

# Wake County Aging Plan Update

2010-2014



**G**rowing  
**O**lder  
**L**iving with  
**D**ignity



# TABLE OF CONTENTS

<b>Section</b>	<b>Page</b>
Introduction.....	2
Guiding Principles .....	4
Strategic Recommendations .....	5
Health .....	8
Personal Care.....	14
Safety.....	20
Housing.....	23
Transportation .....	27
Economic Self-Sufficiency .....	30
The GOLD Coalition.....	34
Conclusion .....	37

## 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.<sup>1</sup>

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.

---

<sup>1</sup> *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](http://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.<sup>2</sup> 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.

---

<sup>2</sup> *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:

<b>Number of People on Waiting Lists</b>		
<b>Program</b>	<b>FY 07-08</b>	<b>FY 08-09</b>
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

Alice Watkins, Executive Director, Alzheimers NC

Craig Burrus, Director, Adult Protective Services, Wake County Human Services

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**

Chair: David Cottengim, President, Resources for Seniors, Inc.  
Sharon Peterson, Wake County Planning Department  
Garman Troup, Director, Housing and Home Improvement, Resources for Seniors, Inc.  
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 8<sup>th</sup> 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.

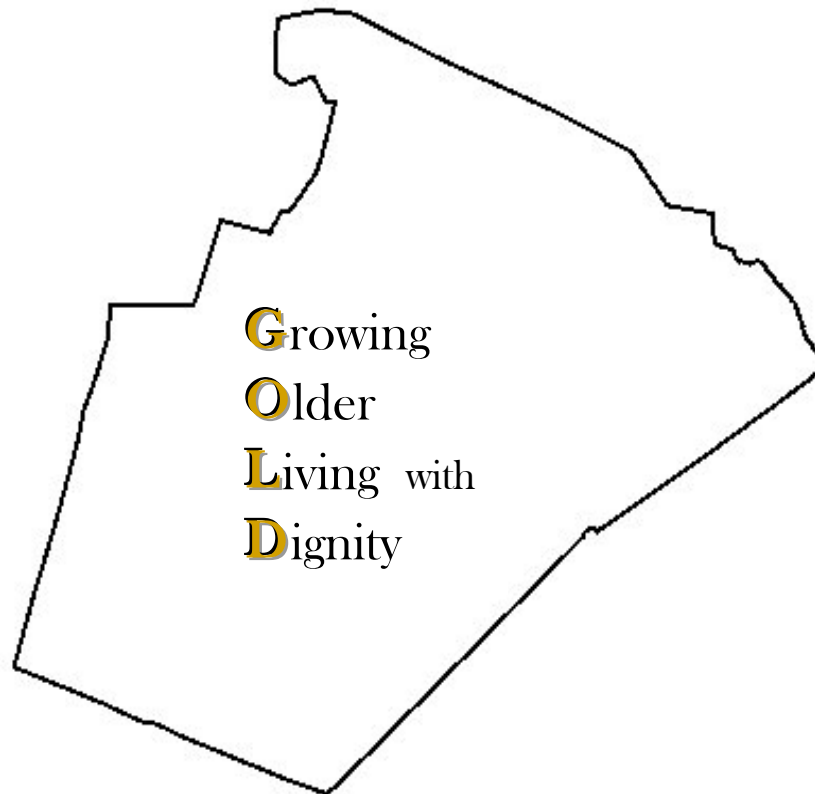
It is clear that the demographic realities of an aging population demonstrate the need for increased resources, not static or declining funding. What we have seen in the six years since the original plan was written is a significant increase in waiting lists for a variety of services. The funding for 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