

Governor-Elect Perdue  
Transition Advisory Group Sessions  
**Session Summary 2**

**Aging**

November 19, 2008

Session Arranged by the  
Governor-Elect Perdue Transition Team

Session Facilitated by the  
Small Business and Technology  
Development Center (SBTDC)

Report Prepared by the  
UNC-Chapel Hill School of Government



## Session Summary 2

# Aging

### SECTION 1. **Executive Summary**

After identifying more than seventy issues that North Carolina's citizens and state and local governments currently face or will face over the coming years with respect to the state's aging population, participants ranked the following as the five most important issues facing North Carolina:

1. Funding for prescription drugs (10 votes)  
**Proposed solution:** Fund and revamp NCRx to be more like Senior Care.
2. Funding for services for individuals who need help to avoid nursing home placement (7 votes)  
**Proposed solutions:** Advocate for passage of federal legislation to implement Project 2020 and enact corresponding state legislation.
3. Lack of coordination between the state and communities with respect to acute care services (7 votes)  
**Proposed solutions:** Coordinate the public and private foundations for volunteerism; set aside more resources for respite care of caregivers; expedite the Medicaid Community Care 646 waiver statewide.
4. Confusion about how to access good health care (6 votes)  
**Proposed solutions:** Establish and fund a statewide, updated, comprehensive database of services, medications, and EMR.
5. Lack of training for health care professionals who care for the elderly (6 votes)  
**Proposed solutions:** Incorporate aging into the curriculum for medical and nursing students along with a qualifying examination.

### SECTION 2. **Process Used in Session**

The process developed and used by the facilitators from the Small Business and Technology Development Center (SBTDC) is included in electronic Appendix 1 of this report.

Several participants participated via telephone conference call. A list of the participants is included in Section 3 of this report.

The morning session consisted of a presentation by Dennis Streets, director of the NC Division of Aging and Adult Services (DAAS), on "Aging and Adult Services in North Carolina: Today and Tomorrow." A copy of his presentation is included in the electronic supplementary material. Participants were allowed to ask questions and make comments throughout the morning session.

During the afternoon session, the participants were divided into six small groups and were asked to brainstorm issues (and possible solutions and recommendations) within each of six broad (and somewhat overlapping) areas identified by the two SBTDC facilitators:

1. health care,
2. programs and services,
3. funding and finance,
4. senior-friendly communities,
5. public and private awareness, and
6. other opportunities for state government.

Each small group spent approximately ten minutes discussing each of these six areas. In some cases, the participants offered proposed solutions or recommendations with respect to the issues identified. This brainstorming process attempted to capture all ideas offered by all of the participants, even if an idea generated disagreement among the participants or was of interest to only one person. It was not intended that participants reach consensus about relevant issues or solutions. All of this work was recorded on flip charts and is reflected in Section 5 and in the electronic supplementary materials.

In order to prioritize the identified issues, each participant was allowed to “vote” for the issues that he or she felt were most important. Participants recorded their votes by placing adhesive dots on the flip charts by the issues they determined to be most important. The forty-two issues that received at least one vote are listed in Section 5 of this report. The remaining issues that did not receive any votes in this prioritization process are listed in the electronic supplementary materials.

Participants did not discuss the results of the prioritization process or attempt to identify and combine or group similar or related issues or issues that were identified in more than one of the six areas.

Participants were allowed to submit anonymous comments on index cards, and two did so. These comments are included in the electronic supplementary materials.

Several participants submitted additional comments and recommendations to the transition team staff coordinator after the session. These comments and recommendations are summarized in Section 5 and in the electronic supplementary materials.

### SECTION 3. **Participant List**

SBTDC facilitators: Larry Loucks and Penny Godfrey

UNC-Chapel Hill School of Government reporters: Lydian Altman-Sauer and John Saxon

UNC-Chapel Hill MPA note taker: Sybil Tate

NC DAAS representative: Dennis Streets

Perdue Transition Team representative: Chrissy Pearson

Attendees:

Kim Berry	Mary Bethel	Mary Lou Blakeney
Elwood Copeland	Bonnie Cramer	Dot Crawford
Chip Cromartie	Charles Dickens	Rep. Jean Farmer-Butterfield
Mark Gregory	Nancy Hall	Jimmy Jackson
Ann Johnson	Eric Kivisto	Bill Lamb
Katherine Leith	Jim Mitchell	Carla Obiol

Jean Reaves  
Ellen Schneider  
Lou Wilson

Mary Rea Todd  
Gina Upchurch  
Gayla Woody

Betty Rising  
Polly Welsh

#### SECTION 4. **Significant Issues, Opportunities, and Challenges Identified in Morning Sessions about Current Administration Efforts**

During his presentation, Director Streets identified a number of issues and challenges (unprioritized) that North Carolina will have to address over the coming years in connection with its growing aging population, including

- a shortage of health professionals in many areas of the state;
- the effect of retirement among a service workforce that already faces shortages;
- the poverty or near poverty of many older adults, especially minorities;
- rising health and long term care costs that will constitute major threats to economic security;
- boomers' lack of knowledge and skills for planning and managing a secure retirement;
- serving current participants while accommodating a changing older population;
- balancing universal participation with the need to reach special populations;
- inadequate funding and overextended human resources for broad agenda, especially in light of potential budget cuts under the Older Americans Act; Home and Community Care Block Grant, Social Services Block Grant, Medicaid (targeted case management), etc., resulting from the current economic situation;
- limited capacity to track outcomes;
- making the aging agenda part of the "main agenda."

Director Streets also noted the short-term legislative goals of five aging organizations (the Senior Tar Heel Legislature [STHL], the Governor's Advocacy Council on Aging [GAC], AARP, the North Carolina Association on Aging [NCAoA], and North Carolina's Area Agencies on Aging [NC4A]):

- increase funding for the Home and Community Care Block Grant (HCCBG) [STHL, GAC, AARP, NCAoA, NC4A];
- increase funding for senior centers [STHL, GAC, AARP, NCAoA, NC4A];
- support Project CARE [STHL, GAC, AARP, NCAoA, NC4A];
- strengthen adult protective services and guardianship [GAC, AARP, NCAoA];
- dental care (special needs and rural) [AARP, NC4A];
- increase support of area agencies on aging [NC4A].

A number of additional issues were identified by Director Streets or other participants during the morning session, including

- variation in programs and services across the state;
- lack of support (including paid sick leave) for workers who provide care for aging relatives;

- lack of awareness and planning by local governments and communities with respect to aging;
- shortage of health care facilities in rural areas of the state;
- lack of public funding for human services agencies that are appointed to serve as guardians of incapacitated adults;
- need to revise the state's laws governing guardianship and adult protective services;
- special needs of aging veterans and older persons with developmental disabilities;
- lack of a central information or entry point for aging services;
- failure of insurance companies to cover hearing aids;
- absence of a geriatric nursing program within the UNC system and failure to include aging in the curriculum for health care and other professional education.

## SECTION 5. Key Issues and Solutions/Recommendations

Of the more than seventy issues identified by participants, forty-two received at least one vote. Those forty-two issues, along with the proposed solutions or recommendations offered by participants, are listed below. Issues that were identified during the brainstorming process but failed to receive any votes during the prioritization process are listed in the electronic supplementary material. Each numbered item is an issue, and the bulleted items listed underneath are possible solutions and recommendations.

### Health Care

1. Access to good health care (confusion over how to) (6 votes)
  - statewide updated, comprehensive database of services, medication, EMR
  - money for database
2. Lack of training for health care professionals about aging (6 votes)
  - incorporate aging into the curriculum (med school—nursing)
  - qualifying exam added to curriculum
3. No mental health care (3 votes)
4. Lack of personal responsibility for lifestyle, health choices, health literacy (2 votes)
  - advocacy and awareness education for seniors and health care providers
5. Providers not accepting Medicare Advantage products or Medicaid/Medicare (1 vote)
  - education of providers and awareness of campaign
  - state law should mandate prompt pay
  - payment option; users need to be offered and educated
6. Abuse of health insurance product sales (1 vote)
  - state regulation of Medicare Advantage products
7. Lack of respite services (1 vote)
  - developing voluntary or paid networks

8. Falls (1 vote)
  - risk assessment, balance strengthening, medication risk assessment, vision care, environmental concerns
9. Misuse of rest homes as health care (1 vote)
  - improve standards of care
  - training
  - increase payment for night services

## Programs and Services

1. There is no coordination of services for acute care between the state and communities. Resources need to be put in place for this. (7 votes)
  - Coordinate the public and private foundations for volunteerism. Set aside more resources for respite care of caregivers. Expedite Community Care 646 waiver for all of NC.
2. There is a gap for “nearly” MCD. (3 votes)
  - Cap DA Services; i.e., HCCBG.
3. Adults are at risk for abuse. There is a need for adult protective services; for example, guardianship. (1 vote)
  - Designation for consistency via state agency. Update eldercare abuse rules and laws with enforcement.
4. There is not a seamless access to core set of services; no consistency statewide. (1 vote)
  - Create advocates similar to the guardian ad litem.
  - All agencies should be accountable to a state agency with authority to make changes.

## Funding, Finance

1. Funding for prescription drugs (10 votes)
  - Fund and revamp NCRx to be more like Senior Care.
2. Individuals who need help to avoid placement and avoid Medicaid—allow services needed and not dollars available—help provided needed services in light of 10 percent budget cut (7 votes)
  - Create North Carolina partner legislation to the federal Project 2020. (See Dennis Streets or Gayla Woody for description and explanation of Project 2020.)
  - Advocate for passage of the federal legislation Project 2020.
3. Silos and bureaucracy: we do things the way we always have (4 votes)
  - creative
  - collaborative
  - do business in new ways

- a positive example is that the Division of Aging and Adults Services and Division of Health share a position that does work across both networks
- 4. Increased need for money for services (1 vote)
  - provide tax incentives for family caregivers
- 5. Lack of financial health (1 vote)
  - education
  - legislative tax credits
  - health care savings accounts
  - long term care insurance
- 6. Nursing home rebalancing (1 vote)
  - more Home and Community Care Block Grant funds
  - Project 2020
  - education about service options
  - home and community-based services as regular Medicaid (not just a Medicaid waiver services)

### **Senior-Friendly Community Options**

1. Lack of transportation—Medicaid and non-Medicaid (3 votes)
  - accessible and affordable vans/rides (individual transportation)
  - support for people who have lost driver's license
2. Isolation and needing assistance—social connections (3 votes)
  - involve neighbors/faith community/church/family and appropriate agencies
  - senior co-op living
3. Medical home (2 votes)
  - gatekeeper
  - access to specialty
  - continuity of care
4. Where is the information on senior services? (2 votes)
  - Community agency for individuals with technology assistance available
5. Communication—the hows to improve safety, to improve accessibility, to be more inclusive (1 vote)
  - involve seniors in process; senior awareness for traffic safety—universal design
  - sensitive law enforcement
  - include zoning and building from the start
  - provide sidewalks—with cut-ins, lighting, signage, handrails
  - involve county/city planning/zoning committees
6. Lack of in-home services and respite (1 vote)

7. Need for/promote senior-friendly community (1 vote)
8. Governor's award

## Public and Private Awareness of Aging Issues

1. Individual financial security: guard against inappropriate use of reverse mortgages and abuse of long term care insurance. (4 votes)
  - security is responsibility of private employer, government (guaranteed SSI), public resources (non-money related), and individual savings
  - long term care insurance
  - counseling and regulation of lenders
2. Increase partnerships to identify ways we can all benefit from increased awareness. All need to be involved to make a difference on aging issues because they cut across so many issues (e.g., advertising for flu shot availability). (3 votes)
  - solicit donations from business
  - establish collaborative relationships
3. Simplify processes and make them easier to understand. (3 votes)
  - single-payer system
  - advocacy at the national level about aging solutions
4. Sensitize business community to aging demographics. Can they fill a niche? Make businesses more aware of agencies and resources. (2 votes)
  - involve small businesses, local chamber of commerce as well as state-level representative groups of these
  - involve economic development folks, as this is a workforce issue
  - See Me job opportunities
  - create an elder corps so that all can learn the issues up close; provide incentives for seniors to get involved and for the use of these volunteers
5. Rapid growth of aging population is not widely known or understood. (2 votes)
  - educate key state-level policy makers about implications
6. Make variety of housing choices available. (2 votes)
  - universal design standards for "aging in place" living

## Other Opportunities for North Carolina and State Government

1. Create a complete strategic state plan on aging. (4 votes)
  - build on the Geriatric Consortium to increase available education to all
2. Medical information access is needed. There is inappropriate use of medications. (2 votes)
  - grow community-based programs and SHIIP (have med access and management together)
  - (Checkmeds) a unique system of care

3. There is a lack of affordable housing for elderly. (2 votes)
4. Other (2 votes)
  - apply child welfare education model to aging; give stipends to study/work in aging
  - create a task force to study migration patterns on aging population
5. Health and wellness trust fund (1 vote)
  - use as intended—older adults and their health and wellness issues
6. There is a lack of infrastructure for immigration. (1 vote)
  - sell NC as a senior-friendly state; encourage workers in aging industry to relocate here
7. There is a resource in the skill set of the aging population that is under appreciated. (1 vote)
  - create partnerships with the university system to make it easier to work with seniors
8. There is a lack of interagency cooperation. (1 vote)
  - find out what is working and don't reinvent the wheel; reproduce it
9. The aging of the “aging workforce” needs attention. (1 vote)
  - in some departments 50 percent of professionals will be ready to retire in 5 years or less; encourage entry in the field
10. There is discrimination against seniors: “ageism.” (1 vote)
  - fund public relations about the accomplishments of seniors

Other key issues and recommendations offered by participants in e-mails sent to the transition team staff person after the session included

1. establishing a cabinet-level position to serve as a “champion” for aging (Bonnie Cramer);
2. providing support for caregivers and addressing health and long term care workforce issues (Bonnie Cramer);
3. Creating infrastructure and leadership to take advantage of the strengths that an aging population offers in creating economic growth and a vibrant and healthy state (Bonnie Cramer);
4. addressing the loss of jobs and health care by persons aged 50 to 65 (Bonnie Cramer);
5. addressing the challenges (including future labor shortages) resulting from an aging work force (Bonnie Cramer);
6. taking a proactive rather than reactive approach to meeting the needs of North Carolina's aging population (Jim Mitchell);
7. implementing the Retirement Migration Initiative (Jim Mitchell);
8. visibly support older veterans as they navigate the state social and health systems outside of the VA (Kim Dawkins Berry);
9. engage the UNC Institute on Aging in a realistic working dialogue with real solutions that support local communities, agencies, and seniors, plan and carry out strategies for successful aging (Kim Dawkins Berry);

10. develop a Blue Ribbon Senior Council with top North Carolina movers and shakers as well as senior leadership throughout the state and emphasize *new actions* that will produce measurable outcomes (Kim Dawkins Berry);
11. continue implementation of the recommendations of the 2001 Institute of Medicine Long Term Care Task Force with engagement of the Medical Society and the NC Hospital Association (Kim Dawkins Berry);
12. promote, through tax incentives, current programs, and increased visibility, informal and unpaid caregivers as the link to keeping public costs down as the number of frail older adults rises (Kim Dawkins Berry);
13. engage advocates for a North Carolina prescription drug assistance program to work with the General Assembly and identify other key advocacy leaders (such as NC Adult Day Care, Dental Care, Friends of Residents in Long Term Care) in the work to help “lead the charge” (Kim Dawkins Berry);
14. provide economic stimulus through a property tax homestead exemption increase, promote a long term care insurance tax credit (lift sunset), review all legislation currently on the table affecting older and disabled adults and the agendas being pushed by the different associations and organizations, and take the lead in giving voice to those proposals that will sustain NC’s future aging population (Kim Dawkins Berry);
15. redesign DHHS to be a holistic department representative of the family regardless of age or ability (look at Medicaid and other reimbursements as they pertain to the client and not how they manage the agency or division) and appoint a secretary who has great management skills yet is also a visionary (Kim Dawkins Berry);
16. recognize the NC Area Agencies on Aging as leaders of the aging network in planning, service delivery, education, training, and collaboration and use them; we must stop “reinvention” and move to new ideas for providing access to services (Kim Dawkins Berry);
17. keep people in their homes if there are options; we won a victory of an additional 2 million dollars for Home and Community Based Care in July, only to have it reabsorbed into the budget with the revenue loss in October; we must push on to try and offer services; we have 5,500 people on waiting lists for basic services (Kim Dawkins Berry).

## SECTION 6. **Concluding Comments**

North Carolina is currently experiencing the “lull before the storm” with respect to its aging population. Over the next six years, North Carolina’s aging population (persons aged 65 years or older) will increase only modestly (to approximately 1.3 million or 13 percent of the state’s total population). Between 2015 and 2030 (as more and more “baby boomers” reach the age of 65), however, the state’s aging population will increase to more than 2.2 million (or almost 18 percent of the state’s total population), and the number and percentage of persons aged 85 years or older (who tend to be more vulnerable and at-risk) will increase even more rapidly.

Now is the time to begin planning for this dramatic increase in North Carolina’s aging population. To do so, the state must assess the economic, health, and social needs of the state’s

senior citizens as well as the needs of those who, in the coming decades, will become senior citizens and begin to put into place the infrastructure that will be able to ensure that the state's current and future senior citizens, disabled adults, and their caregivers are able to live with independence, dignity, and choice.

### **Electronic Supplementary Material**

- Appendix 1: Facilitator agenda provided by the Small Business and Technology Development Center (SBTDC)
- Agency transition reports and other documents provided for sessions