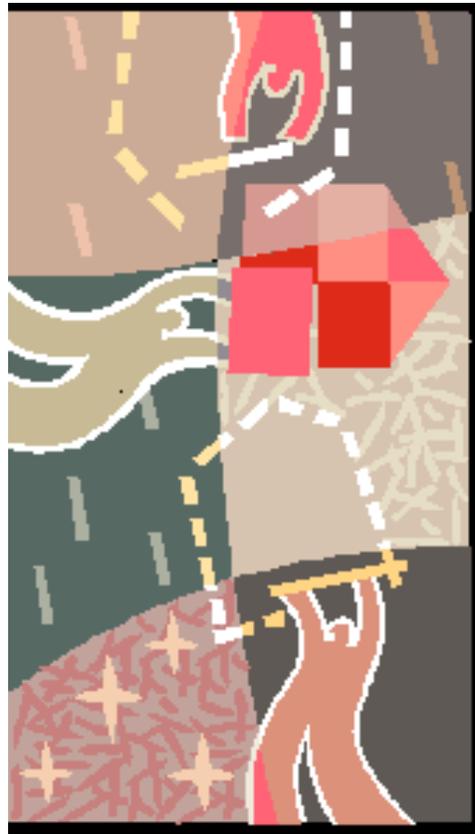


# THE BUNCOMBE COUNTY AGING PLAN

(JANUARY 2013 - DECEMBER 2017)



Presented by the Planning Committee  
of the Buncombe County Aging Coordinating Consortium

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## Part II. Background and Context

### Federal and State Planning Context

Since the passage of the Older Americans Act in 1965, communities across the United States have engaged in deliberate efforts to plan for meeting the needs of their older adults. In its summary report to the 2005 White House Conference on Aging, North Carolina committed to establishing itself and its communities as livable and senior-friendly. Building on this commitment, the 2008-2012 Buncombe County Aging Plan asserted, “nothing less than a paradigm shift in our views of aging is needed...[representing] a dramatic departure from ‘business as usual’ in terms of how we think about aging and planning for older adults.” Based upon the North Carolina Division of Aging and Adult Services’ definition of a *Livable and Senior-Friendly Community*, the 2008-2012 Aging Plan identified six components that framed its vision for a livable, aging-friendly Buncombe County: service and support coordination, safety and security, financial well-being, health and wellness, social engagement, and living environments.

### Buncombe County Demographics: A Compelling Case for Our County

The total population in Buncombe County is expected to grow from 217,000 to 285,000, and the number of individuals age 60+ is expected to nearly double. By some estimates, 42.8% of Buncombe County residents are already either baby boomers or older. Because of this growth, North Carolina named our county among six in NC Senate Bill 448 (enacted in 2007), which directs the Department of Health and Human Services, Division of Aging and Adult Services to pay close attention to the ways communities can best prepare for the changing aging demographic.

One particular challenge we face in addressing aging in Buncombe County is the generational difference between the current frail and at-risk older population, and the emerging baby boomer cohort. Balancing the different needs and desires around such issues as long-term care and social engagement is a challenge we face in prioritizing and planning. The current plan builds on previous planning work by continuing to expand its approach to aging and older adulthood through the lens of what we envision as a “livable, aging-friendly community.”

Indeed, the paradigm shift seems well underway in Buncombe County. The goals of the 2008-2012 Aging Plan were addressed with systematic, focused action and have resulted in a community that is more aware of the needs and contributions of older adults and the services available throughout the county. Tangible outcomes from key initiatives are seen in the launch of the Land-of-Sky Community Resource Connections (CRC); the energy and early success of C-CAN (Culture Change and Aging Network) of Buncombe County; the Financial Wellbeing for Seniors DVD; three years of Fraud, Scam and Exploitation Summits and the establishment of TRIAD, a collaboration between law enforcement, service providers and seniors focused on safety/security issues; increased health and wellness awareness via the Aging Well Learning Network and accompanying outreach to underserved areas, and an on-line and printed Senior Resource Directory.

The 2013-2017 Aging Plan will build on the success and momentum of the past five years, while incorporating current and emerging issues at the national, state and local fronts, not least of which include the impact of the Affordable Care Act, continued tight financial times affecting the population as well as public and private sector funding, and the emergence of the boomer cohort. In addition to its aim to respond to the issues of the time, this plan aims to establish SMART (specific, measurable, achievable, research-based, and timely) goals in each of the six areas listed above. We have tried to select goals that will help move the bar and not merely maintain the status quo. Of course in some

situations, especially given the budgetary constraints of our time, maintenance of current levels of funding, for example, may be the best we can hope for.

This report reviews the current and emerging issues in the areas of service and support coordination, safety and security, financial wellbeing, health and wellness, social engagement, and living environments, in order to inform and support the goals of the 2012-2017 Aging Plan.

**Part III. Aging Plan in Brief**  
(For strategies, see Part III)

**SERVICE AND SUPPORT COORDINATION**

**Goal 1:** Advocate for increasing Home and Community Care Block Grant and County Supplemental funding to adequately meet the needs of the growing population of older adults and caregivers.

Outcome: 1a) Increased funding for HCCBG and county supplemental services (or at minimum, maintain current levels)

**Goal 2:** Improve understanding of the challenges faced by the county's rural older adult population.

Outcome: 2a) Identify current and anticipated (future) special needs of, and focused solutions for, rural older adults.

**Goal 3:** Increase coordination of multiple systems (i.e. home & community-based services, facility-based care, self-directed care initiatives, medical, mental health, Community Resource Connections) to ensure the needs of older adults and family caregivers are more fully met. This goal will remain aligned with the implementation of the Affordable Care Act during this time period.

Outcomes: 3a) Older adults, families and service providers navigate services and systems with greater ease.  
3b) Increased participation in ACC meetings, including those representing health care/LTC/consumers  
3c) Increased use of best practice models as referenced in funding applications.

**SAFETY AND SECURITY**

**Goal 4:** Improve safety and security for community-dwelling older adults.

Outcomes:

4a) Increase awareness of threats to safety/security, as evidenced through TRIAD and Summit participation  
4b) Increase awareness of services available, as evidenced through TRIAD and Summit participation and surveys  
4c) Increase self-reported safety and security, measured through TRIAD

**Goal 5:** Improve safety and security for older adult residents of adult care homes (ACH).

Outcomes: 5a) Decrease rate/numbers of emergency response to ACHs  
5b) Improve report cards on ACH monitoring by DSS staff

**FINANCIAL WELLBEING**

**Goal 6:** Increase financial planning & management among older adults.

Outcomes: 6a) Increase number of local payees available.  
6b) Increase number of older adults who participate in financial education opportunities.  
6c) Update the current DVD and information cards and public release plan.

**Goal 7:** Establish Basic Needs Case Conferencing process.

- Outcomes: 7a) Increase understanding of pathways to financial crises for older adults in order to inform and target outreach and education efforts.  
7b) Increase effectiveness of crisis resolution through collaboration.

## **HEALTH AND WELLNESS**

**Goal 8:** Identify and address depression among older adults.

- Outcomes: 8a) Achieve Healthy IDEAS outcomes for participants  
8b) Decrease rates of depression among older adults in the Buncombe County Community Health Assessment from 2010 levels  
8c) Increase screening for depression through Healthy IDEAS

**Goal 9:** Identify and address depression among family caregivers.

- Outcomes: 9a) Increase identification of caregivers at risk of depression.  
9b) Increase mental health and support service use by family caregivers.  
9c) Decrease levels of stress/depression among caregivers served.

**Goal 10:** Improve healthy weight among community dwelling older adults.

- Outcome: 10a) Increase number of older adults reporting healthy weights (BMI) in the Buncombe County Community Health Assessment to 2010 levels

**Goal 11:** Increase health equity among Buncombe County's older adult populations.

- Outcome: 11a) Establish health benchmarks for marginalized groups in 2013-14  
11b) Identify key strategies for improving health disparities in 2017

## **SOCIAL ENGAGEMENT**

**Goal 12:** Increase social engagement and employment among older adults.

- Outcomes: 12a) Organizations are satisfied with the level and quality of older adult volunteer engagement.  
12b) Older adults have greater access to social engagement through volunteerism and employment and transportation.

## **LIVING ENVIRONMENTS**

**Goal 13:** Expand housing and community living options for older adults

- Outcome: 13a) Increase housing choices for older adults

**Goal 14:** Improve mobility by expanding transportation options.

- Outcomes: 14a) Transportation options are fully utilized (e.g., Mountain Mobility, the RIDE Program, Call-a-Ride Plus, etc.).  
14b) Increase use of transportation options by older adults.

## **Part IV. Focus Areas within the Aging Plan**

This section contains six sections, one for each major area in the Aging Plan. Each section begins with a background report detailing major current and emerging issues at the national, state and local levels and concludes with a summary and recommendations that helped to inform the ACC Planning Committee's decisions. In some cases the goals, strategies and outcomes flow directly from the background report, and in others they diverge. In each case, the goals, outcomes and strategies were selected based on various criteria and input from the working groups including a gauge of what is realistic and achievable.

**SERVICE AND SUPPORT COORDINATION:** A collaborative network of formal and informal services and supports is coordinated to meet the needs of older adults and caregivers.

### **BACKGROUND REPORT**

The *Service & Support Coordination* category in the 2008-2012 Aging Plan posited, “a collaborative network of formal and informal services and supports is coordinated to meet the needs of older adults and caregivers.” Three objectives – awareness, accessibility, and coordination – made up this area. Several important successes were achieved under service and support coordination over the past few years. Specifically, the Buncombe County Community Resource Connections (CRC) was established and launched, and the Buncombe County Senior Resource Directory was compiled, published, and is regularly updated both in print and on-line.

### **Service and Support Coordination: Emerging Issues**

One central element of the national context for this area is the 2012 reauthorization of the 1965 Older Americans Act, which is currently under review by the Congressional Committee on Health, Education, Labor, and Pensions. This reauthorization provides “an ideal opportunity for Congress to ensure that the Aging Network can meet the needs of the current and future populations of older adults and their caregivers” (n4a, 2012, p. 4). Specifically, the national network of Area Agencies on Aging (AAAs) plays a critical role in bridging the OAA and the local aging network. N4a, in their Policy Priorities 2012, recommend focus and funding at the federal, state and local levels on the following:

- 1. Care transitions and care coordination, in particular support for the Affordable Care Act's community based care transitions program (CCTP) that seeks to improve care for high-risk Medicare beneficiaries being discharged from the hospital in order to prevent unnecessary re-hospitalizations.*
- 2. Medicaid managed care initiatives, including reforms that will help the aging network integrate and ensure the quality of acute and home and community-based services.*
- 3. Aging and Disability Resource Centers (ADRCs), or as they are locally known, Community Resource Centers (CRCs), must continue to be supported so that services and supports do not become redundant.*
- 4. Implementation of provisions under the Affordable Care Act, such as the Community First Choice Option, Money Follows the Person, and the Balancing Incentive Payments Program, “which offer states a range of new incentives to enhance their home and community-based services and further rebalance their long-term care systems” (p. 8).*

The top 2012 Policy Priorities recommended by the National Council on Aging include the reauthorization of the Older Americans Act with specific NCOA priorities, improving access to OAA

programs, and protecting and strengthening access to long-term care supports and services by establishing the Community Living Assistance Services and Supports (CLASS) program. CLASS was also supported by n4a, however it was dropped from the Affordable Care Act and repealed January 1, 2013.

There are many other national initiatives that aim to enhance service and support coordination for older adults. The major themes that these initiatives and programs share include use of best practices, coordination of transportation, prevention, and support for family caregivers.

At the state level, the North Carolina Senior Tar Heel Legislature's top 2012 Legislative Priority is directly related to service and support coordination: maintain funding for home and community based services for older adults. In addition, the Governor's Advisory Council on Aging's 2012 recommendations include protecting current state and federal funding for Home and Community Care Block Grants (HCCBGs) and restoring state funding to Project CARE (Caregiver Alternatives to Running on Empty).

Perhaps the most important point to note at the local level is the creation of the Community Resource Connections (CRC) in 2011. This has de facto enhanced the coordination of support services not only for older adults but for people living with disabilities at all ages. With ongoing leadership and support, the CRC will continue to strengthen and deepen its ability to coordinate local service and support needs.

Two additional local efforts coordinating services and supports for older adults stand out:

- Project Continuum CARE – a program designed for at-risk elderly transitioning from hospital to home.
- Community Care of Western North Carolina – a network that offers care management programs and processes to maximize access to health care and to improve its quality and cost-effectiveness for all populations served.

### **Summary and Recommendations**

National and state bodies promote care coordination as critical to meeting the multifaceted needs of older adults and their caregivers. The ADRC/CRC movement continues to be recognized as a successful model and we are lucky to have a local CRC well underway. Perhaps most important at this point is to continue efforts to strengthen and expand the reach of our local CRC through awareness and advocacy work. In addition, issues of access, although not explicitly addressed in this report, continue to emerge across other areas of the Aging Plan in the form of transportation, ageism, long waiting lists and remaining disconnects between the CRC and systems such as mental health, residential and medical facilities.

### **Service and Support Coordination Goals, Strategies and Outcomes**

**Goal 1: Advocate for increasing Home and Community Care Block Grant and County Supplemental funding to adequately meet the needs of the growing population of older adults and caregivers.**

Strategies: Develop strong relationships between aging advocates and elected officials.  
Create PR campaign to demonstrate impacts of HCCBG and other funds on the lives of older adults and caregivers in Buncombe County.

Outcomes: 1a) Increase funding for HCCBG and county supplemental services (or at minimum, maintain current levels)

**Goal 2: Improve understanding of the challenges faced by the county's rural older adult population.**

Strategies: Research including outreach and listening sessions - secondary data analysis.

Outcomes: 2a) Identify current and anticipated (future) special needs of, and focused solutions for, rural older adults.

**Goal 3: Increase coordination of multiple systems (i.e. home & community-based services, facility-based care, self-directed care initiatives, medical, mental health, Community Resource Connections) to ensure the needs of older adults and family caregivers are more fully met. This goal will remain aligned with the implementation of the Affordable Care Act during this time period.**

Strategies: Regular case conferencing.  
Bring more voices to the ACC table.  
Continue focus on care transitions and care coordination.  
Define, develop and disseminate best practice models to utilize as standards that inform funding processes.

Outcomes: 3a) Older adults, families and service providers navigate services and systems with greater ease.  
3b) Increase participation in ACC meetings, including those representing health care, long-term care, and consumers.  
3c) Increase use of best practice models as referenced in funding applications.

## **SAFETY AND SECURITY: HOME AND COMMUNITY ENVIRONMENTS ARE SAFE AND SUPPORT SELF-SUFFICIENCY FOR OLDER ADULTS AND CAREGIVERS.**

### **BACKGROUND REPORT**

Over the past five years, the work of the ACC planning committee has successfully established an annual “Financial Fraud, Scam, and Exploitation Summit.” In addition, the Buncombe County TRIAD, a collaboration between law enforcement, service providers and seniors – was established. A community survey identified “pharmaceutical theft” as a top concern among older adults in the community.

### **Safety and Security: Emerging Issues**

Especially during these economic hard times, financial exploitation is a significant safety issue for older adults. President Obama’s health care reform bill, signed in March 2010, included in it the Elder Justice Act, which the Elder Justice Coalition called, “the most comprehensive federal legislation ever to combat elder abuse, neglect and exploitation.” According to a 2011 report from the National Institute of Justice, a survey of the National Association of Adult Protective Services Administrators found that “financial exploitation comprised 13 percent of the mistreatment allegations investigated. Many experts in the field, however, believe that the level of elder exploitation may well exceed what has been reported to authorities and documented by researchers.”

A second major safety and security issue that is emerging nationally as well as locally is pharmaceutical theft. Nationally, abuse of prescription medication is the fastest-growing type of illegal drug use and approximately 70 percent of abusers say that they obtained their supply prescription medications from friends and family. The North Carolina State Bureau of Investigation reports a 400 percent increase in prescription drug related cases over a five year period. And locally, the TRIAD collaboration between law enforcement, service providers and seniors recently (2011) identified pharmaceutical theft as a top concern.

A third important safety issue is the co-location of individuals with mental illness, substance abuse problems and other disabilities that may pose behavioral problems in adult care homes alongside of frail older adults. According to the North Carolina Task Force on the Co-Location of Different Populations in Adult Care Homes Report, “more than 60% of residents have a mental illness, intellectual or developmental disabilities, or Alzheimer disease/dementia diagnosis... that may result in serious behavioral problems in ACHs [and] can pose a threat to the health and safety of other residents, especially the frail elderly, other people with disabilities, and staff. Problems reported in North Carolina ACH over the past five years have included physical harm, sexual assault, and verbal and psychological abuse.” This issue is recognized nationally and locally as well.

### **Safety and Security: Summary and Recommendations**

With an established track record of successful financial fraud, scam, and exploitation summits, the committee might now seek to expand efforts beyond the summit itself. For example, this area could include: a) outreach to other members of the community such as physicians and other health care providers as well as financial institutions (banks & credit unions) to protect older adults financial security; b) expanded numbers of “new” attendees each year, and c) identifying and targeting specific types of attendees, such as homebound older adults or caregivers. In addition, the committee might consider developing an educational presentation and/or speaker series about financial exploitation marketed to community physicians.

The recent identification of pharmaceutical theft as a top concern among our community's older adults points to an obvious priority issue. Since the TRIAD is an outgrowth of the 2008-2012 Aging Plan, and this issue emerged out of a recent survey, the committee might include a plan to address this issue both in terms of the fear and rates of pharmaceutical theft.

Finally, the risk that mixed populations pose to older adults in adult care homes as well as in public housing deserves consideration. The rates of mentally ill residents are increasing in both settings, and the capacity for dealing with this group's needs is limited. Although this issue is being considered at the state level, local efforts such as the recent piloting of criminal background checks for adult care home employees may be of interest.

#### **SAFETY AND SECURITY GOALS, STRATEGIES AND OUTCOMES**

##### **Goal 4: Improve safety and security for community-dwelling older adults.**

Strategy: Integrate efforts of TRIAD and the Summit.

Outcomes: 4a) Increase awareness of threats to safety/security, as evidenced through TRIAD and Summit participation.  
4b) Increase awareness of services available, as evidenced through TRIAD and Summit participation and surveys.  
4c) Increase self-reported safety and security, measured through TRIAD.

##### **Goal 5: Improve safety and security for older adult residents of adult care homes (ACH).**

Strategy: Facilitate collaboration among ACH providers, LTC Ombudsman, DSS, MCO, CCWNC, Pisgah Legal Services

Outcomes: 5a) Decrease rate/numbers of emergency response to ACHs  
5b) Improve report cards on ACH monitoring by DSS staff.

## **FINANCIAL WELLBEING: RESOURCES, SERVICES AND OPPORTUNITIES SUPPORT AND ENHANCE THE FINANCIAL WELLBEING OF OLDER ADULTS AND CAREGIVERS.**

### **BACKGROUND REPORT**

The enduring economic recession suggests continued attention to financial wellbeing for older adults and caregivers. Even the best intentions to enhance CRCs and shore up the Medicare and Medicaid safety net will leave many older adults and caregivers at financial risk. Given the uncertainties of the political landscape and the associated policy directions we may face, the need to continue to attend to financial wellbeing issues remains. In addition to the safety and security issue of financial fraud and exploitation described above, two other major areas of focus emerge at the core of financial wellbeing for older adults and caregivers: long-term financial planning, and employment. Each of these issues looks slightly different depending on whether one considers the needs and risks of older adults or caregivers.

#### **Financial Wellbeing Emerging Issues**

Financial planning and management ranges from older adults' own long-term planning and understanding eligibility for Medicare and Medicaid to daily money management whether done by a payee or an older adult him or herself. Financial planning, especially for those with limited financial resources, is especially important. The priority focus for this issue should be driven by the local demand for services and supports in this area. As with other areas in the aging plan, the planning committee should strike a careful balance between focusing on the immediate needs of the most vulnerable and the longer-term goals of financial literacy for older adults and caregivers. One of the more immediate needs that has emerged is the local shortage of payees for older adults unable to manage their finances.

Long-term financial planning support and education for caregivers is a potential two-for-one goal in that it helps caregivers plan for their loved ones, and (presumably) for themselves as well. Education and outreach should be practical and effective, and should (ideally) be capable of becoming self-sustaining, similar to the Financial Wellbeing for Seniors DVD.

Employment is the second priority area under financial wellbeing and it differentially affects older workers and working caregivers. Older workers are challenged with the need for continued (or resumed) employment in the face of ageism in the workplace. Working caregivers are challenged to maintain their employment status and functioning while caregiving. The planning committee should identify focused goals for each population according to their specific employment needs.

First, according to Gonzales & Morrow-Howell (2009), barriers to employment for older adults include: "systematic ageism throughout the entire cycle of employment; 'unfriendly' building structures like steep stairs or bad lighting; low-paying or generally undesirable roles for older workers; a heightened competitiveness for employment among and between age cohorts; caregiving responsibilities; technological illiteracy that makes many older people unable to efficiently navigate the job-seeking process; and lack of opportunity for flexible work arrangements" (pp. 51-52).

For working caregivers, the strains and stresses of caregiving can threaten productivity and lead to financial hardship. Nationally, ninety-two percent of working caregivers dealing with the most intense level of caregiving report major changes in their working patterns. Of these: 83% report arriving late/leaving early, or taking time off during the day; 41% report having to take a leave of

absence; 37% report going from working full time to part time; and, 35% report giving up work entirely.

Nearly a quarter of all caregivers report caregiving is a financial hardship. Caregivers spend 2.5 times more on out-of-pocket medical expenses than non-caregiving families. There is also the financial impact of lost wages, reduced retirement income and benefits due to the impact of caregiving on employment.

### **Financial Well-being: Summary and Recommendations**

The financial wellbeing issues all relate in some way to education and advocacy: for older adults and their caregivers around anticipating and planning for future financial and care needs, and for employers around the value of older workers and the needs of working caregivers. The specific local issue of increasing the availability of representative payees also depends upon education and advocacy.

Finally, the planning committee may also wish to consider connections between financial well-being and other areas of the aging plan, such as the safety issue of financial exploitation and the employment-as-social engagement element.

## **FINANCIAL WELLBEING GOALS, STRATEGIES AND OUTCOMES**

### **Goal 6: Increased financial planning and management among older adults.**

Strategies: Promote Financial Wellbeing DVD and information cards highlighting local need for payees. Assess current DVD and information cards for improvement/revision. Develop and launch PR and release plans. Use media to promote payee issue in particular.

Outcomes: 6a) Increase number of local payees available.  
6b) Increase number of older adults who participate in financial education opportunities.  
6c) Update the current DVD and information cards and public release plan.

### **Goal 7: Establish Basic Needs Case Conferencing process.**

Strategies: Facilitate collaboration among service providers who deal with financial crises i.e. Pisgah, OnTrack, DSS, COA, elder law attorneys. Generalize and establish standardized pathways/checklists for resolution of issues that lead to financial crisis.

Outcomes: 7a) Increase understanding of pathways to financial crises for older adults in order to inform and target outreach and education efforts.  
7b) Increase effectiveness of crisis reduction through collaboration.

## **HEALTH AND WELLNESS: OPTIMIZE PHYSICAL AND MENTAL HEALTH AND WELL-BEING OF OLDER ADULTS IN BUNCOMBE COUNTY**

### **BACKGROUND REPORT**

Health and wellness shows up as an indicator for a livable community in nearly every national initiative, community assessment tool and policy paper. A few aging-specific health and wellness findings are summarized below:

#### **Health and Wellness: Emerging Issues**

The AdvantAge Initiative's elder-friendly community "optimizes physical and mental health and well-being." These communities:

- Promote healthy behaviors;
- Support community activities that enhance well-being;
- Provide ready access to preventive health services; and,
- Provide access to medical, social and palliative services.

The Environmental Protection Agency's Aging Initiative, "Growing Smarter, Living Healthier," includes eating healthy food and keeping active in its "staying healthy" category. Similarly, MetLife Foundation's "A Blueprint for Action: Developing a Livable Community for All Ages" identifies poor diets and physical inactivity as factors that increase health risks for many older adults. They recommend supporting farmers' markets, developing exercise and active living programs tailored to older adults' preferences and providing vaccinations and preventive screenings as action steps for communities seeking to enhance health and wellness.

The most recent round of critical issues briefs (as of April 2012) coming out of the Centers for Disease Control and Prevention Healthy Aging Program include caregiving, clinical prevention services, depression, emergency preparedness, oral health, shingles vaccination, and smoking as topics.

Mental health has become an important part of the national landscape of public health. In fact, the mental health of older Americans has been identified as a priority by the Healthy People 2010 objectives, the 2005 White House Conference on Aging, and the 1999 Surgeon General's report on mental health.

The National Association of Area Agencies on Aging (N4A) defines "enhancing the health of older adults" in its 2012 policy positions as:

- Care transitions and care coordination
- Medicaid managed care initiatives
- Aging and Disability Resource Centers (ADRCs)
- Prevention and wellness

These issues are addressed in the present aging plan under the focus area, "Service and Support Coordination.

Other areas of health and wellness in the national best practice and evidence-based literatures include:

- Chronic disease self-management
- Physical activity and falls prevention
- Healthy eating

- Medication management
- Depression and mental health
- Alzheimer's and caregiving

The 2011 reports from the North Carolina Governor's Aging Policy Roundtables identified health and health care disparities, health promotion, and support for people living with chronic disease and disability as priority issues. Further, in recommending that the state continue support for Medicaid optional services, the 2012 Governor's Advisory Council on Aging expressed concern "about the health and well-being of at-risk individuals who could lose their dental, eye, mental health, and hospice care, as well as other optional but vital services" (Governor's, p. 2).

North Carolina is the 8<sup>th</sup> worst state in the nation in the percentage of older adults experiencing frequent mental distress. Mental health problems are not a normal part of aging, and yet primary care physicians fail to diagnose depression in older adults 50% of the time, and about 6% of older adults have a diagnosable depressive illness. Furthermore, depression often co-occurs with other serious illnesses such as heart disease, stroke, diabetes, cancer and Parkinson's Disease. The North Carolina Mental Health and Aging Coalition aims to focus attention, build capacity and support action toward older adults and their families as well as mental health, primary health, and aging service providers.

Numerous health and wellness indicators fall under one of the four goals of "Eat Smart, Move More," North Carolina's plan to prevent overweight, obesity and related chronic diseases. All four goals relate to older adults:

1. Increase healthy eating and physical activity opportunities for all North Carolinians by fostering supportive policies and environments.
2. Increase the number of North Carolinians who are at a healthy weight.
3. Increase the percentage of North Carolinians who consume a healthy diet.
4. Increase the number of North Carolina adults and children ages 2 and up who participate in the recommended amounts of physical activity.

This project provides specific, measurable, attainable, relevant, and time-oriented (SMART) objectives accompanied by state-level baseline data, as well as individual, family and community level strategies.

Local efforts to promote healthy living echo themes at the national and state levels. Half of Buncombe County's identified health priorities for 2010-2014 are relevant for older adults:

1. Promote healthy weights through healthy living
2. Access to and continuity of a mental health home
3. Access to and continuity of a primary care home

Notably, the 2010 Community Health Assessment found that in Buncombe County: 1 in 3 people are at normal weight; obesity, nutrition and physical activity were ranked among the top five health issues most people are concerned about; and 8 out of 10 non-whites are either overweight or obese (80% compared to 57% for total population). This alarming evidence of local health disparities needs to be further investigated in terms of its extent among the older adult population specifically and among various sub-groups within it. Unfortunately, for now, very little data exists about potential health disparities among specific at-risk segments of the population such as GLBT, rural and low-income older adults.

The 2012 Health Snapshot of Buncombe County may also inform the next aging plan in terms identifying important health outcomes (premature death , or mortality; and poor or fair health, poor

physical health days, and poor mental health days or morbidity) and health factors (health behaviors such as smoking, obesity, physical inactivity, and excessive drinking; and clinical care such as numbers of uninsured adults, primary care providers, preventable hospital stays, diabetic screening, and mammography screening).

Some examples of best-practice/evidence-based models in place locally include:

- A collaboration between Appalachian Sustainable Agriculture Project and the Council on Aging of Buncombe County, Project EMMA (Eat Better, Move More, Age Well), provides nutrition education and locally grown food along with exercise programs to improve health in older adults.
- Transitional care models are “defined as a set of actions designed to ensure the coordination and continuity of health care as patients transfer between different locations or different levels of care within the same location” (American Geriatrics Society). Locally, the Council on Aging of Buncombe County’s Project Continuum CARE (Care for At-Risk Elders) utilizes this model.
- North Carolina’s Center for Healthy Aging, located in Buncombe County, has launched two initiatives, one on falls prevention and one on advanced care planning.
- The Program of All-inclusive Care for the Elderly (PACE) model is designed around the belief that the well being of older adults with chronic disease are better served in the community whenever possible. Over 80 PACE programs exist nationally, with five in North Carolina. CarePartners Health Services of Asheville, NC is currently undergoing a feasibility study to begin a PACE program.
- The North Carolina Division of Aging and Adult Services and the Division of Public Health have mobilized a statewide campaign to implement and sustain the Chronic Disease Self-Management Program and the Diabetes Self-Management Program, two evidence-based programs. Locally, the Land of Sky Area Agency on Aging coordinates, develops and administers these and other healthy aging programs through its Living Healthy Coordinator.
- Various caregiver support programs are offered throughout the area for such issues as stroke, Parkinson’s Disease, Alzheimer’s Disease, other forms of dementia, aphasia, Multiple Sclerosis, various cancers, brain tumor, ALS, heart failure, spinal cord injury and diabetes. For a comprehensive list, see below.

Indeed, many other health and wellness programs exist throughout Buncombe County, and are well documented, tracked and publicized via the local Aging Well Learning Network.

### **Health and Wellness: Summary and Recommendations**

As this section of the report suggests, the topic of health and wellness is a broad one and efforts to improve the wellbeing of older adults in Buncombe County take many forms and directions. Selecting priority directions for the next aging plan is challenging, and yet, perhaps some of the most pressing issues are self-evident: mental illness, obesity, and health disparities exist at alarming rates. One initial priority may be to document locally the rates of these issues among adults age 60+ and then target the next aging plan at connecting those at greatest risk with the health and wellness resources most directly related to these risk categories.

### **Health and Wellness Goals, Strategies and Outcomes**

#### **Goal 8: Identify and address depression among older adults.**

Strategy: Promote, and expand implementation of Healthy IDEAS (Identifying

Depression, Empowering Activities for Seniors).

Outcomes: 8a) Achieve Healthy IDEAS outcomes for participants  
8b) Decrease rates of depression among older adults in the Buncombe County Community Health Assessment from 2010 levels  
8c) Increase screening for depression through Healthy IDEAS

**Goal 9: Identify and address depression among family caregivers.**

Strategies: Develop and launch a public awareness effort about caregiver stress and depression. Establish/strengthen partnerships among service providers that interact with caregivers (Land-of-Sky FCSP, Council on Aging, Jewish Family Services, CarePartners, etc.).

Outcomes: 9a) Increase identification of caregivers at risk of depression.  
9b) Increase mental health and support service use by family caregivers.  
9c) Decrease levels of stress/depression among caregivers served.

**Goal 10: Improve healthy weight among community dwelling older adults.**

Strategies: Focus on healthy eating and increased exercise. Promote healthful eating habits among older adults. Increase access to fresh and local foods. Promote sustained physical activity among older adults. Focus efforts on older adults who are physically inactive, especially those over- or underweight or homebound.

Outcomes: 10a) Increase number of older adults reporting healthy weights (BMI) in the Buncombe County Community Health Assessment to 2010 levels (N=58; 4.1% underweight; 42.9% overweight, not obese; 18.1% obese)

**Goal 11: Increase health equity among Buncombe County's older adult populations.**

Strategies: Address cultural mistrust within organizations that serve marginalized groups (African American, Latino, LGBT, low-income, and rural older adults). Set explicit and specific outcome-levels for sub-groups of older adults in goals 5-7.

Outcomes: 11a) Establish health benchmarks for marginalized groups in 2013-14.  
11b) Identify key strategies for improving health disparities in 2017

## **SOCIAL ENGAGEMENT: PRODUCTIVE AND FULFILLING ENGAGEMENT THAT MEETS COMMUNITY NEEDS.**

### **BACKGROUND REPORT**

*Social engagement*, as understood in the 2008-2012 Aging Plan, asserted “life enrichment opportunities engage older adults with people, places and programs.” Further, *engagement* was defined as “participation and leadership in civic and volunteer roles,” and *enrichment opportunities*, were “learning, cultural, and recreational.”

### **Social Engagement: Emerging Issues**

The theme among many national reports related to social engagement seems to be “*reduce barriers*,” such as knowledge about opportunities, a lack of meaningful assignments that appeal to older adults’ skills and abilities, a lack of strong volunteer management practices in organizations in which they could potentially volunteer, and a lack of resources in these organizations to employ volunteer managers” (p. 51-2). Of course transportation endures as an ever-present issue for social engagement as well as other areas in the aging plan.

Despite barriers, opportunities for engagement exist and continue to emerge. The Osher Lifelong Learning Institutes number 117 nationally, with 3 centers in North Carolina, one of which, the NC Center for Creative Retirement, is housed in Buncombe County at UNC-Asheville.

According to a March 2010 report of the North Carolina Center for Public Policy Research, “North Carolina has a vested interest in making sure that the Boomers are civically engaged” (Akers & Coble, 2010, p. 3). In this case, civic engagement includes voting, returning the census, donating money to charity, volunteering, and serving on juries.

One of the eight goals of the North Carolina Aging Services Plan for 2011-2015 is “to empower older adults to engage in the community through volunteerism, lifelong learning and civic activities.” In this plan the state explicitly seeks to engage the baby boomer population. Specifically, the state aims to:

- Increase the number of RSVP participants, with particular attention to those in rural areas;
- Engage local aging service providers and senior centers with public libraries to enhance programming for baby boomers;
- Increase the percentage of senior centers that achieve certification as Centers of Merit or Excellence;
- Increase participation in the Senior Games SilverArts program

Each of these “performance measures” is applicable to the local level.

Finally, advocacy emerges at the state level as both a means and an end to engaging older adults. The state aging plan stipulates that the “Senior Tar Heel Legislature will meet 3 times a year and develop a legislative agenda” (p. 43). This group consists of delegates age 60 and over from each of the 100 counties in the state. The senior legislature submits 3- to 5 priority recommendations to the North Carolina General Assembly each legislative session. At a more local level, Mecklenburg County’s Program for Senior Advocates (PSA) is highlighted by Community Partnership for Older Adults as a Senior Academy that cultivates civic leadership and involvement among older adults (see senior academies link below) through 10-week self-advocacy training sessions for older adults.

Buncombe County is rich with social engagement opportunities for older adults. Whether through the North Carolina Center for Creative Retirement, the Land-of-Sky Regional Council's Volunteer Services department, or the United Way's Hands-On Asheville program, opportunities abound. That said, barriers to engagement still persist. Furthermore if, as Gonzolas & Morrow-Howell (2009) suggest, engagement for older adults includes employment, there is a need to examine local employment policies and practices to determine both the extant opportunities and the potential barriers. The financial wellbeing area of this report covers the issue of employment for older adults in greater detail.

**Social Engagement: Summary and Recommendations:**

Given the rich resources and engagement opportunities that already exist in Buncombe County, a focus on identifying and effectively reducing barriers to engagement seems most useful at this point. Specifically, barriers persist out of misperception, both on the part of older adults about engagement, as well as on the part of those providing opportunities about who older adults are and what they want. Beyond perceptions, policies often unwittingly create barriers to engagement for older adults.

**SOCIAL ENGAGEMENT GOAL, STRATEGIES AND OUTCOMES**

**Goal 12: Increase social engagement and employment among older adults.**

Strategies: Promote Call-a-Ride Plus, Mountain Mobility and the RIDE program to reduce transportation barriers. Educate employers about the benefits of older workers. Identify and address the cohort differences and engagement interests and needs and target volunteer opportunities accordingly (i.e. "Baby Boomer" vs. "Greatest Generation"). Supporting efforts to coordinate and centralize volunteer and employment resources for older adults.

Outcomes: 12a) Organizations are satisfied with the level and quality of older adult volunteer engagement.  
12b) Older adults have greater access to social engagement through volunteerism and employment, and transportation.

## **LIVING ENVIRONMENTS: DIRECT PUBLIC POLICY AND RESOURCES TO IMPROVE THE BUILT ENVIRONMENT SO THAT ASHEVILLE/BUNCOMBE COUNTY IS A LIVABLE, AGING-FRIENDLY COMMUNITY.**

### **BACKGROUND REPORT**

The *Living Environments* category in the 2008-2012 Aging Plan stated, “living environments (built and natural) support and enhance the functioning of older adults.” Three objectives – housing, transportation, and natural resources – made up this area. Expanding transportation options was selected as one of the initial priority areas early in 2008 and after a detailed action plan was developed by a subgroup of the committee, the group determined that transportation planning should be coordinated through existing advisory bodies; i.e., the City of Asheville and its Asheville Transit Commission, and Buncombe County and its Community Transportation Advisory Board.

In 2011, work on promoting “aging in place” was adopted by the committee. This work included exploration of the potential for establishing a Green House in Buncombe County (this was ultimately decided against), and culminated in the emergence of an independent group known as C-CAN (Culture Change and Aging Network) of Buncombe County. This group continues to pursue alternative housing options for older adults, and recently hosted a conference entitled “Envisioning Home: Creating Options of Home and Community in Later Life.”

Members of the Planning Committee have proposed a single goal for the Living Environments area of the Aging Plan for 2013-17. This goal is: *direct public policy and resources to improve the built environment so Asheville/Buncombe County is a livable, aging-friendly community.* Two of the original three areas – housing and transportation – make up a large part of the “built environment.” Assessment and education are suggested as ways to identify, prioritize and promote efforts undertaken by the ACC and Planning Committee.

### **Living Environments: Emerging Issues**

Housing and transportation dominate the living environment categories of many aging-friendly community planning initiatives. Housing is clearly affected by – and thus includes – issues of zoning. And transportation typically includes walkability, public transportation, and driver safety. Many possibilities for improvement exist under the broad heading of living environments, making the challenge of selecting a focused set of objectives that much more difficult.

Several factors might thus be considered when selecting the objectives for the next aging plan. First, build on what already exists. And second, consider the immediate needs of the most vulnerable while planning for the desires of all in the longer term. Finally, given that there are many local initiatives related to community planning for a livable community, the ACC planning committee should focus its efforts specifically on the older adult population.

One of the four major goals of the Older Americans Act is to “help older adults maintain their independence and dignity in their homes and communities.” C-CAN is poised locally to envision and establish longer-term possibilities for all. Many agree that the baby boomers are clear in their intent to avoid long-term care facilities as they exist today. It is essential that communities in general, and ours in particular, are able to fashion affordable alternatives where older adults may “age in place.” The Planning Committee might consider supporting C-CAN as one of the Living Environments priority areas and could consider assisting this group in further defining specific goals and outcomes for its work over the upcoming five-year period.

More immediately in the housing area, however, is the need for *affordable* housing options, along the continuum from independent living, to assisted and long-term care housing options. The affordable housing issue is closely related to zoning and aiming efforts at zoning policies and funding that increase safe and affordable housing choices for older adults may have the broadest impact. Other living environments issues, such as walkability and access to shopping and health care, may benefit as well through a focus on increasing affordable housing options through zoning and development policies.

Keeping with the goal of directing public policy and resources to improve the transportation environment for older adults, the planning committee might begin with those neighborhoods or areas of Buncombe County with larger populations of older adults with limited or no transportation options, and establish objectives accordingly. Safe and reliable transportation to and from such things as social engagement opportunities, health care providers and health/wellness activities also cross cuts other areas of the aging plan (e.g., safety & security, health & wellness) and foster a more livable, aging-friendly community overall. For example, the Buncombe County's Health Assessment includes among its "physical environment" factors access to healthy foods and liquor store density. This offers an opportunity for a measurable benchmark in both the living environments and health and wellness areas. The goal of creating a "health express" shuttle to serve Mission and MAHEC, identified by the living environments working group, seems especially well suited to meeting multiple goals of the aging plan.

Mountain Mobility provides safe and caring transportation to older adults in Buncombe County. General and medical transportation services enable older adults to access services necessary to remain living independently. Medical and general transportation are two separate categories of services funded under the HCCBG program. Medical transportation services enable older adults to access health care services, including appointments with medical, dental, and eye care doctors; labs; testing facilities; surgical and outpatient centers; and life-sustaining treatments such as kidney dialysis; radiation therapy; chemotherapy; etc. General transportation includes transportation to destinations where older adults can carry out activities necessary for daily living, including grocery, pharmacy, retail shopping, and personal business. General transportation also includes transportation to community resources offering socialization, recreation, and/or educational programs and activities, including senior dining sites (congregate dining program), senior centers, and branch libraries. Approximately 70% of general trips are provided to senior centers/dining sites.

In addition, other transportation services and options for older adults are coordinated or provided through other funding sources available to Buncombe County/Mountain Mobility, including support for transportation provided by or for the Council on Aging's Call-A-Ride Program, the Senior Companion Program, Foster Grandparent Program, CarePartners Adult Day Center, and others. Mountain Mobility also offers a Senior Bus Pass program that encourages the use of the fixed-route public transportation options in the City of Asheville. Mountain Mobility/Buncombe County also offers the RIDE (Ridership Independence for Disabled and Elderly) voucher program. RIDE is a subsidized transportation program that allows elderly and disabled residents a \$10 off coupon/voucher to purchase private transportation provider services. The goal of the RIDE Program is to increase independence, freedom of choice, and transportation options for individuals with disabilities and older adults.

The Council on Aging of Buncombe County Inc. has recently received a grant from the North Carolina Department of Transportation to expand the focus of its "Call-A-Ride" (CAR) volunteer transportation program from 'necessary' trips to include 'social wellness' activity trips. CAR PLUS

will reach out to isolated (those living alone, and / or without caregivers, and/or living in rural areas of the county) seniors to offer transportation for food shopping (including farmers markets), to community senior dining and wellness sites (healthy meals, educational programs, exercise, yoga, and a variety of other opportunities) and other community programming. Additional examples of service via CAR PLUS are: visits to loved ones in skilled nursing facilities, small (2 – 3 people) outings to museums, art galleries, theatre shows, etc., and other ‘quality of life’ trips as identified by programs, service providers, and seniors across the community. If CAR PLUS were adopted as a priority project under living environments, this one initiative has the potential to integrate many of the aging plan areas, from social engagement and to health and wellness, to service and support coordination.

Assessment and Education

Finally, many assessment tools exist to evaluate the aging-friendliness of a community, including its living environments. A user-friendly checklist that identified the best and worst areas for “aging in place” would help educate citizens and developers, as well as to inform and focus improvement efforts within neighborhoods and communities across Buncombe County.

**Living Environments: Summary and Recommendations**

Next steps in regard to the Living Environments area will be to consider this report together with the document created by the working group (see below) and identify its priority objectives. As mentioned above, since there are so many community planning/improvement efforts in our region, the focus for this group ought to be explicitly about aging and older adults.

The following table was compiled by the ACC Planning Sub-committee on Living Environments to inform the present plan:

<b>Housing/Zoning</b>	<b>Transportation/Mobility</b>
<ul style="list-style-type: none"> <li>• Improve city/county zoning and development policies and funding that increase safe, efficient, affordable housing choices for older adults (granny flats, co-housing, etc)</li> <li>• Improve city/county policies that incentivize walkable, appropriately scaled, mixed use developments accessible by multiple transportation modes, particularly along existing commercial corridors and in existing neighborhoods</li> <li>• Explore emerging elder housing needs and options with the Asheville Housing Authority, Mountain Housing Opportunities and other developers and managers of affordable housing.</li> <li>• Increase investments in public parks and green spaces that integrate options for older adult recreation</li> </ul>	<ul style="list-style-type: none"> <li>• Increase pedestrian infrastructure, especially to improve access to transit</li> <li>• Increase number of benches and shelters at transit stops, starting with those that serve aging communities</li> <li>• Assess and address the impacts of ART changes on older adults</li> <li>• Create a transit volunteer corps to help older adults navigate city/county transit systems and other travel options</li> <li>• Increase frequency and level of transit service for older adults</li> <li>• Partner with city, county, and health care providers to create Health Express shuttle to serve Mission and MAHEC</li> <li>• Improve coordination between city and county transit services?</li> </ul>
<b>Assessment</b>	<b>Education</b>

<ul style="list-style-type: none"> <li>• Conduct an assessment of the existing built environment, building codes, and existing land use and transportation policies and resources to identify areas for improvement</li> <li>• Consider whether to create a joint Office on Aging that would address city/county planning, transportation, and health and wellness programs</li> <li>• Continue conducting public workshops every two years to collect perceived needs, gaps, barriers in order to develop a Coordinated Public Transportation &amp; Human Services Transportation Plan (through Land-of-Sky RPO &amp; MPO)</li> </ul>	<ul style="list-style-type: none"> <li>• Educate developers and builders about aging-friendly development practices</li> <li>• Educate about the impact of housing choices on health and well-being</li> <li>• Provide training for older adults on driving in a multi-modal environment</li> <li>• Improve education around transportation choices for older adults, including transit and rideshare programs and bicycle travel</li> <li>• Provide training for transit providers on the special needs of older adults and people with disabilities</li> <li>• Ensure relevant city/county commissions and board understand the particular needs of older adults and/or that older adults are better integrated into policy decision-making processes</li> <li>• Increase awareness and encourage participation of agencies and older adults in LOS RPO/MPO workshops.</li> </ul>
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**Living Environments Goals, Strategies and Outcomes**

**Goal 13: Expand housing and community living options for older adults**

Strategies: Work through the Buncombe County Culture Change in Aging Network (BC-CAN) to educate and advocate for improved and affordable housing options. Improve zoning policies. Ensure relevant city/county commissions and boards understand the particular needs of older adults and engage them to improve policies.

Outcomes: 13a) Increase housing choices for older adults.

**Goal 14: Improve mobility by expanding transportation options.**

Strategy: Promote Call-a-Ride Plus and other transportation options to reduce transportation barriers. Improve and expand transportation infrastructure (i.e., sidewalks and street ‘furniture.’)

Outcomes: 14a) Transportation options are fully utilized (e.g., Mountain Mobility, RIDE, Call-a-Ride Plus, etc.).  
14b) Increase use of transportation options by older adults.



**Part V. ACC Planning Committee Membership**

- Rebecca Chaplin .....Health and Wellness, Land-of-Sky Regional Council
- Ali Climo .....Warren Wilson College
- Celeste Collins .....OnTrack Financial Education
- Vicki Jennings.....Senior Companion Services, Land-of-Sky
- Alyson Johnson-Sawyer.....CarePartners Adult Day Health Care
- Linda Kendall-Fields .....LH Kendall Consulting, Aging and Disability Services
- Julie Mayfield .....Western North Carolina Alliance
- Wendy Marsh.....Council on Aging of Buncombe County, Inc.
- Angela Pittman.....Buncombe County Department of Social Services
- Michele Sheppard.....Catholic Social Services
- Jeff Staudinger .....Asheville City Department of Planning & Development
- Bob Tomasulo.....Consumer
- LeeAnne Tucker.....Land-of-Sky Aging and Volunteer Services

## **Part VI. Conclusion**

The ACC Planning Committee views this report as the starting point for our work over the next five years. Based on this report, the ACC Planning Committee, in the early months of 2013, will develop an action plan, which will be implemented and adjusted as needed over time.

We remain committed to the vision of a livable, aging friendly Buncombe County and believe that the focused strategies and outcomes laid out in this plan will help us move forward toward meeting this goal.

## Part VII. References and Resources

2012 Reauthorization of the 1965 Older Americans Act

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AdvantAge Initiative

<http://www.vnsny.org/advantage/>

Akers, L. & Coble, R. (March 2010). Civic contributions of the elderly in North Carolina: Weaving the fabric of our society. *North Carolina Insight*, pp. 2-35.

Buncombe County Aging Services

<http://www.buncombecounty.org/governing/depts/dss/aging.aspx>

Caregiver Events & Resources

<http://sites.google.com/site/agingwelllearningnetwork/calendar-and-upcoming-events/caregiver-events>

Caregiver Support

<http://sites.google.com/site/agingwelllearningnetwork/calendar-and-upcoming-events/caregiver-events/caregiver-support-groups>

Care Transitions Program

<http://caretransitions.org>

Civic Contributions of the Elderly in North Carolina

<http://www.nccppr.org/drupal/content/insightarticle/1021/civic-contributions-of-the-elderly-in-north-carolina>

Civic Engagement

[http://www.agingsociety.org/agingsociety/links/links\\_civic\\_engagement.htm](http://www.agingsociety.org/agingsociety/links/links_civic_engagement.htm)

*Civic engagement in an older America*. Report of The Gerontological Society of America Retrieved May 24, 2012 from <http://www.agingsociety.org/agingsociety/Pages%20from%20Geron-NLSept05.pdf>.

Community Care of Western North Carolina

<http://www.communitycarewnc.org/index.htm>

Council on Aging of Buncombe County, Inc.

<http://www.coabc.org/>

Creative Aging Network – North Carolina

<http://www.cca-nc.org/>

Eat Smart, Move More (North Carolina)

<http://www.eatsmartmovemorenc.com/>

EPA Aging Initiative

<http://www.epa.gov/aging/>

Evidence-based and best practice programs for healthy aging  
<http://www.oregon.gov/DHS/spwspd/sua/docs/evd-bsd-pract.pdf>

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Governor's Advisory Council on Aging 2012 Recommendations  
<http://www.ncdhhs.gov/aging/gacrcm.htm>

Health Connections – Aging Well Learning Network  
<http://sites.google.com/site/agingwelllearningnetwork/aging-well-learning-network>

Health in Aging  
<http://www.healthinaging.org/>

Land of Sky Area Agency on Aging  
<http://www.landofsky.org/aging.html>

Land-of-Sky Regional Council Volunteer Services  
[http://www.landofsky.org/volunteer\\_home.html](http://www.landofsky.org/volunteer_home.html)

National Association of Area Agencies on Aging (n4a) Policy Priorities 2012  
[http://www.n4a.org/files/advocacy/policy-positions/n4a\\_2012PolicyPriorities\\_Web\\_Final.pdf](http://www.n4a.org/files/advocacy/policy-positions/n4a_2012PolicyPriorities_Web_Final.pdf)

National Council on Aging Public Policy Priorities for the 112<sup>th</sup> Congress (2012)  
<http://www.ncoa.org/assets/files/pdf/2011-aging-in-america-presentations/Public-Policy-Priorities.pdf>

National PACE Association  
<http://www.npaonline.org/website/article.asp?id=4>

NC Mental Health and Aging Coalition  
<http://www.med.unc.edu/aging/cgec/nc-mental-health-and-aging>

North Carolina Aging Services Plan 2011-2015: Living Wise and Aging Well. Division of Aging and Adult Services, North Carolina Department of Health and Human Services.

North Carolina Center for Creative Retirement  
<http://ncccr.unca.edu/>

North Carolina Center for Healthy Aging  
<http://www.mahec.net/nccha/default.aspx>

North Carolina Collaboration on Lifelong Learning and Engagement  
<http://www.aging.unc.edu/programs/nccolle/resources.html>

North Carolina Governor's Crime Commission: Prescription Drug Abuse and Diversion: The Hidden Crisis

<http://www.ncgccd.org/pdfs/pubs/drugdiversion.pdf>

The North Carolina Institute of Medicine's (NCIOM) Task Force on the Co-Location of Different Populations in Adult Care Homes Report

[http://nciom.org/wp-content/uploads/2010/10/AdultCareHomes\\_wcover.pdf](http://nciom.org/wp-content/uploads/2010/10/AdultCareHomes_wcover.pdf)

North Carolina State Center for Health Statistics

<http://www.schs.state.nc.us/SCHS/>

Osher Lifelong Learning Institutes

<http://usm.maine.edu/olli/national/>

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Policy priorities 2012: Promote the health, security and well-being of older adults. Washington DC: National Association of Area Agencies on Aging.

Prescription Drug Theft

[http://www.edenprairienews.com/news/public\\_safety/prescription-medication-theft-abuse-increasing/article\\_4bb0f29c-20c4-5cac-96a8-745499e4e04d.html](http://www.edenprairienews.com/news/public_safety/prescription-medication-theft-abuse-increasing/article_4bb0f29c-20c4-5cac-96a8-745499e4e04d.html)

Project Continuum CARE

<http://www.coabc.org/health-wellness/project-continuum-care>

Project EMMA: Eat Better, Move More, Age Well

<http://www.coabc.org/health-wellness/project-emma>

Senior Academies – Charlotte, NC

<http://www.partnershipsforolderadults.org/resources/resource.aspx?resourceGUID=7f8eb803-38e4-42a7-9478-1f40e972c4fe&sectionGUID=08c98ba4-f3a5-48dd-a439-23f4e03c2c71>

Senior Job Bank

<http://www.seniorjobbank.org/index.html>

Senior Tar Heel Legislature

<http://www.ncdhhs.gov/aging/sthl.htm>

Testimony before the Senate Special Committee on Aging (February 2012) "Strengthening Aging Services"

<http://www.hhs.gov/asl/testify/2012/02/t20120213a.html>

The State of Mental Health and Aging in America

<http://www.med.unc.edu/aging/cgec/nc-mental-health-and-aging>

United Way Hands-on Asheville

<http://www.handsonasheville.org/>

