would require major modifications in long term care community settings in particular.

Depression

Depression is not a normal part of aging, and affects approximately 11,000 individuals over age 65 in Wake County. It occurs at a higher rate in people living in hospitals and nursing homes than in community settings. An estimated 20% of older adults living in the community, and 50% of adults living in nursing homes suffer from depression. Depression tends to last longer in elderly adults, doubles the risk of developing cardiac disease and substantially increases the risk of death from illnesses. Furthermore, older adults with depression have increased rates of insomnia and memory loss and, according to the American Psychological Association, there may be a link between late-life depression and Alzheimer's disease.

Anxiety Disorders

The most common anxiety disorder affecting older adults is generalized anxiety disorder (GAD) and is frequently linked with traumatic events such as falls and acute illness. The American Psychological Association estimates that 6% of adults age 65 and older, or 4,408 individuals in Wake County, are affected by GAD. GAD is characterized by persistent, excessive and unrealistic worry about everyday life situations and is more likely to strike women than men.

Substance Abuse

Multiple physical, social and emotional changes that accompany the aging process make senior adults vulnerable to substance abuse. These changes are all stressful and include loneliness, decreased mobility, chronic pain and limited economic and social supports.

The American Psychological Association estimates that up to 5% of adults age 65 and over, or 3,674 individuals in Wake County, abuse alcohol and/or prescription medications. Often, substance abuse by senior adults is not recognized by health care personnel. Many seniors have developed strategies to hide their alcohol and drug use and/or family members fail to report it. Substance abuse is a serious problem that leaves senior adults at risk for adverse drug reactions, toxic loads on the liver and kidneys and cardiovascular disease. Negative health consequences are sometimes seen in older adults at a level of alcohol or drug use that would be considered light to moderate in younger people.

New Issues

Economy in Crisis

December 2007 marked the beginning of the current recession, by far the most extensive this country has faced since the Great Depression. Thousands of North Carolinians who lost jobs also faced the loss of health insurance coverage through employer plans. Workers in the 50-65 age bracket are particularly hard-hit when they lose employer coverage, as they often take longer to find new employment yet are ineligible for Medicare or Medicaid. In North Carolina, there are no other public programs available to provide health care to senior citizens and adults

with disabilities. Increasing numbers of individuals are falling through a widening gap in services and have nowhere to turn for help. Health care reform may address some of this need, but changes will be some years in coming.

Reports also suggest that the current recession is leading some to forego not just elective surgery and preventive screenings, but also basic care for acute and chronic conditions.² One privately-funded panel survey of more than 100,000 households found a marked increase in the percentage of households reporting that they had deferred (delayed or cancelled) physician visits, imaging procedures, non-elective procedures and laboratory or diagnostic tests. Deferring care was most prominent in lower-income households, but occurred across all incomes and age groups.

Goals

- Wake County senior citizens and adults with disabilities will have improved access to affordable medical care, health insurance, prescription drug assistance and health promotion programs.
- Individuals and families dealing with dementia will have access to improved quality of care.

Strategies

- Advocate for increased funding for health and wellness programs that serve senior citizens and adults with disabilities.
- Improve transportation services to assure senior citizens and adults with disabilities can access health resources.
- Explore ways to encourage home-based primary care for seniors.
- Encourage agencies and organizations offering fitness/wellness programs for seniors to use evidence-based programs where available.
- Promote person-centered care management to better support individuals with cognitive impairment.
- Increase public awareness of dementia-related illnesses and their epidemic impact on our community.

² *Issue Brief – Impact of the Economy on Health Care, Changes in Health Care Financing & Organization*, August 2009

PERSONAL CARE

Contributors

Chair: Michael Boles, Director of Adult Day Services, Resources for Seniors, Inc.

Shonda Corbett, Adult Care Home Advisory Committee and Nursing Home Advisory Committee

William Lamb, Associate Director, UNC Institute on Aging

Rita Holder, Director of Home Care, Resources for Seniors, Inc.

Jill Baldwin, Director of Staff Development, Resources for Seniors, Inc.

Diana Gore, Area Business Development Director, Brookdale Senior Living

Adult Day Service contributors:

Total Life Center at Bond Park

Total Life Center at Kirk of Kildaire

Total Life Center - Creedmoor Road

Total Life Center - Departure Drive

Total Life Center - Garner

Total Life Center - East Wake

Sarah Care at Lake Boone Trail

Ruth Sheets

Family Circle Elder Care

Key Issues in Previous Aging Plan

In Home Assistance

- No public assistance available for companion/homemaker services
- Insufficient assistance available for hands-on personal care, particularly for lower income individuals who are not eligible for Medicaid.

Adult Day Services

- Need for additional capacity

Long-Term Care Facilities

- Concerns about quality of care
- Need for improved communication between facilities and families
- Insufficient public assistance for assisted living

Developments in the Personal Care Sector During the Plan Period

Home Care

The Center for Volunteer Caregiving (CVC) received additional support through the Family Caregiver Support Program for their volunteer services that assist clients with “homemaker” level care and provide respite to family caregivers. CVC now receives Wake County’s full allotment from this funding source, as approved by the GOLD Coalition. This funding is also being used to increase caregiver support coordination within the county.

In 2005, Resources for Seniors, Inc. re-initiated Companion Plus, a training program for healthy older adults (individuals over 50-years of age) who desire to work with other seniors who need light-duty in-home “homemaker” or “companion” assistance. This program provides training in the skills needed to work with seniors within the community, as well as certifications in CPR,

First Aid, and North Carolina Interventions (NCI). Criminal background checks and reference checks are conducted on all participants in the course. The result is a registry of individuals who are available for hire. Resources for Seniors, Inc. currently maintains a registry of graduates who have maintained their certifications and training.

Adult Day Care

One comprehensive, multipurpose adult day care center with the capacity of serving both seniors and younger adults with disabilities (MR/DD) was opened in 2005. Departure Drive Total Life Center is certified for 91 adults and currently provides adult day service to 37 seniors and younger adults with disabilities. In addition, SarahCare opened in 2009 with a certified capacity to serve 51 adults over the age of 55.

Long Term Care Facilities

The Adult Care Home Community Advisory Committee and Nursing Home Community Advisory Committee have established an annual dinner with the Wake County Board of Commissioners. The committees are working towards the developing best practices in nursing homes and assisted living facilities in Wake County. Increased membership in the Community Advisory Committees (CAC) for both nursing homes and assisted living communities is being promoted within the long-term care industry.

In 2009, the state began implementation of a “Star Rating System” for assisted living facilities. The North Carolina Star Rated Certificate program for assisted living facilities, also called adult care homes and family care homes, was established in response to requests of North Carolina citizens for increased availability of public information regarding the care provided in adult care facilities. The rules were created by the N.C. Medical Care Commission with input from residents and families in adult care homes, advocacy groups, providers, and others. This system provides web-based access to facility ratings derived from annual inspections. All facilities are rated with one to four stars, and a limited amount of detail is also available about the specific issues that resulted in a particular rating.

Cooperation and Communication

Several groups have emerged since the last Wake County Aging Plan that are made up of professionals from across the senior industry. These groups meet monthly or bi-monthly to discuss new trends, enhancement of quality care, and cooperation within the Wake County continuum of care. A few groups were created more specifically for staff education, others for industry or consumer advocacy. Examples of these groups are (but not limited to): GOLD Coalition, HART (Health Affairs Round Table), Senior Resource Alliance of the Triangle, Easing Transitions, and PALS (Partners of Assisted Living).

Continuing Challenges

Home Care

Although the plan period saw increases in the number of home care companies providing services, we continue to face a situation where many Wake County residents cannot get the care they need due to cost. The previous plan characterized available public funding sources for home care as “desperately inadequate”; the situation has only gotten worse since then.

Due to recent economic trends and cuts to public funding sources, this challenge has become even more severe. Programs have been frozen, waiting lists are getting longer, and seniors continue to be placed in residential settings prematurely because in-home care is unaffordable. Recent efforts to prevent Medicaid fraud, while necessary, have made it more difficult for deserving seniors to access services.

Mrs. P, who is blind, wheelchair-bound, and living on \$735 per month, has been receiving Medicaid PCS services for years. In addition to providing help with bathing, the aide has assisted her by going to the grocery store and pharmacy. New Medicaid rules have disallowed errands and grocery shopping under the PCS program. Mrs. P does not know how she will be able to get her prescriptions and groceries now, as she has no means of transportation, and cannot afford to pay someone to do errands. No other subsidized program is available to assist.

At the same time, there has been increasing pressure put on the acute care systems (hospitals) to discharge patients more quickly to lower levels of care. People are discharged “sicker and quicker.” This downward pressure has effects on our whole system of long-term services and supports. More people with severe health problems are now found in nursing homes and assisted living facilities, and patients are frequently discharged home without adequate home-based care.

Increasing the availability and access to quality in home services is both cost effective and provides a better quality of life for seniors. In 2008, for every \$100 spent on nursing home care by Medicaid, only \$35 was spent on home based care.

Waiting lists for in home services that can extend an individual’s ability to remain in their home and out of institutional placement continue to grow in Wake County. The chart below is an example of the growth of waiting lists in three programs designed to keep people in their homes:

Number of People on Waiting Lists		
Program	FY 07-08	FY 08-09
Meals on Wheels	197	354
In Home Services	158	173
CAP/DA (in home alternative to nursing home placement)	263	320

Adult Day Services

A continuing issue for most adult day services in Wake County is low utilization of the service. As a whole, adult day services in Wake County are at 45% of certified capacity (with 9 out of 11 centers reporting). This percentage includes younger adults 18-55 as well as seniors 55 and older. The low percentage of utilization highlights the continued need for support and promotion of adult day care services as a viable alternative to institutional care and supplement to in-home care within Wake County.

One likely cause of under-utilization of adult day services is the lack of adequate funding to assist lower and middle income families with the cost of the program. A 2009 report from the North Carolina Adult Day Service Association states that the average cost to the program per unit has increased from \$49.98 per day in 2004 to \$55.68 per day in 2009. While adult day care is much less expensive than one-on-one home care, it still is out of reach of many middle-income families. Additional money is needed in the Home and Community Care Block Grant and the State Adult Day Care Fund to enable increased enrollment. There is currently a 1-year waiting list for this funding in Wake County. In addition, CAP/DA funding for adult day health is frozen and has had a 3% reduction in reimbursement to adult day health providers.

Long Term Care Facilities

Although many long-term care facilities provide high-quality care, concern about conditions in long-term care facilities continues. Newspaper reports on cases of neglect and abuse exacerbate public fears and suspicions.

Efforts have been made within the long term care industry to increase community volunteerism, memberships on Community Advisory Committees, and family councils. However, maintaining volunteer involvement over time continues to be a challenge. Additional county-wide awareness of these committees, councils, and volunteer opportunities is needed for their success and expansion.

Funding for long-term care is another continuing problem, especially with regard to assisted living. Income eligibility guidelines for Special Assistance have changed little during the plan period. An individual who is over the income limit for Special Assistance (currently \$1248/month), is still far from being able to afford the private-pay cost of care in even the most modest facilities (\$2000/month). When a senior falls into this gap, their family faces an impossible choice between leaving them at home and at risk, or placing them in an unnecessarily restrictive nursing home setting so that they can receive Medicaid benefits.

Personal Care Workforce

The people who provide assistance with feeding, bathing, dressing, grooming, etc. are the backbone of long term care services. As the aging population grows, the availability of adequately skilled workers continues to be of major and increasing concern. Personal care workers are still underpaid and under-recognized for the importance of their work, and employee turnover is still epidemic as workers move from one facility or agency to another in pursuit of minor wage increases.

Goals

- Wake County's senior citizens and adults with disabilities will have access to high-quality care in settings appropriate to their needs. When possible, individuals will be offered assistance allowing them to remain in their homes, avoiding premature institutional placement.
- Sufficient resources for adult day care will provide a middle ground, supplementing the care provided by family caregivers.
- Increased public involvement in and awareness of the long-term care system will promote higher-quality care in institutional settings.
- In all settings, improved quality of care will be built on the foundation of personal care aides who are adequately compensated for their work and recognized for their importance.

Strategies

Home Care

- Advocate for expansion of the Special Assistance In Home demonstration project, to include individuals with incomes up to 150% of poverty level.
- Support continuation and expansion of the CAP/DA program, and advocate for more rational Medicaid deductible rules, to allow more individuals to use the program as an alternative to more expensive nursing home care.
- Substantially increase county funding for in-home care, while exploring ways to increase cost-sharing by program participants who can afford it.

Adult Day Care

- Support and promote adult day care services as a viable alternative to institutional care and supplement to in-home care.
- Maintain and if possible increase county funding to assist lower and middle income clients with the cost of adult day services.

Long Term Care Facilities

- Further increase volunteer opportunities in long term care facilities with additional and more focused recruitment with various community action groups, civic organizations and area churches.
- Expand upon community awareness of Community Advisory Committees, family councils, and other workgroups of staff, advocates, service providers, consumers, and volunteers to increase these groups' ability to define, address, and make recommendations related to long term care issues.
- Develop and promote a model family orientation package to be used after admission of a resident in a long term care facility.
- Explore ways to provide financial assistance for those individuals who need assisted living care but do not qualify for Special Assistance.

Personal Care Workforce

- Increase available workforce of qualified, certified nursing assistants (CNA) and personal care aides (PCA).
 - Assess workforce needs of hospitals, home health agencies, assisted living, nursing homes, and hospice.
 - Assess current training capacity for CNAs and PCAs
 - Seek ways to increase training capacity to meet workforce needs
- Improve retention of CNAs and PCAs
 - Promote recognition of top aides by trainers, employers, and county government
 - Advocate and promote a living wage for all long term care and home health personnel.
 - Provide increased continuing education opportunities for aides.

SAFETY

Contributors

Chair: Alan Stirling, Consumer

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Deputy Laura Driver, Citizen's Well Check Program, Wake County Sheriff's Department

Helen Savage, Associate State Director, Community Outreach, AARP NC Office

Richard Trottier, State Attorney, Senior Law Project, Raleigh Office

Key Issues and Challenges in Previous Plan

Consumer Protection

- Financial scams and consumer fraud

Safety at Home

- Isolation
- Elder abuse and neglect

Disaster Preparedness

- Lack of special needs shelter for people with disabilities and older adults
- Need for a special needs registry for vulnerable residents

Developments in the Safety Sector During the Plan Period

Consumer Protection

Overall public awareness of consumer fraud has increased significantly during this plan period, with frequent media messages aimed at preventing fraud, scams, and identity theft.

Publications from the AARP, the State Financial Regulators Roundtable, and the Financial Industry Regulatory Authority (FINRA), and other organizations provide advice to seniors about evaluating investments and avoiding scams. Increasing national attention is being devoted to protecting seniors from aggressive and inappropriate marketing of financial services and products, including annuities and reverse mortgages.

Closer to home, the NC Senior Consumer Fraud Task Force has continued its work. Through the efforts of the Better Business Bureau, AARP, public safety agencies, and other partners, the Task Force has been involved in presenting a number of "Scam Jams," including at least one in Wake County. These events serve to educate the public about scams, identity theft, and other consumer fraud risks.

During the plan period, the Attorney General's Consumer Protection office and the NC Division of Aging and Adult Services partnered to develop a program to match volunteers with seniors who have been victims of scams. The purpose of the Telemarketing Fraud Victim Assistance Program is to prevent the pattern of re-victimization that frequently occurs when vulnerable, often isolated, seniors are repeatedly targeted by telephone scammers. The program is also being expanded to include home repair, sweepstakes, and email fraud. Volunteers work with victims to help them see the signs of a potential scam, and to provide social support that counteracts the false friendship often offered by the scammers.

Safety at Home

Project Lifesaver was initiated in 2007 through cooperation between the Wake County Sheriff's Office and the Pilot Club. This project is a rapid response program that locates people with brain disorders who wander from their caregivers. Members enrolled in the program wear a bracelet that emits a tracking signal. If a member wanders away, the caregiver notifies the Sheriff's Office. A search and rescue team goes to the wanderer's area and uses a mobile receiver to pick up the member's signal thus locating the person. The Pilot Club assists with funding and volunteer support.

Legal Aid of North Carolina Senior Law Project initiated a Wake County Elder Abuse Task Force in January 2010 with the goal of increasing public understanding and awareness of the issue of elder abuse, through collaboration among public safety, health care, and other community agencies and organizations.

Disaster Preparedness

On the federal and state level, the Disability and Elderly Emergency Management (DEEM) Initiative was a multi-agency endeavor that took place in 2007-2008, intended to identify ways to strengthen emergency preparedness and response for people with disabilities and older adults living in North Carolina. A report was issued in September 2008 with a variety of recommendations focusing on individual preparedness, communication, coordination among agencies, and shelter issues (<http://www.ncdeem.org/pdfs/summits/deemrofr.pdf>).

Triangle Agencies Anticipating Disasters, an initiative funded by a grant from Blue Cross and Blue Shield of North Carolina, created an extensive public education campaign on disaster preparedness throughout the region, including Wake County. Through this program, about 7,000 people were reached in-person through seminars, focus groups, training events, senior fairs and other gatherings. Another 6,000 people were reached through direct-addressed email or mail. Educational materials emphasized creating a "Grab and Go" bag with medications and other essentials, to be taken along during a disaster evacuation. Resources for Seniors includes some of these materials, as well as a disaster preparedness checklist, in the annual Directory of Resources for Older Adults in Wake County.

Continuing Challenges***Consumer Protection***

Despite increased public awareness of fraud risks, seniors continue to fall victim to scams and other fraud. The current financial crisis has spawned a new crop of scams involving credit repair schemes, foreclosure rescue scams, and other fraud targeting vulnerable people.

Safety at Home

Seniors who live alone or are alone during the day continue to be at risk in a variety of ways. Concern about falls is one of the primary reasons that families consider placing an older adult in a long-term care facility. Personal emergency response systems can provide some degree of reassurance that the senior could at least call for help if injured. However, the cost of these

systems, while modest compared to home care or facility care, is beyond the reach of many low-income seniors and no public funding is available.

Elder Abuse

Reports by county social services departments show that there has been a significant increase in reported elder abuse, a 20% increase in 2009 versus 2007. It is unknown whether this reflects an increasing incidence of abuse or an increase in reporting. Still, data on elder abuse in domestic settings suggest that only 1 in 14 incidents, excluding incidents of self-neglect, come to the attention of authorities. NC's Adult Protective Services (APS) law theoretically provides protection to all adults 18 and older, who have a disability and are abused, neglected or exploited. However, constraints on resources limit APS services to those who have already experienced significant harm, and preclude providing help in situations where the individual is merely at risk of harm.

Disaster Preparedness

Seniors and people with disabilities are at a greater risk during disasters. Many of these individuals have economic and transportation challenges and need outside assistance when a disaster strikes. These factors pose significant barriers to their preparation for and response to major disasters. Efforts have been made to increase public awareness of the need to prepare for natural disasters. However, Wake County has not yet implemented a special needs registry for those who will need help during a disaster, nor are there provisions for special needs shelters at this time.

Goals

- Older adults and adults with disabilities in Wake County will have increased awareness of and protection from consumer fraud and elder abuse.
- Senior citizens and adults with disabilities will have access to programs aimed at increasing safety at home.
- Disaster preparedness and response will include attention to the needs of older adults and people with disabilities in our community.

Strategies

- Work with existing information and referral services, the Senior Fraud Task Force, and the Community Resource Connections program, to enhance public awareness of senior fraud and abuse.
- Support the work of the Senior Law Project in educating the general public to recognize the signals of elder abuse.
- Seek ways to fund personal emergency response systems for low income seniors.
- Support implementation of DEEM recommendations for educating and training the public, seniors and caregivers about the need to be prepared for and have plans in place to cope with a disaster.
- Increase coordination between agencies serving older adults and people with disabilities, and the emergency management community, to improve planning for disaster response.

HOUSING

Contributors

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Gregg Warren, President, Downtown Housing Improvement Corporation
Annette Curtis, Senior Property Manager, Evergreen Construction Company
Annemarie Maiorano, Housing & Community Revitalization, Wake County Human Services
Gerry Massey, ARRA Weatherization Assistance Coordinator, Resources for Seniors, Inc.
Christena Schafale, Director of Information Services, Resources for Seniors, Inc.

Key Issues in Previous Aging Plan

Affordable Housing

- Increases in housing costs greatly outpace the increase in income of older adults.
- Shortage of affordable housing for people with very low incomes.

Home Repairs and Maintenance

- Older adults struggle to make needed home repairs on fixed incomes.

Property Taxes

- Increasing property taxes because of appreciating property values, causing greater burden for seniors on fixed incomes.
- Insufficient public awareness of the Senior Property Tax Exemption.

Developments in the Housing Sector During the Plan Period

Affordable Housing

Continued development of affordable housing projects resulted in an increase of 43% in the supply of affordable housing for older adults in Wake County during the plan period. These are properties where tenants must fall below a specified maximum income, and rents are typically somewhat lower than comparable market-rate units. Although this increase is significant, demand still exceeds supply and waiting lists are common. There has been no increase in the availability of subsidized housing, where rent is based on income. In fact, there has been a small net loss of capacity in this area. Subsidized units are critical for very low income seniors who cannot afford the \$400-700 rents typical in “affordable” apartment complexes.

Home Repairs / Maintenance

For the period 2004 – 2009, the RFS Housing & Home Improvement Department provided repairs of various types at the homes of 6,691 older adults residing in Wake County. Major repairs, funded by loan and grant programs, have been available through programs offered by the City of Raleigh, Wake County, the Town of Holly Springs, the Town of Cary, the North Carolina Housing Finance Agency and the USDA.

Rebuilding Together of the Triangle, a nonprofit organization using volunteers to provide home repairs and home modifications, became active in Wake County during the plan period, and provides an additional source of help for some homeowners.

Weatherization and heating unit repair/replacement is available through the Weatherization Assistance Program, which is now administered by the N.C. Energy Office and operated by Resources for Seniors, Inc. in Wake County. The program is designed to assist low to moderate income households in reducing their fuel costs and to contribute to energy conservation through increased energy efficiency and consumer education. The program is not limited to older adults, but many older adults on fixed incomes are able to benefit. Energy costs for these households are reduced on average by 30-35%. Income limits for this program were increased in 2009, from 150% of federal poverty level to 200%, making it available to a number of low-to-moderate income senior households that were not previously eligible. For the period 2004 – 2009, 1,274 homes were weatherized and 455 homes had their heating / air conditioning units either repaired or replaced.

In addition to the normal annual funding for Weatherization Assistance, federal economic stimulus funding will allow many additional dwellings to receive assistance. In 2009, the American Recovery and Reinvestment Act (ARRA) included a significant increase in Weatherization funding. After a start-up period ending in September 2009, a total of \$4,361,800 will be allocated to Resources for Seniors, Inc. to weatherize an additional 1005 dwellings by the ARRA target date of March 31, 2012.

Property Taxes

Starting in 2009, an additional option became available for some homeowners whose income is too high for the Senior Property Tax Exemption (Homestead Exemption). This “Circuit Breaker” option allows eligible homeowners to defer part of their tax bill until they sell their home. The amount that can be deferred depends upon the homeowner’s income and the amount of their property taxes. Interest is charged on the amount deferred. Wake County Revenue Department has made significant efforts to increase public awareness of the Homestead Exemption and Circuit Breaker option during the plan period, including inserts in property tax bills, public information sessions, and other publicity materials. Much of this additional publicity was in conjunction with the 2008 reassessment.

Reverse Mortgages

Reverse mortgages continue to be available as a financial tool to allow homeowners to use their homes’ value without incurring a monthly payment. In some cases, this provides a source of funds that may be used for home repairs, maintenance, and payment of property taxes, or to pay off an existing mortgage. During this plan period, public awareness and utilization of reverse mortgages has increased significantly, mostly as a result of lender advertising. Reverse mortgage counseling is provided by Resources for Seniors and other Wake County nonprofit organizations.

In August 2008, the State Employees Credit Union introduced a proprietary (non-FHA) reverse mortgage product that is now available to SECU members. This product provides an alternative to HUD’s HECM product.

Continuing Challenges

Affordable Housing

Availability of affordable housing continues to be a pressing concern. Subsidized and affordable senior apartments typically maintain waiting lists of 6 months to one year. Based on the projected growth of the senior population and assuming one to two persons per household, it is estimated that over 300 additional units of affordable or subsidized senior housing would need to be built each year in order to keep up with demand between now and 2020. The need is greatest for subsidized housing targeting seniors with very low income, especially those whose income is less than \$15,000 per year.

Home Repair

Home repair programs continue to be swamped with requests for assistance from low-income older homeowners. Unmet need is very high for relatively major repairs such as roof replacement. The increase in awareness associated with the additional Weatherization funding has also resulted in a surge of requests for heating unit replacement. Also, the plan period has seen the loss of two programs formerly sponsored by the City of Raleigh, which used volunteers to assist with housepainting and other home repairs.

New Issues

Another area of concern that has arisen in 2008-2009 is the increase in older homeowners going into foreclosure. In the era of rising home prices, many homeowners were tempted to borrow against their home equity, often using standard home equity loans (i.e., not reverse mortgages). As these loans experienced changes in interest rates, or the homeowners lost income sources from work or investments, some older homeowners have found themselves unable to continue to make payments, and foreclosures have become more common. Adding pain to an already difficult situation is the fact that a foreclosure appearing on a credit report can disqualify the person from renting affordable senior housing.

Mrs. H, a 65-year-old widow, called Resources for Seniors in distress. After her husband's unexpected death, she had found herself unable to make her mortgage payments on her much-reduced income, and despite efforts to work out a loan modification with the lender, lost the home a year later. When she called for help, she had just received notice of the date she would have to be out of the home. A social worker from Resources for Seniors attempted to help her find alternate rental housing, but found that the foreclosure caused automatic rejections when she applied at senior complexes. Mrs. H was forced to move in with her daughter while continuing to search for an apartment.

In the reverse mortgage area, changes in the HECM program in 2009 as a result of the national housing crisis have reduced the loan amounts available to borrowers, making the program less effective for borrowers who need maximum loan amounts to escape foreclosure. In addition, there has been a troubling increase in borrowers who, having received a reverse mortgage and exhausted all the available funds, find themselves unable to pay their property taxes and insurance. This constitutes a default on the loan and can itself lead to foreclosure.

Goals

- Wake County seniors and adults with disabilities will have access to high quality affordable housing throughout the county.
- Senior homeowners will be assisted in remaining in their homes with the support of programs that provide home repairs and modifications.

Strategies

- Expand rental housing opportunities for senior adults with emphasis on building new units of affordable housing to meet anticipated demand due to population growth.
- Maintain existing local funding support for affordable housing.
- Examine development/planning/regulatory initiatives to increase housing affordability.
- Promote public understanding of available housing options.
- Increase public awareness of, and funding for, programs that assist senior adults with home repairs, upkeep, and energy efficiency.
- Increase availability of volunteers to assist seniors with unmet needs such as yard work, tree removal, clean-up of storm debris, and other simple home maintenance tasks.
- Continue to promote public awareness of property tax exemption and deferral programs.

TRANSPORTATION

Contributors

Don Willis, Transportation Manager, Wake County Human Services
Ray Woodall, Transportation Broker, Wake County Human Services
Dorothy Tom, Transportation Coordinator, The Center for Volunteer Caregiving
Carmelee Scarpitti, Transit Planner, City of Raleigh
Ray Boylston, Transit Services Administrator, Town of Cary
Vinson Hines, Transit Manager, Transit Authority
Mike Mitchell, Transportation Coordinator, Resources for Seniors
Lynn Templeton, Executive Director, The Center for Volunteer Caregiving

Key Issues in Previous Aging Plan

Access to Transportation

- Lack of supported transportation options for seniors and adults with disabilities who do not drive
- No public transportation in smaller communities in Wake County
- Volunteer-based transportation systems in need of additional support

Developments in the Transportation Sector During the Plan Period

C-Tran

The Town of Cary continues to offer the model for senior-friendly transportation with its C-Tran program. During the plan period, the program was expanded to include fixed route service open to the general public, in addition to the door-to-door service for seniors and people with disabilities. Free C-Tran tickets are available to seniors and adults with disabilities who meet income eligibility criteria. In fiscal year 2008-2009, C-Tran provided 43,952 door-to-door passenger trips to senior citizens and adults with disabilities. Based on passenger surveys, C-Tran also provided nearly 21,000 additional passenger trips for seniors on the fixed route service.

Triangle Transit

During the plan period, Triangle Transit has expanded routes from outlying Wake County communities, including Apex, Garner, Wendell, Zebulon, Wake Forest, and Knightdale. These routes, which connect to Raleigh public transportation systems and to other Triangle Transit routes, allow increased public transportation options throughout the Triangle. Triangle Transit has also partnered with the Town of Wake Forest and the City of Raleigh to provide a local bus circulator service within the Town of Wake Forest, which also connects to the Wake Forest-Raleigh route.

TRACS

The TRACS system, designed to provide transportation access in rural areas of Wake County, has experienced both expansion and contraction during the plan period. Service was extended to Apex and Garner during this period. However, subsequent funding limitations placed severe

restrictions on the number of riders that can be served by this program, and reduced the usability of the program for seniors. At the height of the program, seniors could schedule rides (to doctor's appointments, for instance) well ahead of time and were assured of having a seat available. At present, appointments must be scheduled no more than 24 hours in advance, only a few seats are available in each region each day, and users may be notified the night before their appointment that they will not be able to go. This makes the service very difficult to use for medical appointments, where the senior needs to count on being able to go, and a late cancellation may result in a significant financial cost.

EDTAP

Wake County's allocation for the Elderly and Disabled Transportation Assistance Program (EDTAP) was increased to include supplemental funding. Supplemental funding is helpful, but is less certain to be renewed from year to year.

Center for Volunteer Caregiving

The Center for Volunteer Caregiving was targeted in the 2005-2009 Plan as a priority recommendation in order to strengthen volunteer transportation options in Wake County. During the plan period, The Center hired a full time Transportation Coordinator. Revenue streams expanded with the renewal of financial support from the City of Raleigh and the addition of Wake County Community Partnership funding. The Center also became eligible to receive EDTAP funds and uses the funding for extraordinary circumstances when a volunteer cannot be found and to purchase gas vouchers for volunteers driving long distances each month. These developments have increased potential capacity for serving seniors. The Center remains the primary resource for seniors who are unable to travel independently and lack a family member who can escort them to appointments.

Private Transportation Companies

During the plan period, there has been an increase in the number of private transportation companies seeking to serve the senior and disabled populations, including offering wheelchair-accessible vehicles. For those who can afford the cost (often \$40+ per one-way trip), these companies offer an additional option.

Continuing Challenges

Need for Supported Transportation

Senior citizens and adults with disabilities who cannot drive continue to experience severe challenges. Even in communities where public transportation exists, routes are often some distance from seniors' homes and destinations, bus shelters are minimal or non-existent, and schedules make transfers arduous for those with physical limitations. Many seniors really need a door-to-door option.

Mrs. H is an 80-yr old woman who lives alone in an apartment in a senior housing complex. When she first became unable to drive, she was active user of C Tran, but she has recently become too frail to ride alone. She now relies on volunteers from The Center for Volunteer Caregiving to get to her medical appointments and do her shopping.

Lack of Public Transportation Options

While some progress has been made in expanding public transportation options, existing services are still not adequate to meet the needs of seniors and adults with disabilities. Added TTA express routes from outlying areas are primarily designed for employment-related transportation and do not run frequently enough to work well for seniors needing transportation to medical appointments or senior centers. Southern Wake County (Holly Springs, Fuquay-Varina, and Willow Springs) is still not served by any fixed-route public transportation. TRACS services lack the capacity to meaningfully serve seniors in smaller towns and rural areas.

Goals

- Senior citizens and adults with disabilities in all parts of Wake County will have access to affordable general purpose transportation to enable them to get to medical appointments, stores, senior centers, physical activity programs and social activities.

Strategies

Volunteer Transportation Resources

- Maintain and further develop volunteer transportation network.

Public Transportation

- Support the development of a universal access design model that serves all individuals in need of mobility.
- Advocate for consideration of the special needs of senior citizens and adults with disabilities when public transit systems are planned and implemented.
- Encourage expansion and coordination of existing transportation services to increase numbers of individuals served, especially those living in rural areas.
- Increase funding available for transportation services.

ECONOMIC SELF SUFFICIENCY

Contributors

Liz Scott, Director of Adult Economic Services, Wake County Human Services

Martha Grove Hipkind, Director of Senior Living, Kane Realty Corp.

Barry Mowbray, Regional Manager, Seniors Health Insurance Information Program

Lisa Ramsay, Workforce Development Specialist, Capital Area Workforce Development Board

Sarah Allen, Consumer

Key Issues in Previous Aging Plan

Financial Assistance

- Insufficient income for basic necessities on the part of many seniors.
- Limited governmental assistance, particularly for those above the Federal Poverty Level.

Financial Planning

- Lack of objective, neutral advice and consumer education regarding financial management and planning.

Employment

- Lack of senior-specific employment assistance for older workers

Developments in the Economic Self-Sufficiency Sector During the Plan Period

Medicare Savings Programs

In Wake County, these Medicaid programs which pay the monthly Medicare Part B premium of \$96.40 per month have become increasingly popular and the number of individuals receiving this coverage has increased 52% since 2005. In January 2010, the asset limit for these programs was raised slightly to match the limits used in the Medicare Part D Low Income Subsidy guidelines, which should allow some additional seniors to become eligible and should assist in coordinating applications for the two programs.

Senior Employment

To assist in meeting the needs of the increasing number of older workers, the Capital Area Workforce Development Board launched a Senior Workforce Initiative in January 2009. This initiative was designed to provide awareness, information, training and advocacy on behalf of the 50+ year old job seeker, utilizing the Capital Area JobLink Career Centers as the catalyst to provide these resources.

The initiative began with JobLink center staff education, followed by focus groups of older job seekers. This led to the development of specific job search programs and resources for older workers. In March 2009, a workshop called Checklist for Job Search: Tips and Tools for the Older Worker drew over 100 job seekers in attendance. In May 2009, the JobLink Career Centers introduced ASSETS (Ageless Seniors Seeking Employment & Training Services) resources geared toward the 50+ year old population. These resources include information on age friendly employer websites, resources available for the older worker, job search tips and upcoming events.

Reverse Mortgages

As noted in the Housing section of this report, reverse mortgages have become an increasingly popular tool for accessing home equity. In 2004, 438 homeowners in North Carolina obtained federally-insured Home Equity Conversion Mortgages; by 2009, over 1800 North Carolina homeowners participated. Homeowners commonly use reverse mortgages to pay for regular monthly expenses, pay off consumer debt, make home repairs, pay for home care, etc. Recently, more borrowers are using the reverse mortgage loans to pay off an existing mortgage that has become burdensome, thereby freeing up income and in some cases averting an impending foreclosure. In 2008-2009, there has been a significant increase in homeowners turning to reverse mortgages to fill in gaps left by losses in their investments.

Recent changes in the reverse mortgage marketplace have been pushing an increasing number of borrowers toward “lump sum draws” – an option in which they borrow the maximum amount of cash at the time of closing, rather than withdrawing money over time. While these plans may suit some borrowers’ needs, this trend raises real concern about a group of homeowners who may deplete their home equity very quickly, leaving them with no resources for the future. Such borrowers are also vulnerable to abuse by financial professionals who may seek to sell them inappropriate or risky investments.

Continuing Challenges

Health Care

Health care costs, health insurance premiums and long term care expenses represent a substantial threat to the financial independence of seniors in our community. These costs can devastate the financial security of even the most affluent of the senior population. Seniors previously covered by former employer health insurance plans during retirement find these benefits being eliminated by many corporations and face the additional premium expenses of private insurance plans or paying a larger portion of their health expenses out of pocket.

Long term care costs are beyond the financial means of most seniors. The public system provides comprehensive coverage for those who have very low incomes. However, many people are caught in the middle of a system in which they have too much income or assets to qualify for publicly funded services, but not nearly enough to pay privately for their care. For example, help with the cost of assisted living continues to be available only to those with incomes below \$1,248 per month and assets below \$2,000. A person with even one dollar too much income is clearly not able to pay privately for this type of care and yet finds no other options available. Because of premium costs, only a small percentage of the senior population has purchased or can afford long term care insurance. A system of affordable long-term care insurance, included in the healthcare reform legislation of 2010, may address some of this problem for future seniors, depending on how it is implemented. However, for today’s older adults, the problem remains a difficult one.

Employment

Based upon research conducted by AARP, nearly one in three workers will be 50+ years of age by 2016. There is evidence to support these statistics here in Wake County. According to the JobLink Management Information System, 20% of all customers served by Wake County JobLink Career Centers in 2008 were age 50 and older, rising to 23% in 2009. In 2009, there were 25% more customers receiving services in the 50-59 years of age category, 33.5% more customers receiving services in the 60-69 years of age category, and 38.2% more customers receiving services in the 70+ years of age category.

Older workers face many challenges in finding employment. Statistics show that it typically takes 25 weeks for an older worker to find employment compared to 18.7 weeks for their younger counterpart. There may be many reasons for this difference, beyond the obvious (and real, although illegal) possibility of age bias in hiring. Older workers are often accustomed to a higher salary than a given position will pay, and employers may be unwilling to consider an “overqualified” applicant with higher salary expectations. In other cases, the older worker may not have the updated education, training or skills that are needed. Some may be less flexible than younger workers in regards to doing whatever is necessary to secure employment. The increasing need to use computers and the internet even to search and apply for jobs is also a serious barrier for some seniors who may not have needed those skills in their former employment.

An older worker with an 8th grade education encountered a technology obstacle when trying to apply for a maintenance position at an area hospital. The applicant did not have the computer and typing skills to complete the online application, but was able to get help from a staff member at a JobLink Career Center. At last, after an hour, they reached the final page, which called for three references. The older worker had come prepared with the names, addresses, and telephone numbers of his references, but the application also demanded email addresses, which his references did not have. The online system would not accept the application without that information, nor would it allow the applicant to save the application and reenter the missing information at a later date. As a result, despite being well-qualified for the job, and having invested substantial time and effort, this older worker was unable to complete the process, and the employer never received his application.

Financial Education and Planning for Long Term Needs

The aging of our population suggests there is an urgent need for education and planning. Baby Boomers begin turning 65 at the rate of 10,000 per day in the year 2010; the number of centenarians – those 100 or older – will double every 10 years this century. Among persons 85 years and older, nearly 1 in 2 has ongoing need for assistance to get through their daily activities, whether from physical or cognitive impairment. All of us face the question of how we will afford the help we may need as we age. Unfortunately, many of us do not plan ahead. Many studies point to the insufficiency of most people’s retirement savings.

New Issues

The collapse of the housing market beginning in 2007, followed by the banking and credit crisis of 2008, and the overall economic recession, has resulted in a huge loss of wealth for older adults. Many had invested in their homes under the assumption that home prices would continue to appreciate indefinitely and that they could always sell or borrow against their homes in times of economic need. While Wake County has been relatively fortunate during this crisis, with home prices remaining much more stable than in other parts of the country, we have still seen declines in home values, real estate has become more difficult to sell, and home equity lines of credit have been cut off in many cases. It is likely that this crisis is not yet over, as unemployment lingers and the foreclosure rate continues to rise, exerting downward pressure on home values.

At the same time, many older adults who had planned and saved for retirement saw the value of their holdings drop drastically, dividends disappear, and formerly “safe” investments such as bank, or automobile industry stocks become valueless. Even those who thought they had done everything “right” by accumulating substantial resources for retirement, are now facing economic insecurity. Many middle-aged and older workers have also lost jobs in the current recession, and reports indicate that their chances of regaining their former level of income in the near future may be minimal. We may continue to see the results of the “Great Recession” for many years to come, in the form of older adults whose expectations of financial security have been dashed.

Goals

- Wake County seniors and adults with disabilities will have access to options counseling and assistance with planning for long term independence.
- Older adults will have access to senior-specific assistance and support in the employment process.

Strategies

- Provide one-on-one assistance to seniors regarding their options and programs and services for which they may qualify, through the Community Resource Connections for Aging and Disabilities.
- Design outreach and education opportunities that will have the highest impact in reaching underserved seniors.
- Provide senior-specific assistance and support for those seeking employment.
- Design curriculum targeting younger age groups concerning the need to plan for long term independence.

THE G*O*L*D COALITION

The GOLD Coalition (Growing Older Living with Dignity) was established in 2005 as a collaborative group of individuals and agencies interested in the betterment of services for older adults. The Coalition was charged with the responsibility of amplifying, implementing and monitoring the progress of the recommendations made in the 2005-2009 Wake County Aging Plan, and serving as advocates for the senior community.

Since 2005, the GOLD Coalition has steadily increased in membership and has become a group that others seek to join. Members include consumers, representatives from the business and nonprofit communities, the faith community as well as the human service system. While the Coalition was originally intended to represent senior adults, its mission has expanded to include adults with disabilities as well. The Coalition recognized early on that senior adults and adults with disabilities have many of the same needs and wants and are often served together throughout the long term care continuum.

Over the past four years, the GOLD Coalition has routinely monitored progress on the Aging Plan's priority recommendations in the areas of transportation, health, and information and awareness. Funding opportunities have been identified, and jointly supported, for the Center for Volunteer Caregiving and Wake County Human Services' transportation program. Existing partnerships have been strengthened and new partnerships formed as members have had the opportunity to meet and get to know one another and learn about services and programs. Coalition members report that they feel significantly better prepared to assist consumers with service needs as a direct result of information learned at GOLD Coalition meetings.

Wake County CRC



Community Resource Connections for Aging and Disabilities

One of the Coalition's most significant efforts involves establishment of the Wake County Community Resource Connections for Aging and Disabilities (Wake County CRC). Wake County CRC is scheduled to launch in mid-2010. The CRC program (known nationally as Aging and Disability Resource Centers) began as a collaboration between the US Administration on Aging (AoA) and the Centers for Medicare and Medicaid (CMS). The goal of this program is to empower individuals to make informed choices and to streamline access to long-term support options. Resource Center programs are designed to provide information and assistance to individuals with immediate service needs, individuals planning for their future long-term care needs, and professionals seeking assistance on behalf of their clients. They also are intended to serve as an entry point to publicly administered long term supports including those funded under Medicaid, the Older Americans Act and state revenue programs.

North Carolina's vision for Community Resource Connections programs is to link resources within the community and strengthen relationships between providers through partnerships and referral protocols to facilitate a "no wrong door" approach to services. "No wrong door" is

a philosophy for services that strives to give consumers access to services regardless of how or where they first encounter the system.

What is Different About CRCs?

- Joins aging and disability communities – serves seniors and at least one adult group with disabilities
- Requires multiple partnerships on all levels – integrates and coordinates service system
- Makes effective use of technology to streamline access – uses web-based client and program databases, and online applications for services
- Has strong consumer orientation – makes it easier to navigate the system
- Offers more than information and referral – provides proactive response to consumer needs
- Focuses on appropriate setting for services and supports – provides options counseling

CRC Functions

There are five required CRC functions: awareness and information, assistance, access, person-centered hospital transition planning, quality assurance and improvement

1) Awareness and Information

- Outreach and marketing
- Comprehensive source database
- Maintain consistent and uniform information among all entities

2) Assistance

- Long-term support options counseling
- Benefits counseling
- Referral to other programs and benefits, including employment options
- Crisis intervention
- Assistance in planning for future long-term support needs
- Person-centered hospital discharge planning

3) Access

- Provide eligibility screening
- Assist consumers in gaining access to private-pay and publicly-funded long-term support services

4) Hospital Transition Planning

- Discharge Support
- Care Management
- Coordination of community based services
- Family Involvement
- Person-Centered Planning

5) Quality Assurance and Improvement

- Customer Satisfaction
- Efficiency of Operation
- Medicaid Savings

While many of these functions are already offered by existing organizations, the value of the CRC is in promoting coordination and cooperation among agencies, seeking to reduce the barriers that tend to develop when each agency has internal processes, forms, and guidelines that are unknown to the others. For instance, the development of common data collection procedures could reduce the duplication of effort and frustration that result when a client is referred from one agency to another in search of services.

Agencies currently participating in the development of the CRC include Wake County Human Services, Resources for Seniors, Triangle J Area Agency on Aging, The Center for Volunteer Caregiving, Arc of Wake County, Alliance for Disability Advocates, Hospice of Wake County and Meals on Wheels of Wake County. In addition to offering consumers an integrated and coordinated service system through multiple partnerships, Wake County has also chosen to establish a physical location for the CRC hub at 401 E Whitaker Mill Rd in Raleigh. It is hoped that other hub locations will be developed in the future affording consumers access to needed, quality services in their own communities.

CONCLUSION

While progress has certainly been made in the years since the first Wake County Aging Plan was written, many of the issues facing our community remain the same as we look toward the years ahead. Ensuring that high quality care is available for senior citizens and people with disabilities is a central concern throughout this document. The capacity to serve all citizens in need of long term support services will continue to be a challenge, particularly with respect to the recession and its impact on the resources available.

It is clear that the demographic realities of an aging population demonstrate the need for increased resources, not static or declining funding. What we have seen in the six years since the original plan was written is a significant increase in waiting lists for a variety of services. The funding for aging services and programs is not keeping pace with the demand. As services become more expensive to provide, less people are served when the funding remains the same. In addition, cuts to Medicaid-funded services make it more difficult for low-income seniors to meet their health and safety needs.

We must recognize that the national best practice model is for seniors and persons with disabilities to remain in the least restrictive setting possible. However, inadequate funding for in home services, transportation, housing and other support services may result in the opposite -- premature placement in long term care facilities. This is contrary to most individuals' wishes to remain at home as long as possible and is significantly more expensive.

A promising development is the Community Resource Connections (CRC) initiative, which will be implemented this year. The need for public awareness of services available for seniors and adults with disabilities was noted in the original Plan, which called for the development of a one-stop resource center. The CRC will provide a centralized resource for information and assistance as well as the concept of a "no wrong door" approach by the aging and disability network in Wake County. It will eventually provide options counseling for individuals and their families so that they may understand the variety of options available in the continuum of services. Education will also be a primary goal of the CRC.

Finally, the health care reform legislation will have a major impact on access to medical care and beginning in 2012 will include a voluntary insurance program for purchasing community living assistance services, designed to help people stay at home. This legislation also includes many changes and reforms to Medicare.

The GOLD Coalition will continue to advocate for the needs of seniors in Wake County and to work collaboratively with all sectors of our community to implement the priority recommendations contained in this report.



Wake County
Aging Plan Update
2010–2014



WAKE COUNTY ACTION PLAN

FOR AGING ADULTS AND
ADULTS WITH DISABILITIES

2015 – 2019



Prepared by
The GOLD Coalition of Wake County

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Introduction

In mid-2014 the headlines exclaimed, “Wake County Hits the 1 Million Mark!” With 25,000 new residents moving to the county each year, and disproportionate growth in the 60+ and 85+ age groups, this update of the Wake County Aging Plan comes at a critical time for planning and progress. Expanded emphasis on supporting adults with disabilities has added to the scope of this Plan Update, and is reflected in the Plan’s new title.

This Action Plan for Aging Adults & Adults with Disabilities represents the collaborative work of individual citizens, representatives from the business and nonprofit communities, and service providers from both the public and private sectors.

The reality of the rapidly expanding population of older adults and adults with disabilities is complicated by the fact that we are living longer than ever, and funding for services is not keeping pace with the continued growth. The urgent need for planning to meet the complex needs of this growing population requires deliberate and focused collaboration throughout Wake County, and must include our partners at the state and federal level. No single governmental entity, nonprofit, business or citizen group can be expected to tackle the substantial challenges alone. The Plan provides ample opportunities for every sector and stakeholder to be a part of the progress needed to make positive changes in our community for our target populations.

Seven issue teams were convened in the fall of 2014 to begin this third cycle of the strategic planning process. The development of this plan was heavily influenced by the history of planning efforts in Wake County, plus the burgeoning need in our community that drives us to broaden and strengthen the Plan’s impact.

Plan History

A need is identified. In 2005, the Wake County Human Services Board recognized that Wake County was facing a significant challenge in the coming years in the form of a rapidly growing senior population, many of whom were also economically disadvantaged. Population projections supplied by the Wake County Planning Office indicated that Wake County's over-55 population will increase 62% by 2010, and 161% by 2020, relative to year 2000 US Census data. In view of this challenge, the Wake County Human Services Board recognized that our county's leaders needed to come together in a collaborative and community based effort to plan for the needs of our quickly growing older adult population. Consequently, The Human Services Board established an Aging Services committee and charged it with the task of developing a countywide Aging Services Plan. This committee included government, nonprofit, business and consumer representatives. This group researched the current status of services for seniors in Wake County, and assigned teams to develop recommendations in six issue areas found to be of greatest concern to our older citizens—Transportation, Health, Personal Care, Safety, Housing and Economic Self Sufficiency. Recommendations included in the Aging Plan were designed to guide efforts to be made by Wake County governmental bodies, nonprofit agencies, private sector businesses, and the community as a whole over the next four years, acknowledging that some goals will be ongoing over a longer period.

The GOLD Coalition. The Wake County Aging Plan recommended that an ongoing public-private working group, the GOLD Coalition (Growing Older Living with Dignity), would be charged with the responsibility of amplifying, implementing and monitoring the progress of the recommendations made in the initial Plan. This remains the group's primary goal today. The formation of the Coalition was in recognition of the fact that government cannot be expected to solve all problems and meet all needs, and that members of the community must participate in finding solutions to challenges. Members include consumers, representatives from the business and nonprofit communities, the faith community, as well as the human services system. The GOLD Coalition updated the initial Aging Plan for 2010-2014, and the current update is for the period 2015-2019.

Inclusion of Adults with Disabilities. Although the Coalition was originally intended to represent older adults, its mission has expanded to include adults with disabilities as well. It was recognized early on that these two groups have many of the same needs and wants and are often served together throughout the long term care continuum. Individuals with physical, intellectual and/or emotional disabilities are intentionally included in the design of the Plan.

Plan Context & Development

Renewed focus on action. The GOLD Coalition is renewing its focus on established Plan priorities. Recognizing that current systems are insufficient to meet the growing needs in our community, we focused on broadening community participation and soliciting community advice. Listening sessions were held at several Senior Centers, and invitations were accepted by more than 70 representatives to undertake the year-long process of researching and developing priority strategies for inclusion in the Plan.

Plan format change. The GOLD Coalition developed the new plan around the strategic goals identified in the North Carolina Aging Services Plan. We reviewed multiple successful plans from across the state and made slight changes to better represent the unique circumstances of the capital county. The Coalition hopes that adoption of common priorities will align goals and influence positive change for older adults and adults with disabilities both in Wake County and across North Carolina.

Work Groups. Seven issue teams were convened with the objective of creating priority objectives and strategies for the next four-year period. Each team met over a period of six months, researching services, trends, progress and deficits in their specific subject area. The issues studied were: Transportation, Health, Personal Care, Safety, Housing, Economic Self-Sufficiency, and Public Education, Awareness / Advocacy. The objectives and strategies identified in the Plan represent our ideas for ways we can work together more effectively to assure a bright future for Wake County's older adults and adults with disabilities. As has been the case with previous Plans, many issues have remained unchanged or will require ongoing efforts to address service and support shortfalls. For this reason, omission of a particular challenge in the document does not lessen its importance, or indicate that it is not a priority. Considerable focus was placed on challenges where progress can be made with determined and consistent action.

Focus on populations with special interests. The planning process prioritized the identification of strategies to meet the special needs and preferences of groups such as ethnic communities; informal or non-family caregivers; religious groups; lesbian, gay, bisexual and transgendered communities; individuals and caregivers dealing with mental illness; veterans; and aging adults with intellectual and other disabilities and their families. Some strategies we have identified pursue action targeted to a specific sub-group, but many do not. It is the intention of the GOLD Coalition and the Plan's contributors that, during Plan implementation, special consideration is included to meet the needs of these individuals. In addition, the Plan may use traditional language such as older adults, adults with disabilities, and caregivers. This simplifies the Plan for readers, but the language is not meant to be exclusive. As an example, "Caregivers" does not include only spouses, children, or paid caregivers; but any person providing care chosen by the care receiver. This may be a life partner, a friend, or "chosen" family – regardless of how the law may view the relationship.

Demographics & Population Trends

Wake County's increasing number of new residents, at the rate of 25,000 per year, and the growing number of aging baby boomers indicates greater challenges for the county in serving the aging population and adults with disabilities. Understanding the national, state, and county trends will provide valuable input toward designing, implementing, and managing needed support and services to enable older adults and adults with disabilities to remain independent, to age in place, and to reach and maintain their optimal health.

According to the Administration on Aging 2013 report there will be about 72.1 million older Americans in 2030, more than double the number of older Americans in 2000. At the beginning of 2015 about one in every seven Americans, or 14.1% of the population is age 60 or older. Americans ages 65 and older are expected to grow to be 19% of the population by 2030.¹

In North Carolina in 2014 one in five adults was age 60 and over and by 2033 one in four people will be 60 or older. In the next 20 years, people ages 75-84 will be the fastest growing age group and those ages 85 and older will be the second fastest growing age group in the state.²

An estimated 2.4 million baby boomers in North Carolina (those born 1946-1964) have begun to change the aging profile of the state. North Carolina, with an estimated 10 million people, ranks tenth nationally in total population, ninth in the size of the population over age 60 and eleventh in the population 85 and older.²

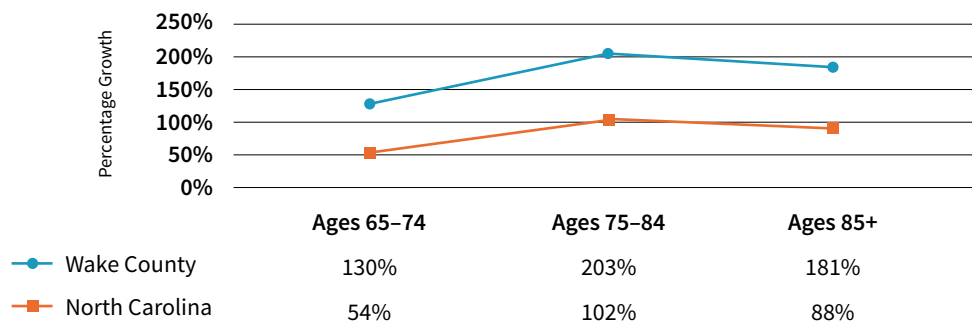
Also of note is the increasing life expectancy of people with lifelong or long-term disabilities. There are almost 5 million individuals with intellectual and developmental disabilities (I/DD) in the United States, and an estimated 154,812 in North Carolina. In parallel with national trends, 72% of individuals with I/DD in our state live with a family caregiver, with 23% (over 25,000) of those individuals living with a caregiver over the age of 60. Only 8% of the families providing caregiving support to individuals with I/DD in North Carolina receive public support from any I/DD agencies. As individuals with I/DD increasingly outlive their family caregivers, our community will be challenged to provide the support they need to maintain their health and greatest degree of independence and to participate meaningfully in the life of the community.³

About 80% of long-term care in the United States is provided by unpaid caregivers. The National Center on Caregiving estimates that there are 804,300 informal caregivers in North Carolina, providing approximately 900 million caregiving hours. In Wake County, nearly 11% of the population reports that they provide regular care or assistance to a friend or family member who has a health problem, long-term illness or disability.⁴ The prevalence of caregiving also varies among special interest populations. As an example, one in four LGBT adults will become an informal caregiver, compared to one in five heterosexual adults.

Wake County Trends

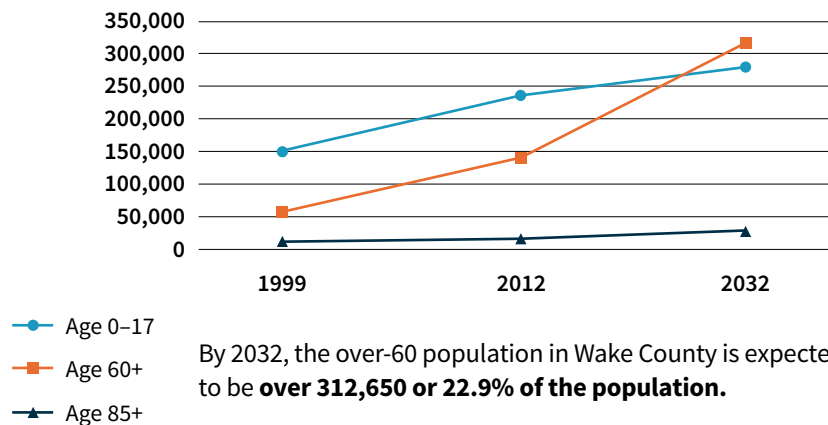
Wake County population reached over 1 million people in 2014 and averages 25,000 new residents every year.⁵ In Wake County, over the next twenty years, the projected growth of the population over age 75 is 203% and for people 85 and older the estimate for Wake County is 181%, more than double the state's projected growth of 88%.²

Projected Growth of Older Adult Population by Age (2013–2033)



Source: Wake Aging Profile ²
NC Data Center, Oct 2014

Wake County Population Change



Prepared by Swarna Reddy, NC Div. of Aging and Adult Services, Dec 2013
Source: American Community Survey 2008–2012, NC State Data Center

Demographics

The life expectancy for persons in Wake County averages 79.3 years for men and 83.4 years for women. Generally women live longer than men, and in the oldest age group, African Americans have a life expectancy that is equal to or greater than whites.⁵

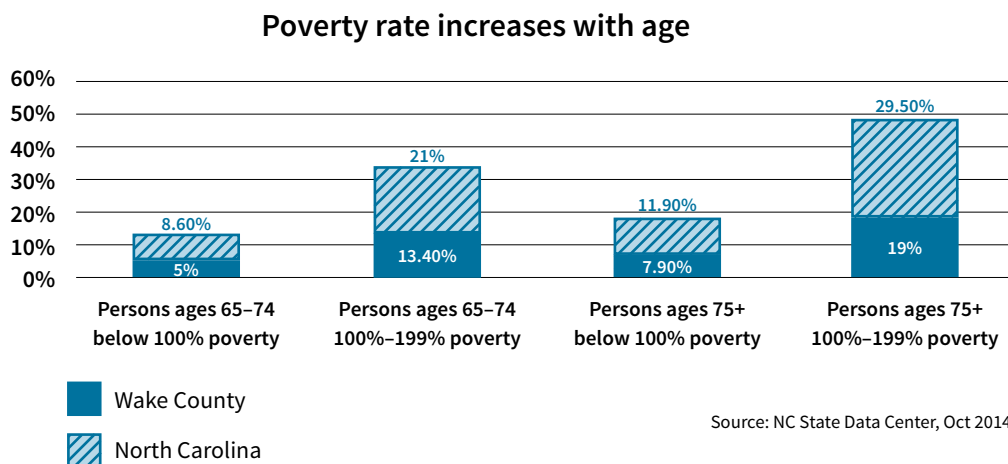
Women ages 65 and older comprise 57% of the older residents in Wake County and men 43%. Wake County is 78% Caucasian, 15% Black or African American, 3% Hispanic or Latino, and 4% of other races. Over 25% of older adults live alone or in group residences, and almost three-quarters of residents ages 65 and older own their homes.⁶

Wake County's older adults have a higher level of education and income compared to North Carolina as a whole. In Wake County, 37% of older adults have a Bachelor's degree or higher, as compared to 23% of the older adults in the state.⁶

In North Carolina and Wake County the percentage of veterans ages 65 and older is about the same at 20% of the population.

Sixty-nine percent of older adults in Wake County report living without disabilities; 14% live with one disability, and 17% have two or more types of disabilities.⁶

When you consider adults between the ages of 18 – 64, there are approximately 43,259 adults living in our County with at least one disability. These include disabilities in the areas of hearing, vision, cognition, ambulation, self-care, or independent living. 46% of these adults are males, compared to 54% females.



Wake Aging Profile 2014

Characteristics 2014 Adults Ages 65+	% of Older Adults in Wake County	% of Older Adults in North Carolina
Demography		
Men	43%	43%
Women	57%	57%
Veterans	20%	20%
Median age (years)	72.2	72.8
Ethnicity/Race		
White	78%	81%
Black or African American	15%	16%
Hispanic / Latino	3%	2%
Other racial / ethnic identity	4%	1%
Poverty		
Below 100% of the poverty level	6%	10%
100% – 149% poverty level	12%	8%
Employment		
Employed	16%	21%
Education		
Have less than a high school diploma	11%	19%
Have a Bachelor's degree or higher	37%	23%
Housing (2013 figures)		
Live in their own home	78.20%	81.90%
Live alone	26.30%	27.30%
Live in group quarters	3.00%	3.40%
Disability Status - noninstitutionalized		
Living with any disability	30%	37%
No disability	70%	63%

Source: American Community Survey 2009–2013

In 2013, the percentage of Wake County residents ages 65 and older living 200% below the federal poverty level was approximately 22% compared to 35% across the State. The poverty rate in Wake County for older persons increases with age from 13% for those under age 75 to 19% for residents 75 and older.⁵

Using data such as that reported above, the Plan will focus on increasing accessibility and awareness of resources, programs and services to address the growing demands of our aging residents and persons with disabilities.

Goals, Objectives, and Strategies



Goal 1



Empower older adults, adults with disabilities, and their families to make informed decisions and easily access appropriate services and supports

Objective 1.1 Increase awareness and accessibility of information about resources, programs and services for older adults and adults with disabilities

Strategies:

1.1.1: Partner with Workforce Center and libraries to host VA.gov information sessions.

1.1.2: Identify Information gaps in services, programs and resources.

1.1.3: Design and implement a Community Outreach Program to provide needed information to both urban and rural populations of older adults, adults with disabilities and their families or chosen caregivers.

1.1.4: Evaluate the role of the Wake County Community Resource Connections for Aging and Disabilities and promote a sustainability plan.

Goal 2



Enable older adults and adults with disabilities to remain independent and age in the place of their choice with appropriate services and support

Objective 2.1 Promote information sharing about existing Housing services and supports

Strategies:

2.1.1: Develop a plan to identify existing housing / home improvement resources in Wake County

2.1.2: Encourage resource entities to collaborate in sharing resource information

2.1.3: Include Housing / Home Improvement resource information in the Community Outreach program (Strategy 1.1.3.)

Objective 2.2 Encourage citizens to prepare for their aging years so that they are better able to age with choice in the community

Strategy:

2.2.1: Design and promote an aging preparedness outreach effort to encourage citizens to plan for their retirement years and to challenge negative stereotypes of aging.

Objective 2.3. Empower older adults and individuals with disabilities to live more safely in their homes by reducing risks associated with falling, and increasing their knowledge and use of home safety programs

Strategy:

2.3.1: Identify existing resources and promote to community partners across the aging and disability networks to increase participation in fall prevention programs

Goal 3



Empower older adults and adults with disabilities to attain and maintain optimal health

Objective 3.1 Promote caregiver education and hands-on training opportunities in the personal care of older adults and adults with disabilities.

Strategies:

3.1.1: Increase public awareness of adult day services, respite (including overnight respite) programs, and caregiving choices through a targeted effort by GOLD Coalition and other community agencies and individuals.

3.1.2: Partner with public and private agencies, businesses and educational institutions to identify and promote programs which provide caregivers with hands-on tools and training in the personal care of older adults or adults with disabilities. Ensure inclusion of diverse populations to reach caregivers and care receivers from different cultures, races, ethnicities, and those with limited English proficiency.

3.1.3: Promote efforts to help caregivers recognize the early warning signs of burnout and the potential repercussions of neglecting self-care.

3.1.4: Promote training and educational opportunities for persons caring for individuals with Alzheimer's Disease or other dementias.

Objective 3.2 Promote current and developing resources, services, programs and initiatives in Wake County that will improve the health of older adults and adults with disabilities.

Strategies:

3.2.1: Partner with community centers, nonprofit agencies, volunteer groups, local universities/colleges and faith communities to compile community resources that drive positive health outcomes.

3.2.2: Include Healthcare resource information in the community Outreach program (Strategy 1.1.3.) including outreach targeted to health clinics, physician practices, healthcare systems, insurance companies, community organizations and estate planners/financial planners

3.2.3: Advance efforts to expand capacity and enrollment in evidence-based health promotion programs throughout Wake County

3.2.4: Promote collaboration with organizations serving adults with mental illness to improve appropriate referrals and information sharing. Include information specific to supporting individuals with mental illness in the Community Outreach program. (Strategy 1.1.3)

Objective 3.3 Promote efforts to increase access to care for older adults and adults with disabilities that will respect diverse cultures and needs.

Strategies:

3.3.1: Identify barriers to accessing care that arise from cultural, societal, religious or other perspectives.

3.3.2: Solicit the involvement of organizations and individuals that advocate for the needs of diverse cultures and groups, to inform efforts to best serve those individuals.

Goal 4



Protect the safety and rights of older adults and adults with disabilities to prevent their abuse, neglect and exploitation

Objective 4.1 Maximize collaboration, outreach, and training to prevent abuse, neglect, and exploitation of older and vulnerable adults.

Strategies:

4.1.1: Conduct or promote semi-annual community education events countywide to raise awareness on preventing abuse and neglect of older adults and adults with disabilities, whether living in their own homes or in long-term care facilities.

4.1.2: Monitor and participate in the work of the NC Partnership to Address Adult Abuse, and expand World Elder Abuse Awareness Day activities locally.

4.1.3: Promote efforts of the NC Senior Consumer Fraud Task Force to educate seniors and individuals with disabilities about fraud, scams, and how to avoid becoming a victim by disseminating fraud alerts and information regarding Scam Jams, Shred-a-thons, and other outreach initiatives.

Objective 4.2 Strengthen emergency preparedness and response for older adults and adults with disabilities.

Strategies:

4.2.1: Raise awareness of the need for individual emergency planning by promoting tools such as ReadyWake, and by partnering with media outlets, community organizations and public utilities.

4.2.2: Promote participation in Wake County's Alert Notification System by using the Aging and Disability network organizations, senior activity and retiree groups, and disability advocates to obtain new registrations. Identify and promote other successful programs, such as the Wake County EMS Advance Practice Paramedic program, though inclusion in the Community Outreach program.

(Strategy 1.1.3)

Objective 4.3 Enhance the safety of persons with dementia who are at risk of wandering.

Strategies:

4.3.1. Include information from existing programs, such as Silver Alert, Project Life-saver, and Citizens Well-Check in the Community Outreach Program (Strategy 1.1.3) Encourage community partners to use this information at their Wake County presentations, education conferences and health fairs.

4.3.2. Promote awareness of GPS enhanced and other safety technologies to identify affordable and wearable options for persons with dementia who at risk of wandering.

Goal 5



Encourage accessible, inclusive communities where older adults and adults with disabilities can live, work and participate

Objective 5.1 Ensure attention to diversity in Wake County aging, healthcare and disability programs, and in information sharing efforts.

Strategies:

5.1.1: Create opportunities through training and education to link older adults and adults with disabilities from diverse populations (i.e. minority, LGBT, refugee and immigrant groups, and faith communities) to community resources.

5.1.2: Solicit participation by organizations and individuals who advocate for diverse populations to identify and overcome barriers to access to community resources.

5.1.3: Promote training and educational opportunities for the aging and disability networks on the unique needs of aging adults with intellectual / developmental disabilities and/or their aging caregivers.

Objective 5.2 Advocate for the development of a comprehensive Wake County Housing Plan inclusive of all municipalities represented within its geographic borders

Strategies:

5.2.1: Identify and share existing housing plans

5.2.2: Advocate for an update to the Wake County Housing Analysis

Objective 5.3 Support, promote and educate older adults and adults with disabilities on transportation options. Promote alternative and volunteer transportation services and providers.

Strategies:

5.3.1: Identify, assess and disseminate presently available transportation resources which inform and educate seniors and adults with disabilities on their options. Include the information in the Community Outreach program. (Strategy 1.1.3)

5.3.2: Create or support a Senior / Persons with Disabilities Transportation EXPO and “Ride the Bus Day” to provide information on how to use bus routes and integrate public options with private options.

5.3.3: Promote funding expansion and volunteer recruitment to support volunteer transportation programs.

5.3.4: Advocate for alternative and informal transportation providers, such as faith-based networks.

Objective 5.4 Promote programs that support financial stability and independence for older adults and adults with disabilities.

Strategies:

5.4.1: Expand and promote financial literacy programs for older adults and adults with disabilities.

5.4.2: Increase awareness of employment and training programs for older adults and adults with disabilities as part of the Community Outreach program. (Strategy 1.1.3)

5.4.3: Promote resources that assist older adults and adults with disabilities to access benefit information such as Social Security, Medicare Qualified Beneficiary, Social Security Disability and Supplemental Security Income.

Goal 6



Promote and monitor planning, accountability and responsiveness

Objective 6.1: Advocate as the GOLD Coalition and as members of other organizations for legislative and other interests that support the well-being of older adults and adults with disabilities.

Strategies:

6.1.1: Contact legislators as directed or agreed by GOLD Coalition membership.

6.1.2: Represent the GOLD Coalition at legislative advocacy days.

6.1.3: Seek to expand membership and participation on GOLD in the areas of services for adults with disabilities, including services for adults with mental illness.

Objective 2: Monitor the implementation and progress of the Plan

Strategy:

6.2.1: Identify action items and monitor progress toward Aging Plan goals as a standing agenda item at each GOLD Coalition meeting

6.2.2: Present wrap-up report annually to GOLD Coalition, documenting progress on plan strategies

Conclusion

Since the first Wake County Aging Plan was developed in 2005, progress has certainly been made. However, many of the issues facing our community remain the same in 2015. A central concern throughout this document is ensuring that quality resources are available to older adults and adults with disabilities in Wake County.

We are faced with demographic realities which create an urgency to meet the needs of this rapidly and disproportionately growing segment of our population. The funding for programs and services for seniors and adults with disabilities is not keeping pace with the demand.

Wake County is a great place to live, work and thrive. It is the goal of the GOLD Coalition to further the priorities included in this Plan, and to positively impact the lives of thousands of our neighbors. Progress will only be made through a collective effort, and we invite you to join us in accomplishing our vision for the future for older adults and adults with disabilities in our community.

GOLD Coalition

ARC of the Triangle
Center for Volunteer Caregiving
Consumer Education Services
Meals on Wheels of Wake County
NAMI / Wake County
Region J Ombudsmen - TJAAA
Resources for Seniors, Inc.
Rex Home Services
SAS Institute
Senior Tarheel Legislature
SHIIP

Social Security Administration
Southeastern Healthcare of North Carolina
Transitions Guiding Lights
Transitions Life Care
Triangle J Area Agency on Aging
Triangle Transit Authority
Wake County Community Resource Connection
Wake County Human Services
Wake County Human Services / Transportation
Wake County Southern Regional Center
Wake County Veterans Services

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