



## Governor's Policy Roundtables—Preliminary Report

### 1. Executive Summary

A series of six Governor's policy roundtables on ***Building a Livable and Senior Friendly North Carolina*** were held across the state. These roundtables were produced through a collaborative effort from the Office of the Governor, the NC Division of Aging and Adult Services, the UNC Institute on Aging and the state's Area Agencies on Aging.

The roundtables engaged a diverse and informed group of stakeholders to help identify major issues facing North Carolina's aging population that will require effective policy and programmatic responses. The more than 600 participants included older adults, aging boomers, caregivers, leaders from NC's aging and adult services network, government officials, representatives from local businesses and organizations, educators and researchers—among others.

The many issues and ideas shared at these roundtables will help lay the groundwork for the Governor's Conference on Aging on October 13-15, 2010 in the Research Triangle Park, and will also be reflected in the 2011-2015 State Aging Plan.

Here are the **top 3 issues** identified at the six policy roundtables:

#### **Greenville: Health and Aging [April 22, 2010]**

- **Need to strengthen link between healthcare and community service providers** – integrating aging and medical services, enhancing communications, developing holistic approach, expanding support and resources for family caregivers
- **Shortage of trained health and allied health professionals** who support an interdisciplinary approach (geriatricians, nurse practitioners, physical and occupational therapists, mental health clinicians, social workers, etc.)
- **Lack of support for prevention** – including immunizations, screenings, evidence-based health promotion, wellness education, nutrition, etc.

#### **Greensboro: Economics of Aging [April 28, 2010]**

- **Inadequate response to wide range of workforce issues** – including skills training and job options for older workers, succession planning, job flexibility and supports for working caregivers, incentives for entrepreneurs and small businesses responding to aging population, shortage of healthcare workers, etc.
- **Concern about healthcare provision and cost** – paying for medications, healthcare cost/fraud/abuse, lack of primary care doctors for Medicare patients, end-of-life issues, support for aging-in-place, fragmentation of services, etc.
- **Insufficient opportunities for education and engagement** – including opportunities for older adults to start businesses, education of employers on value of older workers, training at community colleges, financial and life/retirement planning, volunteerism, etc.

### **Asheville: Access and Choice in Services and Supports [May 10, 2010]**

- **Inadequate funding to support aging-in-place** – for community-based services, in-home services, and family caregiver supports
- **Lack of awareness and understanding among people about their choices in care and about possibilities for aging-in-place** – difficulties in navigating a complex and fragmented system, inadequate information and assistance, etc.
- **Lack of transportation** – rural areas, eligibility, inflexible options, affordability, inadequate linkage between housing and transportation, etc.

### **Boone: Life Engagement and Contributions [May19, 2010]**

- **Lack of funding to support lifelong learning and engagement** – including programs for engagement, financial aid for continuing education, inadequate infrastructure for volunteerism, etc.
- **Fragmentation among agencies and lack of cohesive network** – confusion about how to connect with system, duplication of effort, missed opportunities and inefficiencies, etc.
- **Need for new terminology and approaches for volunteering given changing nature of the volunteers** – boomers are different than current pool of older volunteers

### **Charlotte: Homes and Neighborhoods [May 25, 2010]**

- **Inadequate options for transportation and mobility** – availability and accessibility of transit, lack of routes in rural areas, road design and signage, driver and pedestrian safety, funding, need for greater public and private collaborations
- **Accessibility of housing** – universal design, affordable and accessible housing, wheelchair access, care of home and property, zoning codes
- **Inadequate personal education and preparedness (planning before a crisis)** – awareness of continuum of options/services, life/aging education and preparation, consumer counseling, redesigning homes before a crisis, education of builders on universal design, etc.

### **Wilmington: Safe Communities [June 2, 2010]**

- **Insufficient training and support for family caregivers** – importance of respite care, including caregivers of persons with dementia and grandparents raising grandchildren, stress relief, access to resources
- **Growing concerns about abuse, neglect and exploitation** – identification and reporting of self-neglect, need to train and use public service employees as first-line of defense for adult protective service reporting, address resistance to reporting, etc.
- **Lack of affordable housing and need to support proven services** – value of services connected to affordable housing to support community living, lack of in-home support services and affordable home health care, reward accountability, etc.

## 2. Issues Identified at the Policy Roundtables

The issues (verbatim) identified at all of the policy roundtables have been sorted into themes below [some of the issues are cross-cutting].

### Adult Day Care Centers

- Adult daycare centers and respite
- Need more adult day cares in rural communities
- Quality and quantity of adult day programs
- There is NO adult day care in Pinehurst (senior community) My husband has moderate Alzheimer's (7yrs.) and I do not always need respite care for 2-3 hrs. I would like a caring facility that I could leave him for maybe an hour at a time for church, shopping, etc. We have a wonderful senior facility that could well handle the day care. Please HELP!!!!!! Extended respite care would also be nice. I get 3 hrs. Once a month. Not much. I would like my husband to stay at home, if possible. We are not all rich here at Pinehurst and many caretakers need this adult care as much as I. We would be willing to pay for this. A stranger coming to the home is not the answer. They need to have programs and people they can relate too, not a babysitter. PLEASE!!>
- More adult day care centers
- More opportunities - adult day short term
- Too few adult day service programs

### Ageism

- Ageism- through education STHL partnership
- Generational gap- avoiding the elderly
- Do not seek out older adults
- Ageism as a barrier to engagement
- Lack of awareness of aging issues in our elected officials
- Educate people on meaning of aging/senior
- Ending ageism in workplace, with youth, society
- When will it be cool to age, maybe it will change with the boomers coming up
- How to make aging cool and what it is perceived as, not the stereotype
- The perception is not good, not good what you look like is too important. Older adults doing dance classes and doing things are important.
- Employment: Seniors face age discrimination in employment and are not valued for their years of experience.
- Senior citizens are considered to be a liability and sometimes they are. They do represent a lot of experience and expertise. so why not use them to help us out of this mess we are in.
- I recently experienced a typical example of how senior citizens are treated by our officials. A young girl backed into my car and I was written a ticket for the accident. The patrolman came about an hour after the accident. He believed her instead of me. She did back into my car!
- By using the word Aging - we are perpetuating separateness - Healthy aging vs Healthy living

### Caregiver Issues

- Access to education for caregivers
- Lack of education for caregivers (paid and unpaid)
- Lack of education for families/caregivers around the subject of hearing loss
- Education for companies of older adult needs or family caregiver employees and impact of growing population

- Insufficient training and support for family caregivers - respite care- can result in unsafe conditions
- Respite- need more respite for caregivers
- Lack of respite to enable senior caregivers to volunteer, learning opportunities, etc
- Aging in place - respite support
- Support or increase respite care funding
- Caregiver support (education, respite care, money)
- Support non paid caregivers
- How to address needs of caregivers who work to keep loved one at home/Alzheimer
- Assistance to family caregivers, finance, resources and planning
- Family caregiver resources - financial, supplies, support, education, access
- 80% in the middle without resources - how do they pay for caregiving and prepare for their own care at the same time
- Resources for caregivers
- Cost to family caregivers
- Family dynamics that don't support informal care
- Working caregiver and spill over effect
- Informal Caregivers - how do they survive \$
- Caregivers having access to finances etc -fear of retaliation, anonymous tip line, giving help to others instead of helping self
- Stress relief for caregiver
- Caregivers don't self identify, don't prepare regardless of level of caregiving
- Boundary issues between professional and family/care recipient
- Safety vs independence- professional caregivers/family caregivers/providers
- Long distance caregivers need local contact (loved ones - well being check up)
- Respite care for grandparents raising grandchildren
- Grandparents raising grandchildren and the unintended consequences
- Help for grandparents raising kids, \$, resources, support
- Re-parenting (grandparents)
- Work with parish nurses community informal support
- Older adults who live in rural areas usually don't have caregivers close by, so the caregivers rearrange their lives to take care of the individual.
- Not having caregiver support for people to age at home
- Family caregiving issues preventing from volunteering

### **Collaborations/Partnerships**

- Building broad-based collaborations in communities
- Lack of involving faith communities in service projects/initiatives
- Better collaboration between businesses and non-profits and faith based initiatives
- Misinformed partnerships universities - and older adults mentoring
- Difficulty in starting new partnerships
- Integrate efforts with community colleges
- Lack of opportunities for lifelong learning for seniors in communities (use new venues-public libraries/churches)
- Lack of effective infrastructure for match making skills, interests experience to service opportunities
- Volunteer centeredness- lack of process infrastructure to enable this
- Lack of cohesive network of agencies
- Infrastructure
- End dependence on government mindset
- Community development/organizational planning

- Lack of communication between stakeholders
- Fragmentation/duplication of services
- Cannot share information
- Enhancing not duplicating services
- Centralized services
- Silos, turfism, lack of collaboration
- Intergenerational partnering- new partners/future caregivers, service receivers, education
- Holistic care network - utopian (interdisciplinary)
- There is need for public/private partnerships to expand the ability to age in place
- Not enough community agencies in communications (turfism)
- Communications/Lack of organization
- Coordination of services
- Partnering with Media and Entertainment venues
- Bridging services with the varied aging cohorts
- Grass roots movement to know your senior community
- Coordination of services (silos)
- Fragmentation among agencies and lack of a cohesive network

### **Contractors/Builders**

- Maybe giving incentives to builders that they should not have 2 story homes and how that can be done, it is cheaper to build on that lot that is small and build up. It would benefit those who are with small children and older adults.
- Incentives to builders for Universal design
- Educate contractors to build homes better
- Go against the realtor associations and how to build a community more like Chapel Hill
- Need to bring all the people to the table, realtors, industry, aging needs, etc.
- Contractors better educated and better regulation for contractors
- Certified Aging in Place: ensuring contractors are trained
- Educating Contractors: contractors are having issues with economy. Educating them is an asset to them. When I run into someone who's been there 50 yrs...not accessible...makes a lot of difference to educate contractors not to limit who purchases the house...make it accessible. When they develop an area, develop accessible...build doors bigger, commodes higher
- Better regulation for "certified builders". Contractors should have certification
- Ask questions of builder...what would help me stay in my home for as long as I build
- Contractors are taking more "green" classes and as baby boomers come they will be taking "aging in place" classes
- The codes and how builders need to look at statistics and what is the need for accessible housing

### **Cultural issues**

- How to capture cultural histories of isolated rural area residents - no sense of community
- Diversity- culture /minority/income/gay/lesbian
- Leadership training to bring cultural divides together
- Cultural differences
- Not willing to reach out for help (cultural barriers)
- Cultural barriers - generational
- How we serve multicultural, multi-linguistic population
- Diversity not represented

### **Dementia**

- Availability of quality, specialized care - Alzheimer's

- Additional resources for support of behaviors regarding dementia
- Specialized services and support for people with dementia
- Shortage of Alzheimer's care facilities
- More community programs for people with early to moderate Alzheimer's disease

### **Dental Care**

- Dental care access and funding
- Lack of dental care
- More dental and medical training
- Lack of dental care state wide

### **Driver Safety/License**

- Regulations may be needed for DMV...different criteria for age and ability proof...more often...more strict
- Physical evaluation/vision/age/reflex/attention
- Regulation for license renewal and more comprehensive assessment
- Defensive Driving classes
- Insurance reduction for taking a course should be implemented
- Scary
- Sometimes we have to back seniors out
- There are people who shouldn't be driving
- Encourage and support seniors that shouldn't be driving...saves gas
- No one wants to give license up
- Difference in some people...some recognize when to stop driving and sell car and others completely resist
- 95 yr old got licenses renewed, but shouldn't have...can't see, etc.
- We tip toe around issue of taking licenses...maybe should check licenses every year after a certain age...should come from families, but from regulation
- Suggest to families to talk to family doctor for evaluation.
- If license is taken or not renewed, what are the resources given to them?
- Sensitive issue of independence
- Driver safety...seniors may not be able to afford the safest vehicles...drive old cars until they die

### **Education/Training**

- Caregiver training/education
- Education of professionals/caregivers and complication of DNA/CAN jobs/living wage
- There is no financial aid for continuing education
- Financial education programs
- Education - health awareness programs
- Better preparation and education on aging – begin in high school
- In high school on universal design
- More education on reverse mortgages
- Have a course on aging in place
- Provide more opportunities for “aging in place” classes
- Understanding of lifelong engagement
- Awareness of community college programs
- More classes/workshops at free and reduced cost
- Educational level differences
- Education for older people/by older people (apprenticeships/mentorship)
- Education is opportunity

- More training in geriatrics
- Education and training issue
- Better training materials- relevant to age group available to support agencies
- Quality of training for LTC staff
- Adequate training for all staff
- Lack of workforce planning by educational institutions (psych. training)
- Predatory lending and financial counseling/education
- Reduce hospital admissions through training direct care workers
- Education for companies of older adult needs or family caregiver employees and impact of growing population
- Training for direct workers at community colleges
- Opportunities for older adults to start businesses/skills training
- Ways to make things (encore careers) development happen
- Education of employers about value of older workers especially low income people
- Broad education about economics of aging across life span
- Education of senior needs for service industry - reaching out to low wage/low income, advocacy of nursing/CAN careers, to increase workforce/pay issues
- Education about need for long term financial planning for baby boomers
- Utility assistance - more \$ to educate on 'green living/energy efficient"- state tax credits
- Workforce awareness for younger workers
- Education of long term care insurance
- Educating the people who need the services
- Independent living skills for widows and widowers (finances, small home repair, meals)
- Provider training to help families determine level of need and appropriate levels

### **Elder Abuse/Exploitation**

- Training and education for public service employees regarding Adult Protective Services- know that they can report/where to report
- Expanding awareness of abuse/neglect in general population
- Campaign for Adult Protective Services
- Public awareness/education
- Increase education on frauds and scams
- Not enough awareness of symptoms of abuse/neglect - how to report and what resources are available and what happens when you report and what are reportee's requirements
- Identification/education of financial exploitation/abused seniors
- Financial exploitation
- Background checks/drugs for healthcare providers
- Abuse in Adult Care Homes
- Self-neglect a big issue
- Scams targeting elderly
- Mail fraud
- Sweepstakes-lottery - preying on seniors
- Drug abuse - Rx abuse-selling
- Prostitution - targeting elderly gentleman for drugs
- Those who protect us sometimes take advantage of us, but we are not all that dumb
- Trusting population in today's society
- Illegal activities in senior homes by others - aids or volunteers not reporting for fear of retaliation or loss of service
- Community involvement- volunteers, neighbors checking on neighbors, community watch, POA connectivity
- Lack of low amount of investigators

### **Emergency Management**

- People want to develop a system if something happens-hurricane, etc.- and it seems to me that there needs to be a mechanism where those people who live alone are taken care of. All citizens should feel a sense of caring
- The Vial of Life is a good program to have your health information at hand so if there is an emergency the first responders would know to get your information. The police are considering funding it. The State needs to be aware of it.
- Charlotte-Mecklenburg County has a special needs registry so in the even of an emergency they will be contacted. Through COA. We didn't know about this. I think there is a feeling that certain parts of NC are "immune" to the communication. Important information needs to be imparted to all. How do we communicate all the services that are available? Especially with those with hearing impairments.
- Disaster readiness- plans, supplies, special needs registry, pets plan
- Special needs registry enhancement, education
- Lack of disaster plans for LTC facilities
- Need to expand use of emergency medical alert systems. Make it more available to who can't afford them
- Communication equipment for hard of hearing (HOH) elderly @ home during emergencies and CC for weather alerts
- Access to communication for HOH elderly

### **Financial Issues**

- Financial affordability for further education
- Providing financial resources to access healthcare and etc
- Financial choices -financial guidance (medical cost vs cost of living)
- Financial incentives are missing
- Lack of personal savings
- Issue of lack of education and responsibility about financial planning/saving - lack of personal money management
- A third policy is lack of financial planning. Too many older adults are still counting on social security and younger adults are waiting too long to plan. How can we mandate retirement savings plans now that employers no longer offer retirement benefits?
- Those who have saved have lost it due to medical crisis
- Need broader financial support and systems
- Building more investor protections while encouraging savings participation
- Monitoring recipients of welfare/reevaluate recipients of social security - scale to income
- Finances of aging \$, public benefits
- Ratio of those withdrawing benefits (outside workforce)/those supporting benefits (within workforce)
- Gap in paying bills, day to day need help with basic and specialized payments
- Need enough disclosure about financial options
- Personal responsibility, helping people understand options and taking financial choices when they can.
- Retirement/pension - current state options should be reevaluated
- Income/stipend for older worker volunteers
- Not enough good information for seniors related to their financial options
- Entitlement and spend down philosophy
- Unemployment - financial burden on families and older adult multi-generational living
- Financial affordability for further education
- Anything we do should be with our ways and means...not to pay for later...not for our grandchildren to pay for...pay out of our current funding limitations. Need to use current resources...don't leave debt to future generations.

### **Funding**

- Locating funding for programs

- Usage of Older Adults possess to re-direct funds -policy
- Lack of funding to agencies for volunteers ex. Transportation reimbursement and volunteer coordinators
- Lack of funding for programs to keep people engaged
- Flexibility - funding management- follow the individual
- Adequate \$/protection of existing funding
- More funding for in-home healthcare programs for people under 60 with disability issues
- Allocating more funds to seniors on state and local level
- Additional dollars for family caregivers
- Budget cuts (barriers) (government and personal)
- Insufficient funding for community-based services
- Lack of funding for services
- Limited In home aide funding
- Funding- it is much cheaper to provide community based services than to institutionalize
- Funding dollars - In-home aid services
- More funding for bath and safety equipment t keep elderly safe at home
- Funding for smoke alarms with flashers for HOH at home
- Funding wisely - we are the funders, where will it come from, building codes, universal design
- Increase funding for elder abuse- POA, how it work, exploitation), APS, in home care for skilled nursing
- Funding accountability, reduce cost fraud in medical care
- HCCBG funding for services to LTC placement - avoid waiting list also
- Funding for life line
- Need more support for NC Housing Trust Fund
- Foster grandparent program - funding
- Lack of funding for Adult Protective Services
- Not enough funding for home repairs
- Funding allocation for seniors to represent aging population needs, funding for programs
- Lack of funding to support lifelong learning and engagement
- Providing state and/or federal funding to lifelong learning programs is crucial to their success, especially for the start-up ones. How can the state provide this funding?
- Increase funding for programs that decrease the need for nursing homes. Provide funds and services in homes to make it possible for people to live at home longer or possible live with family members as opposed to institutions. Programs that provide assistance with daily living needs, and programs that provide routine health service in home. Many of the health service could be provide by mid level parishioners making them very cost effective and improve the quality of life for seniors

### **Hard of Hearing**

- In-service and Pre-service model Re: Hard of Hearing services
- Hearing loss - lack of knowledge/prevention
- Communication barriers - persons who cannot hear and cost
- Since I represent those who are hard of hearing (and for some shared services, deaf), I will limit my comments to this area. I personally know what a difference in quality of life and independence it can make to have equipment and technology available in my life. W/out my hearing aids, I would not be able to function very well. I feel that it is so important to give those affected the opportunity and necessary equipment (from as early an age as possible) to learn to deal with their own particular situation and be successful and functioning or remain independent . . .
- Hearing aids and glasses not covered by Medicare
- Greater options for volunteering and learning
- Lack of education for families/caregivers around the subject of hearing loss
- Need more education for those with hearing loss regardless with age

- Barrier for those with hearing and vision loss is transportation.
- I went totally deaf when I was 31. I knew nothing about hearing loss. I had to learn all about it by myself. There were so many issues that I didn't know about. I've been to visit people in facilities and they knew nothing about these types of things. Why didn't they? They need to initiate things for those with hearing loss in and out of facilities. I've always found that hearing loss is on the bottom of the priority list. But we have so many things for those with hearing loss, many of which are simple but can possibly prevent isolation and increased quality of living. It scares me to think about going to a facility if it wasn't accessible.
- County and state and local town accessibility and have equipment available to those with impairments.
- Rural county safety issues –seeing and hearing impaired having services;
- Majority cannot afford and don't have a way. These are people in the county supportive program. Many can't go to appointments because they can't afford so they are stuck. Need to have communication means for those with hearing loss such as Lunch and Learns.
- Communication difficult with hearing loss- programming for hearing loss prevention
- If someone is living in facility care and they can't hear, they're still isolated – need to set up rooms and design them from the construction level so that interaction and communication are facilitated
- Hearing loss - lack of knowledge/prevention
- Communication barriers - persons who cannot hear and cost

### **Health - Prevention/Promotion**

- Prevention/early interventions with younger generations
- Prevention ( life long learning, more frequent screenings/programs, immunizations, nutrition, transportation)
- Injury prevention (falls, education) and driver safety
- Falls prevention, education, continued support, awareness and resources
- More/better access to personal device -falls
- Falls are a huge issue and that is a safety concern. Individuals need to work on it , but also the community needs to work on it.
- Preventative health screening
- Incentives for medical professionals to refer clients to evidence based programs
- Evidence Based Programs - Diverse Group (rural areas - tailored to community, cultural competence/relevance, Regional differences, underutilized partnerships
- Learning self-management of diseases
- Greater availability of evidence based programs with proven outcomes
- Checks and balances for evidence based programs for validity
- Automated electronic process to enable older adults to self manage their conditions
- Infrastructure of evidence based services
- Need to get persons 55+ and families engaged in healthy, active lifestyles (senior games, silver arts, walking, etc)
- How to keep baby boomers healthy, active throughout communities/ health promotion
- Increase wellness opportunities within senior housing
- Fitness, wellness education, promotion, accessibility starting at birth
- Worksite wellness
- Higher priority of healthcare and wellness through govt. agencies
- Utilization of churches for health promotion - other agencies for clearing house
- Rural communities need to engage in fitness
- Health benefits of volunteering
- Engagement of mental and physical activity
- Buy into healthy lifestyle/behavior changes and implementation
- Incorporate healthy aging within the school system
- Obesity

- Promoting preventive services - vaccines, screenings
- Increase understanding and self-mgmt techniques for chronic disease
- Marketing health and evidence based programs
- Educational awareness to community as a whole about healthy aging
- More education on healthy living and exercise
- Silver Sneaker model for encouraging healthy lifestyles - incentive for getting out. Retailored apart from insurance companies

### **Healthcare - Services/Integration**

- Better linkages between healthcare providers and community service providers
- Integrating services - aging/medical fields, turf issues
- Integrate social vs medical delivery (create community teams - holistic approach)
- Service integration/providers are all on the same page/sharing resources
- Communication between medical providers
- Primary care workers, medical, dental, psych integrated as a team, more training - more professionals in areas
- Lack of communication between physicians and pharmacists
- Diagnosis does not lead to proper referral ex. General practitioners, eye doctors
- Collaboration between state agencies - train more healthcare providers on specialized care

### **Healthcare - Cost/Insurance/Other issues**

- Developing alternate options, cost of healthcare
- Access to affordable healthcare
- Healthcare fraud and abuse
- Decrease health insurance cost
- The impact of healthcare costs on those with disabilities
- Medication dispenser vs RN
- Need medical advocate/shadow - to take notes, ask questions, follow up, not NEC case manager for home bounders, continue liaison
- Lack of health literacy -knowing what to ask for, communication barriers (medication compliance)
- Health insurance: Although reform has passed, one health crisis can adversely affect the economic independence of an older adult. Additionally, despite efforts, fraud in the health insurance industry persists, and additional safeguards and deterrents must be passed.

### **Home Modifications/Maintenance**

- Problem is being able to keep our family members at home longer if they so desire to be there and doing those adjustments to accommodate their needs at that time – redesign of house or bringing in people to help with their personal care so that it reduces and prevents falls as well as being able to have assistive equipment available.
- Easy, affordable to access in services in home-home care, cleaning, health services. One stop call such as Just One Call this is a good resource. Small jobs such as changing light bulbs, etc
- Home and property care and assistance with home maintenance is a big problem – elderly reach point in their lives that they let things go – not intentionally but because they're not able -- home may become very unkempt and there needs to be home care, inspections so that we make sure that their home environment is safe, healthy, attractive and working properly
- Affordability of help in the home (not just cost but means to pay such as financial assistance or purchased services or bartering) – people may need only a little help, for example help with house cleaning, but if they can't afford it then clutter builds up and it becomes unsafe
- Stratification of generations so that younger people aren't available to help with chores or trade of services

- It is hard to get a competent person to help with home repair issues and getting someone who is not going to scam you.
- Wheelchair accessibility in homes is critical. Can you get into the house, get to the bathroom, get to the bedroom? Every house should be accessible. Building codes change to have zero grade entrances. Would like to see tax credits for retro fitting.
- Many homes were built in 19th century framework and we will see more home modification for accessibility. To build accessible homes is not that much more, price wise, but retro fitting is. Why can't we just build them that way to begin with?
- Home modification do all counties have home or safety assessment programs then once assessments are there services to do the modifications
- Existing homes: need awareness for upkeep and safety of current home and resources to do so
- Modify nursing facilities, etc. to be more attractive and livable for seniors
- Special interest group to retrofit their homes
- As people get older they can't get in and out of houses that they wanted when they were younger
- Work with rehab people to plan a home to know how to live in the home longer
- Modify homes to make more livable as we get older. Steps not a problem when young, but what about later?
- How to we adapt and change the current house/modify, get services to them in rural areas/farmhouse built in 1920's especially if children are moved away
- Safety...older adults fixing things themselves get hurt and die (stepping up on ladders, etc)
- People either make modifications to homes or move
- People in communities 50-70% live there and can't afford to go anywhere else.
- Awareness: many don't know what they need to modify their home. Target younger mindset early
- Project: went in home with accessibility issue in bathroom...contractor took wall out to redesign bedroom/bathroom to be open and accessible
- Need for consumer counseling services to be available so that the elderly know what services are available
- Financial issues. No money to do retrofits and to pay basic utilities. Lots of low income.
- Home safety. People discharge from the hospital and their home is a mess. Fall risks such as rugs. Often times a home such as this leads to a fall and re-hospitalization. No caregivers close by, even though the older adults don't want to leave home
- Living conditions not suitable for the needs of older adults. Not big enough for wheel chairs, walkers, throw rugs, too much furniture. Can't afford to make changes. This is a safety issue
- Home adaptation to age in place
- Landlords are not willing to accept/change regulations
- Having family members to be the person to tell mom and dad when it is necessary to make these choices
- How do you get people to talk, thinking about it is good
- Landlords required to up-fit property for seniors and disabled
- Rehabbing of homes

### **Housing Options**

- Private sector sees it as a money making environment, more affordable options would be better. We need to have CCRC like communities
- We need more alternatives, like Europe and providing supportive housing and giving more support. Take an old community center and try and re-structure that so it will help with the entire neighborhood. Bringing together the housing and community and not segregating by age, more for needs. Housing options Co-housing, This is the community designed and all are involved in making it happen for the people who need to go to the store or out shopping etc.
- There are some grants available to provide housing opportunities that are part of the sustainable living design
- What can you do at the local level and having a start to do something would help get it off the ground

- Bringing public and private collaborative to get this accomplished and be affordable
- Affordable housing options
- Innovative housing options, community design, centers
- What is affordable housing? There are different ideas of what it is. It is still possible for those who still work can maybe afford affordable housing units. But, after you stop working, maybe not. Big issue. A lot of needs for this.
- Access to reverse mortgages is diminishing/reducing ability to aging in place
- Lack of housing options
- Homelessness
- Senior ambassadors to have good things to say about living options instead of hearing the negatives.
- Consider communal/shared housing options
- Income gap for those who need assisted living where do they go more affordable options; more affordable services
- Have state look at this issue so seniors don't lose their homes
- Look at other state policies that can answer the issues – Vermont –Michigan
- Create environment where options are increased for housing/communities
- More affordable housing options which include independent living to limited assisted living in a facility that provides safety, socialization and fosters independence. Small energy efficient units that are secure, designed to facilitate an aging population and have life safety features designed in them. Hope that's clear.
- Lack of affordable senior living facilities. We need more communities where seniors can live in townhomes while they are independent, then move to assisted living and then to more advanced care. However, these communities should not cost \$200,000 to get into and then \$1,500 a month to live in. They must be more affordable.
- I think that a variety of nice senior apartments or townhomes that do not cost \$1,500 a month is greatly needed in this state and much more in-home care facilities too

#### **Individual Barriers/Personal Accountability**

- Lack of self-esteem
- Feeling of uselessness- need to feel valued
- Lack of ownership by volunteer
- Initial attitude of wanting to "do nothing". I'm done
- Personal accountability - empowering people to exercise etc
- Motivation to participate
- Internal/external motivation (why attend, get involved)
- Not responsive to change
- Social stigma of services
- Lack of trust in systems
- Denial for planning in aging ex. Retirement
- Personal accountability - empowering people to exercise etc
- Not willing to plan for the future
- Not willing to reach out for help (cultural barriers)

#### **Livable Communities**

- We can no longer think about all of these designs separately, community. Integrated all of these, planning and transportation.
- Safety as an issue and design with the neighborhoods
- What about access to services within a community? Is it less transportation dependent? We have a community center and I think it is an important piece of a livable community. Before this the people had trouble getting out but the community center gives them access to services.
- Need to educate people, there is a disconnect between younger and older folks and I wish everyone would start talking. We have to start engaging neighborhood associations

- We want to live around others and be diverse. What can we do for them? Seniors want to be considered peers. Shift of always doing for them so maybe we shift of what we can do for them? More civic involvement by seniors to get their input and have mixed communities. Engage and ask. Engage communities to share solutions. We don't want to lose the experience and wisdom from our seniors.
- Small things such as gardens can bring a community together. They ask me questions because I'm the oldest but it has started a conversation. It can be small things and then maybe can grow exponentially.
- A livable community for everyone
- How do you convince a senior to move out of a 2 story house into a 1 story house?
- How do you find a place that is not too restrictive or too costly; issues of downsizing ; changes in lifestyles in long term care facilities
- Create homes that have intergenerational capacity
- Rethinking what our real needs are for future space in homes
- Prepare of life style changes
- Portable mother (mother-in-law) suites and rezoning for care givers
- Are CAP and independent living services well known? and is it available to everyone ; what can we do to create walk-able communities?
- Where are complete streets?
- How do you organize the local community to impact government decisions?
- Lack of jobs for youth
- Start with baby boomers who have responsibility toward older parents
- Survey: People want to go home
- Swedish design communities...have young people there
- Mixed families all interact and support one another
- Going back home: 7 things that all communities need...walking distance to post office, pharmacy, library, grocery store, etc.
- Centralization vs. decentralization
- Birkdale...shopping, housing...walk to health food store, movies, etc....perfect setting for interaction and for those who like it.
- Planning to go back to...
- Smart Growth/Sustainable Neighborhoods
- Exercise and safety when neighbors look after each other especially if communities are mixed with young families/children
- Establish/initiate collaborative support communities...Community Resource Connections (CRC) will support and facilitate this idea...
- Businesses should/could entrepreneur
- 60%+ may stay in place...let's start getting amenities
- How can we take existing and make usable now?
- If enough housing is accessible and there, stores/resources will follow.
- Boston set up: Concept business Village to village network...buy into
- People pay monthly dues to live in home and all needs are contracted/taken care of...
- Pennsylvania: contractor set up community...provide services...
- New Jersey : apartment complex
- Pennsylvania: neighborhood
- Volunteers help with own population and a couple people staff and manage the project.
- Senior community collaborative: establish a district where they won't have to move
- NC is talking about this in some areas
- Business person coordinates everything.
- CRC could facilitate access for spoken resources

- Staying involved - different agencies integrating services - for example, using the Police to create community involvement so folks interact
- The challenges of negotiating
- Retirement communities – making homes more accessible and looking at community “friendliness” - roads, signs, etc. Also having HCCBG committees becoming more vocal advocates
- Educating folks about the physical changes in older adults and the what options are available for seniors who can no longer drive
- Aging in the community....and the challenges of getting transportation in the very rural area. Downsizing – and the upshot being that EDUCATION is a key issue in getting younger people to plan ahead.
- Folks need to look at “what’s in it for me” – again, EDUCATION
- Big reason folks go into long term care is being unable to function in their own homes.
- We have to make accessibly something with consumer value so that people think about these issues
- Aesthetics and making, again, the accessibility issue a more common approach to living in accessible homes
- Marketing and how that can impact how well an accessible housing unit will be presented
- Communities that had shopping, living, etc. in one location. The challenge then, is transportation is key to being successful
- Challenges of services being offered “off site” and getting folks use to getting services somewhere other than “back yard”. Educating people about the changes needed to adapt to changing service modes/locations
- State’s good Samaritan status and drivers are not liable for problems in case of accidents
- Library is a likely gathering place – Senior centers being hit by reduced hours and closing – eliminating another defined meeting place
- Baby Boomers – how do we bring people together? Educate family members about issues/concerns facing older adults. Working through agencies, etc. to make that happen.
- We haven’t tapped into the younger family members who are caregivers
- We need to have “succession planning” with families
- We are isolated in our own neighborhoods and don’t even know our neighbors – and maybe the NORCs (naturally-occurring retirement communities) are an answer to help folks “reconnect” and bring people together
- We have to look at what it means to LIVE, not just have our medical needs addressed
- People do NOT want to leave the home they are in, even if it’s not safe. They are attached to the house and it is hard to change their attitude, even if they need to make adaptations but can’t afford to.
- People are unaware of the assistance that could be out there (stigma attached to public assistance) and people don’t know where to go
- Waiting lists. Too many people need support but there aren’t enough providers.
- Need for a focal point within a community that brings people together (the public square) – used to be schools but aging community doesn’t use schools so need senior centers or enrichment centers or resource centers where all ages can meet and interact
- Too many cooks in the kitchen – you have to deal with multiple organizations, places, and people to get supports. We need a central place to go.
- A lot of houses being built right now to not include universal design concepts such as slab bases, bedrooms downstairs.
- Need to encourage developers to focus more on universal design – to see the long term care financial benefit of developing such neighborhoods. There is no immediate money. Really try to get buy in from developers.
- No support of town councils etc because they don’t buy in to the concept
- Universal design and the need to educate builders on the value and need for universal design
- Consumer friendly –the accessibility and universal design being “consumer friendly” – and not be tied to a notion of being handicapped
- Senior friendly and livable communities - community development
- Neighbors should be more mindful of others
- Need to be able to walk around your community – sidewalks, curb cuts, etc.

- Age old story of bad traffic, need more medians to slow down, more angled parking. They find it scary. Would speed bumps help? Probably not.
- Cannot cross street fast and there are no controls over timing so they [state] to do something about it. It's not such older folks, it is kids and families. The state doesn't need to make sole decision on the timing of the lights. Why can't they collaborate with the neighborhoods around them?
- Greenville, SC is beautifully designed and very pedestrian. They put in angled parking and medians but it is accessible in the midst of all this development.
- That's another point, cyclists. Transportation needs to also take a person centered approach and contain cyclist.
- We visited Sun City and at the time there wasn't anything there and you had to drive into Charlotte. It wasn't affordable.
- Would signs such as school "slow" signs be effective? Yes and no. Group divided. I doubt it would help but it's a good idea. I like the attention that the sign would offer.
- Places to sit while walking is also needed. Public restrooms are very much needed. Amenities are needed. If people know they can't get these they won't go out.
- Better signage-bigger, more readable signs
- Street signs are too little and too low
- Fitness and the necessity of walking trails, etc. for keeping folks exercising. An example of what's being done in Cleveland County 's Achieve Program – a partnership of several agencies to promote wellness.
- Often times "the state" isn't enough support/services
- When in your life do you learn about this? About having the difficult conversations? Where the resources are?
- A lot of it is a mindset. The "homestead" mindset. Older adults will NOT leave their home.
- "Aging is a new experience for all of us."
- We need more supports as we get older. You lose so much.
- Communities used to take care of each other
- Education Forums
- Where are the people who this affects the most?
- Taking forums to the people, county and then neighborhoods.
- Housing – Landlord Tenant laws
- Building codes/ADA accessible
- Reintegrating society - young and old
- Support Aging in Place local initiatives -- those modeled after Beacon Hill Village. This is actually a much more economical and positive approach to supporting people as they age -- based on staying successfully in their own homes.

### **Long Term Care**

- Maintaining independence in home vs assisted living, nursing, group
- Loss of independence - driving
- Cut backs - loss of dollars - remain in home
- Delivery of services into homes
- Age in place and continuum of care - home health/preventive care
- Expansion of In-home services
- IADL assistance
- Compare costs of homecare vs. institution and implementing
- Ways to find In home care
- Ways to creatively expand home care
- Increase options for LTC - in home care
- Lack of In-home support services - greater than traditional homecare 24 hrs
- Affordable home care - home health or private pay

- Cost and availability of supportive services
- Bias in LTC funding -institutional bias
- Lack of sufficient LTC services
- Affordability of LTC services
- LTC \$ - how to help families
- Quality of life in LTC facilities
- End of life care
- Attitudinal change on end of life - funerals
- How do we deal with end of life issues - we spend so much dollars prolonging life, not enriching at end
- Increase education about advance directives - high school education, identifying high rise, chronic care
- Advanced directives/statewide policy that requires providers to have copy of Advanced Directives in patient files (Put on driver's license)
- Change/expand eligibility for PACE program
- Social isolation/fragmented families
- Affordability of care in the home - grants, private foundations
- Drug testing for direct care workers
- Mixed population (age) in facilities (study)
- Social isolation
- Older adults @ home
- Medical management
- No universal .....of identifying needs of elderly
- Guardianship laws update and enforced
- Increase volunteers
- Statewide resource pub
- Huge discrepancy/difference in income levels - Limited options for middle income level
- Delivering person centered care
- Money follows the person services
- More In-home services
- Lack of public resources for In-home care
- County lacks in county care (hospitals)
- Reduce Mixed Populations in ACHS
- Combination of MI and aging in adult care homes
- Mixing of frail elders with mental illness patients in adult care facilities
- Regulatory issues with Adult Care Homes
- We need more "in-home" care companies in the triad area. More companies with affordable prices to take care of seniors in their homes.

### **Medicare/Medicaid**

- State and Federal cuts to Medicaid and Hospice (In-home services)
- States differing Medicaid services
- Lack of Medicaid/community services coordination - discharge planning - poor communication
- Access for folks between Medicaid and private pay
- Medicaid- legislature doesn't understand optional services
- Medicare- if the patient is not admitted the patient has to assume 20% for outpatient services
- Issues with Medicare/Medicaid
- Affordable services for people not eligible for Medicaid
- Cost of medications not covered by Part D

- Money follows the person - adjust eligibility for Medicaid- from home to care home
- Many public services (Medicaid, etc) can only help those in extreme poverty
- Medicare/Medicaid fraud
- Hearing aids and glasses not covered by Medicare
- Restructuring the Medicare D program
- State and Federal cuts to Medicaid and Hospice (In-home services)
- Full inclusion of Medicare/Medicaid and commercial insurance
- How do build CAP services, enhancements
- Expand successful programs such as CAP/DA rather than cutting and creating new programs
- Fraud in homecare - reasonable costs to keep people home
- Loosening Certificate of Need policies to extend services
- Golden age of medicine was in the past, no incentive to take Medicaid patients, concerned you are not going to be paid
- Demographics of increased Medicare patients can not get a primary doctor which results in increase \$ because Medicare patients go to Emergency room/urgent care as primary physician
- Health insurance: Although reform has passed, one health crisis can adversely affect the economic independence of an older adult. Additionally, despite efforts, fraud in the health insurance industry persists, and additional safeguards and deterrents must be passed.
- Education on healthcare reform
- Expand information on health insurance options/programs
- Lack of awareness of SHIP program

### **Mental Health**

- Access to mental health
- Mental health service and support expansion, customized home-based
- Lack of mental health providers to address problems seniors face - depression, isolation, etc
- Mental health services (depression, grief, general counseling relationships, mixed populations in LTC (mental health + homeless)
- Mental health and counseling should be available to care recipient and caregiver
- Physician shortage (providers, PA, NPs) Mental health providers
- Inadequate placement options for those with mental illness and inadequate requirements (such as staff training) for those housing those with mental illness

### **Nutrition**

- Lack of proper nutrition
- Nutritional issues of all LTC services
- Nutritional issues for seniors (maximizing services)
- Access to meals on wheels on weekends
- Need more nutrition sites
- Nutrition-access, education and availability
- Senior Farmer Nutrition Program- barriers to training and allocation

### **Planning**

- Planning ahead and internal and external redesigning your home about 10-15 years before it is an issue- is there a source available to start getting ready.
- Redesign and planning ahead
- Education is needed. "Life Planning" education. Especially healthcare providers.
- Planning rural vs urban

- Not willing to plan for the future
- Making sure that people understand they have choices in care and about aging in place
- How do we educate ourselves and interact with people who have been independent all their lives – how do we get them to start thinking about planning BEFORE they need it. How can we convince them to be more proactive – do a safety evaluation – and make safety changes that will help them.

### **Rural Areas**

- Often times people in rural areas avoid leaving to go into “town” to get their basic needs met so this leads to a hospitalization.
- Rural African American community does not have good infrastructure and town does not respond;
- Mostly females living in rural areas living off social security checks
- Forgotten population in rural areas. They are so isolated. No access to services.
- Rural routes for transportation specific days per week
- Dialysis and other many transportation runs cuts into rural transportation
- Senior living communities in rural NC
- Access to services in rural areas
- Rural areas isolation is an issue. It seems like they are just withdrawing as families move away and they age in their home. People are forgotten about. I live in a rural area and have a well for water. I had it tested and they presented me with a list of tests and prices. So, let me test just heavy metals. They were there. That being said, there are people who have lived with these conditions their whole life but things change. But testing water such as this is pricey. If someone is isolated they may not know about getting their water tested or if they do it may be out of their price range. What is affecting me is probably affecting others.
- Some people /communities are extremely opposed to development, even helpful development. Need more property in filling.
- Rural transportation is not a priority in a lot of communities and is the first thing to be cut. Oftentimes, though, those are the people that have paid taxes the longest. There are no bus routes in rural areas.
- Few community/social supports drives up costs of supports for many - rural (adult day, senior centers)
- Providers struggle to reach the remote rural consumers who need services
- Lack of providers in rural areas
- Diminished access to volunteers in rural communities

### **Senior Centers**

- Geography-senior centers not necessarily centrally located - senior centers without walls
- Senior centers open and not being used
- High need and demand for senior center programs but not enough money for marketing facilities, limited space, etc.
- Expanding facilities, making best use of space
- Need more senior centers
- Create more activities for all seniors i.e., senior centers;
- Establishing enrichment centers vs. senior centers
- Connect senior programs (city/county/state/fed), not a competition
- Inclusion of elderly into programs already available
- Provide the senior activities that are now available (chair exercise and dancing) and if possible extend them if economically feasible.
- Cities in NC should provide more recreation centers with activities for seniors on the WEEKENDS and EARLY EVENINGS. Most YMCA's and other senior centers off physical activities and swimming during the day. Most seniors are working longer into their mid and late 60's and there is little for them to keep in shape and to be well.

### **Services and Supports - Awareness/Lack of Information**

- Lack of information regarding resources
- Awareness of programs/services
- Promotional campaign to bring seniors in NC
- Lack of knowledge about opportunities
- Marketing of available services
- Informing seniors of existing programs (promotion funds)
- Getting information out regarding programs etc
- Increase awareness of drug company programs (discounts, samples)
- Spreading the words about the programs we offer/team approach
- Education - health awareness programs
- Awareness of services in the community
- Access to the information you need at the time you need it
- Lack of public awareness about long-term care (community and facility care), needs/services/funding source options.  
Medicare doesn't pay for most homecare
- Awareness of informal services in rural areas
- So much out there, confusing to know where to go unless someone helps you/a lot of different agencies/duplication of services
- It's hard for consumers to know which agency/who provides which services
- Navigating a confusing system
- Providers need to know more about what other providers offer
- Lack of awareness of availability of services by primary care physicians, doctor offices
- Lack of pointing individuals to services by hospital staff (patients are given a list of providers and numbers but no direction)
- General lack of awareness of available services by professional caregivers (nurses, social workers and a/c planners)
- Client not made aware of services
- Confusion about aging process and service systems
- Educating everyone that older adults have choices in their care/AIP as well as the services available
- Lack of public awareness (newspaper columns)
- Lack of knowledge
- Lack of information and assistance
- Access to knowledge about end of life issues, services, decisions
- Education programs
- Advanced directives more awareness
- We are too reliant on the internet for information. Seniors don't necessarily use the internet. Need a variety of ways to improve information giving
- Early access to key info prior to admission
- Education for youth on how people age (what to expect of seniors)

### **Services and Supports - Accessibility/Availability**

- Reaching out to those with greatest need
- Inconsistency of service availability across the 100 counties. Ex. Non existent service, wait lists
- Accessibility to all options in rural areas
- Changing eligibility requirements
- More flexibility needed
- Cutback in services (PCS/CAP-DA) leaves too many unserved/waiting for services---where do you go for services
- Increase social supports - non- medical care: companionship, grocery shopping, bill paying, medication management, stay home longer
- Need for better incentives to keep loved ones at home

- Access to HCCBG services-waiting lists -CAP,SAIN,MOW,ADC
- Matching assisted living to need
- Huge discrepancy/difference in income levels - Limited options for middle income level
- Delivering person centered care
- Money follows the person services
- More In-home services
- Lack of public resources for In-home care
- County lacks in county care (hospitals)
- Lack of health literacy -knowing what to ask for, communication barriers (medication compliance)
- Inconsistency in services
- Using resources more effectively/efficiently
- Lack of recreation programs
- Divide between newcomers/natives in terms of programs
- Socialization of seniors
- Opportunities/support/socialization of homebound
- Connectivity: stay engaged with the world
- Opportunities/support/socialization of homebound
- Choices in services-accessibility
- Senior centered planning
- Access to their needs (medical appointments, pharmacy, financial, geographical transportation)
- Lack of safe, convenient walking routes and community actions to provide them
- One stop center for information and services to facilitate access to services - Lack of case mgmt
- Access to healthy and affordable food (getting to the store, not enrolled in programs (SNAP, HOM)
- Intergenerational services
- Issue of making In-Roads with communities when volunteering and faith based participation is shrinking in non-aged cohorts
- Support Aging in Place local initiatives -- those modeled after Beacon Hill Village. This is actually a much more economical and positive approach to supporting people as they age -- based on staying successfully in their own homes.
- Opportunities for low income - transportation/communication/overcoming obstacles (health)
- Access to care - limited - number of providers- funds

### **Taxes**

- Need for property tax relief because properties continue to escalate in value but incomes are not adjustable to meet that increased cost.
- Include a tax break, have the builders build sidewalks and having incentives for the community.
- Property tax assistance or options i.e., homestead programs
- Homestead tax exemption
- Low income tax burden
- Tax credit for community living for seniors in rural NC
- Auto IRA system

### **Technology**

- Nursing homes and assistive livings don't have assistive listening technology such as phone ringing light blinking. Leads to lack of participation
- Education- college + technology
- Technology training for older adult services
- Technology enhancements in facilities - intergenerational

- Technology-information/awareness
- Low tech way to get information in one place , issue: time and confusion in finding resources - focused for seniors
- Improved internet -single point of contact
- Utilization of modern technology for seniors
- Fear of Technology-technology training awareness
- People become isolated – need wifi to help people stay connected and help communities stay senior-friendly and need classes to teach people how to use the computers
- Young people think that if we get info on internet it's awareness/communication, but most seniors still don't have that access...we need more methods of communication.
- Initiating action often requires technology and speaking to the right people at the right time

### **Transportation**

- Volunteerism to include transportation
- Transportation is a huge problem in Concord. Public education is always key to being able to convince consumers that the VALUE of services is affordable. Rising gas prices created extra demand for transportation services.
- Transportation services often make the difference in getting basic needs met.
- Transportation to basic services is critical
- Critical need for additional funding for transportation
- Need for better transportation and better, readable signage
- The key is getting flexibility in using the transportation funding so that solutions can be found to address transportation issues in different types of communities
- Transportation i.e., safety, accessibility, special buses
- Creating opportunities for families and communities to help with transportation is an important issue to be addressed
- Need a car to get to the transportation even city transit. There is a fear that people still do not want to use public transit.
- It is a whole lot easier to drive your own car then physically get on the bus. It is still a big concern and safety is a concern.
- NJ- special bus that would take the seniors to the grocery, casinos, but it did go from one small place to another
- Elderly and disabled transportation program that goes to each counties, each what can each state provide based on their funding.
- NY had a grant that provided transportation
- Getting on the bus should be more accessible and not as “scary”. Having the bus for just people of their age and need would be better
- Riding the bus to ride the bus from Chapel Hill to Raleigh everyday, it is quite hard to get started.
- Having people choose at home evening for at home (non-medical) transportation option.
- It's OK for people to make money and not to expect the non-profits to carry this out.
- Japan is a good example. Diverse public and private collaboration to provide resources.
- How to help families and caregivers with making choices on making a choice early on and having the issue of taking the license away as an example.
- DOT will provide restrictions for people who may have other needs, based on the ability to pass the driving test etc.
- The need for maintaining access and connectivity through public trans, roads that accommodate older drivers, etc. especially in rural areas but also special help via assisted transportation
- All don't know about special transportation services
- Transportation not available – too far from home; transportation is there a way that the state school bus system could be used;
- We did something and got a grant that was short b/c of concern of people to get to stores and medical appointments and used P&R bus to pick up 1x week at home but didn't work so great because it was only Mondays and they had to get notice by Friday. Needs more days and for longer periods of time. Need to collaborate with other services to do

this. If we had another resource we could have documented the need. Resource=money, grant, etc. Good design but didn't have their own vehicle, so it didn't work too well. Instead of money use volunteers to drive.

- Lack of regular transportation in a community
- Educate seniors on use of public transportation and what is available when/where/process for accessing
- Paradigm shift: seniors were on their own, but then when can't take care of themselves...what now? We are encouraging them to remain in home, but must provide resources if possible. If not, it may not be the best option.
- Seniors not driving the most fuel efficient vehicles ... can't afford them.
- Limited on wheelchair accessible vans/busses...accessible.
- Transportation for seniors and rest of community. Exodus in rural counties of commuters to urban areas to work.
- Lack of regular transit infrastructure for seniors or anyone to access.
- Transportation -small versus large county
- Transportation - improvement - rural, inner city
- Cost of transportation
- Transportation for rural areas and in general
- Flexible and innovative transportation options belong the eligibility catchments/alternatives to existing funding streams
- Access to transportation services can be limited in all settings (urban, rural)
- Lack of medical transformational options
- Lack of transportation - no linkage between housing and transportation
- Transportations as an older worker/student
- I see a strong need for AFFORDABLE transportation for our seniors and disabled individuals. Weekend transportation is also needed.
- Transportation to and from health services
- Lack of transportation for medical, social, groceries
- Bus safety - public transportation
- May alleviate auto dependence

### **Volunteerism/Civic engagement**

- Civic engagement- is this a myth that what people envision is actually available? Will be available?
- Will a huge wave of volunteers that are ready to work and give back materialize?
- Volunteerism/advocacy of retirees
- Mentoring programs to increase self-esteem
- Volunteer groups to identify seniors who need support
- Engaging Boomers in community service/matching needs+ volunteer skills
- Inter-generational mentoring about life, money
- Volunteer training of "lack off"
- Greater options for volunteering and learning
- Engagement and opportunities for minorities (cultures) diversity
- Resources for those who want to volunteer and organizations
- Changing nature of volunteers-different commitment/needs/desires
- Greater options for volunteering and learning
- New models of volunteering
- Liability insurance for volunteers
- Safety issues for volunteers
- Continuum of volunteer opportunities
- Volunteer mentors
- New terminology for volunteering. Boomers are different than current pool of volunteers
- How can homebound seniors be engaged in volunteering

- Volunteer burnout/developing new leaders out of baby boomers
- To capture volunteers we need to start in the workplace/employers making volunteering as part of workplace
- Reaching men for volunteering
- Transportation issues for volunteers
- Volunteers not consistent
- There are specific programs in place that utilize volunteers
- Awareness of opportunities to volunteer
- Volunteers - resources for awareness/changing nature/commitment
- Need to raise awareness/focus on volunteerism as an essential part of life
- Increase awareness of senior groups for volunteer opportunities in schools

### **Workforce: Shortages**

- Physician shortage (providers, PA, NPs)- Mental health providers
- Availability of geriatric case manager services, dental and other specialty services
- Lack of staff to meet true service needs /funding
- Shortage of primary care physicians particularly with any geriatric training
- Long-term care staff ratios
- Lack of direct care workers
- Lack of advocates, care managers
- Having more young people to work in healthcare and with older adults is very important.
- Hope we have enough workers for older adult health care, nursing facilities
- Shortage of faculty to train future health care workers. Hospitals concerned about hiring right now
- Not enough value in these jobs - value, compensation, make less dollars in geriatric
- Shortage of healthcare workers
- Generations working together, competing for same jobs
- Do not seek out older adults
- Under skilled workforce (displaced older workers)
- Workforce issues for direct care workers - career ladders, retention
- Gap of those who don't qualify for \$ for direct care and can't afford it
- Direct care workers - more tasks in direct care

### **Workforce: Opportunities/Flexibility/Succession Planning**

- Stronger Federal and State guidance regarding programming
- Workforce flexibility (retirement and pension systems)
- Poor economy has altered older workers plans to retire and volunteer
- When do we dig the well?
- Changes in medical reimbursement structure will hopefully open up many employment opportunities- but will there be workers ready and available
- Low pay is problematic in health/aging/social work
- When do we dig the well?
- Reengaging and energizing today's companies
- Taking responsibility and changing salary expectations by older workers, career changes
- Resources for older adult workers to find employment
- Ways to keep energy into older adult workers/job search
- How do we fund services for older adults based on what we know is coming?
- Government provide incentives to businesses and education
- How to get businesses to understand the benefits of job sharing
- Effort in the shift and opinion of getting older

- Systemic method to help older workers find employers - benefits of older workers
- Sensitize head hunter + public employment systems to be aware of older worker (positive)
- How to get new businesses to see opportunities in aging ( societal and individual)
- Inequalities (economic) in older age - leveling
- Venture capital formation for new business for older adults
- Intergenerational conflict - economy and workforce issues
- More creativity and productive options for older adults
- Sheltering \$ = not being a good citizen (attorneys = Medicaid)
- Workforce and succession planning
- Promoting entrepreneur businesses for and by older adults
- How do individuals and older adults and professionals influence public officials - get their voices heard
- Keeping aging population busy
- Availability/involvement in society - using the resources that older adults have
- Businesses keep older adults in workforce, flexibility in older adult employees
- Inconsistent timelines for retirement
- Legislative - increase state retirement age
- Younger generations responsibility to older adults
- Entitlement mindset (especially family)
- Expectation of government to fix it
- Team retirement values early
- Economic activity brought in with seniors moving to NC- how to take advantage of NC's attraction
- Opportunities for older adults to start businesses/skills training
- Job sharing, flexible schedules by businesses
- Look at hidden assets for people who claim Medicare (state and federal government) close the loop
- Tapping into retired workforce - how do we find them
- Work life/family balance (employers needs/employee caregivers)
- Businesses that result from aging population
- Assessment tool of older workers for re-careers
- Business development of coordination agencies
- Increased workforce for aging population
- Returning to cost-saving more green practices - sustainable
- Isolation increases cost of providing care - cash flow
- Non profits develop self-supporting business attitude
- Workforce options to accommodate part time, flex time
- lack of entrepreneurship, resources among seniors
- Work/volunteer longer as we age - incentives for businesses to hire elder workers, no age criteria to cease working, job sharing, mentoring, phased retirement, succession planning
- Capitalism is not providing as well - we are relying more on the state for support but not contributing to it
- Workforce, job opportunities, retaining, retracing, options in the workplace
- Need to accommodate those who want to move in and out of the workplace while maintaining a level of productivity/service within an organization
- How does workforce support those who are going to be drawing benefits? Is there enough workers for dependants
- Employment: Seniors face age discrimination in employment and are not valued for their years of experience.
- Recognizing older adults as a driving economic force. Too many businesses still target to the younger consumer even though older adults may have more disposable income and are looking for products that are age appropriate, eg clothing, entertainment, cars, etc.
- Involving older persons in travel tourism locally

- Need to identify "seniors" and empower them to drive the programs
- Emphasis should be upon the assets/talents/benefits of older adults as opposed to needs
- Lack of appreciation for experience
- A need for helping boomer transition from work to community engagement
- Professional dislocation
- Lack of network support, information peers for helping seniors engage
- Workplace engagement - integrating them into workplace/compensation/pre-retirement education
- Workforce awareness for younger workers
- Recognizing older adults as a driving economic force. Too many businesses still target to the younger consumer even though older adults may have more disposable income and are looking for products that are age appropriate, eg clothing, entertainment, cars, etc.

### **Zoning**

- Change the zoning codes or make policies that this will happen, affordable housing.
- Need for zoning changes to allow for senior living communities; in the town of Huntersville, what do we need to do in our community to get our community leaders and local governments to respond to the needs such as sidewalks or playgrounds
- Change Zoning codes...should be reviewed...traditional zoning isn't going to work in this pattern.
- Change zoning and codes...what are they limited/preventing?
- Land use and organization

### **ACRONYMS**

ADL - Activities of Daily Living  
 ACH - Adult Care Home  
 APS - Adult Protective Services  
 CAP - Community Alternate Program  
 CNA - Certified Nursing Assistant  
 COA – Council on Aging  
 CON - Certificate of Need  
 CRC- Continuum retirement community  
 DMV - Division of Motor Vehicles  
 DOT - Department of Transportation  
 HCCBG - Home and Community Care Block Grant  
 HOH - Hard of Hearing  
 LTC - Long Term Care  
 MOW - Meals on Wheels  
 NP - Nurse Practitioner  
 PA - Physician Assistant  
 PACE - Program for All Inclusive Care  
 PCS - Personal Care Services  
 POA - Program on Aging  
 SHIP - Senior Health Insurance Program  
 SNAP - Supplemental Nutrition Assistance Program