

## Notes for Talking Points for Aging Policy Listening Sessions May/June 2018

The older adult population in North Carolina is growing by leaps and bounds.

Today, 1 in 5 – over 2 million people in the state are age 60 and older. By 2033, about 1 in 4 will be over age 60 and people over 85 will be the fastest growing population group.

As of 2018, there are more people in the state over the age of 60 than under the age of 18.

For additional data on aging in North Carolina go to this data profile provided by the NC Division of Aging and Adult Services (DAAS):

<https://files.nc.gov/ncdhhs/documents/files/NC%20State%20Aging%20Profile%202016.pdf>

County data profiles from DAAS can be found at:

<https://files.nc.gov/ncdhhs/documents/files/NC%20County%20Aging%20Profiles%202016.pdf>

### **Issue: Barriers to Availability of Services/Service Delivery**

**Home and Community Care Block Grant (HCCBG):** The Coalition on Aging is advocating for increasing the state recurring funding for the HCCBG by \$7 million.

- The state is losing ground in its efforts to help frail older adults in the community through the HCCBG which is the primary funding source for non-Medicaid funded services to help older adults remain independent and living in the community. The Block Grant combines federal and state dollars and local matching funds.
- The waiting lists for Block Grant services is growing and fewer individuals are being served each year. On March 31, 2018, there were 10,951 seniors on the waiting list for Block Grant services.
- With an appropriation of \$7 million to the Block Grant, approximately one third of the waiting list could be reduced. Most impacted would be high demand services such as home delivered meals and in-home aide services.

**Community Alternatives Program for Disabled Adults (CAP/DA):** The Coalition on Aging is advocating for increasing the Medicaid reimbursement rate for CAP/DA from the current rate of \$13.88 per hour to the national average of \$18.82 per hour so as to better support direct care workers and to reduce worker turnover.

- The Medicaid reimbursement rate for CAP-DA is the same today as it was in 2001.

- The General Assembly increased the Medicaid Personal Care Services (PCS) rate to \$15.52 per hour in the last legislative session but did not increase the CAP-DA rate.
- Most of the reimbursement rate goes to pay for personal care aides who provide direct care such as bathing, dressing, and preparing meals to those receiving CAP-DA. Wages for aides are low and getting lower with the average wage for an aide in the state being \$9.18 per hour.
- A stagnant reimbursement rate presents significant challenges in aide recruitment and retention which compromises the stability of our long-term care system.

### **Not Enough People Working in the Aging Field**

- Shortage of staff in many occupations, both professional and para-professional.
- Particularly a shortage of “direct care workers” (personal care aides, home health aides and nursing assistants).
- Bureau of Labor Statistics estimates that an additional 1.1 million direct care workers will be needed by 2024 (26% increase over 2014).
- The population who tends to be direct care workers (primarily women 25 to 64 years of age) will increase at a much slower rate.
- An improving economy has led many direct care workers to pursue higher paying alternatives (ex. in service sector) and turnover rates have soared.
- The NC Division of Health Service Regulation reports a decrease in the last several years of the number of active CNA’s (121,961 in 2013-2014 and 116,532 in 2015-2016).
- Wages for direct care workers have not risen. The hourly rate nationally is \$10.11 which is a few cents lower than a decade ago according to PHI, an organization that studies the direct care workforce.
- The shortage of direct care workers comes at the same time as a steep decline in the caregiver support ratio (the number of potential caregivers age 45 to 64 for each person age 80 and older) in the state from 8 to 1 in 2010 to 3.9 to 1 in 2030 (source AARP).
- There are currently about 3 million nurses in the United States. The country will need to produce more than one million new registered nurses by 2022 to fulfill its health care needs, according to the American Nurses Association estimates. This comes at the same time that nursing schools are turning away thousands of applicants as they struggle to expand class size and hire more teachers for nursing programs.
- Shortages of workers can be particularly challenging in rural areas which has a direct impact on service delivery

### **Lack of Availability of Services in Communities**

- A continuum of care (independent living, supportive services, assisted living, skilled nursing services) lacking in many communities in the state.
- Community may not have the resources to support certain programs, particularly in rural areas.
- Willing and eligible providers may not have the robust knowledge to treat issues impacting older populations.
- Public reimbursement rates are often not sufficient to cover costs (ex. adult day services and CAP-DA).
- There are restrictions placed on the development or expansion of certain services (ex. PACE).
- Lack of services often means trying to put a square peg into a round hole - try to fit the need of the individual into what is available sometimes at a higher cost/level than is needed.
- Waiting lists for services that are available are often long. Many people don't bother to get on waiting lists because the lists are so long.
- We need to look for ways to have better coordination of resources and to enhance education/assistance/outreach to help seniors know what options are available.
- Can Medicaid transformation serve as a catalyst for looking at how to increase service options and viability in communities? Need to look at how the traditional aging network that has an established track record be more integrated into Medicaid transformation.
- What can be done to help ensure that the state has viable programs in all communities including keeping good existing programs open? What role can the state have in this? For example, placing increased focus on program support, assistance in identifying resources, looking a policies and procedures that can direct resources, etc.
- There needs to be intentional efforts to develop options to ensure that we have network adequacy.

**Issue: Adult Protection Services (APS) and Guardianship:** *The Coalition on Aging is advocating for increasing state funding and support for adult protective services (APS) and public guardianship services and for conducting a comprehensive evaluation of these services.*

- APS (abuse, neglect, and exploitation) and guardianship services are mandated core services provided by county departments of social services to some of our state's most vulnerable citizens.
- Some counties, particularly low-wealth counties, find it particularly hard to carry out these core responsibilities due to challenges such as difficulty in recruiting staff and having adequate resources to provide services for APS and guardianship clients.
- In recent years, there has been a major increase in the need for APS and guardianship services. In 2009, there were 17,073 reported cases of abuse, neglect, or exploitation of

adults. This number increased to 27,483 reported cases in SFY 16-17. The need for publically funded guardians has more than doubled over the past decade, with 6,885 adults having publically funded guardians during SFY 16-17.

- In SFY 16-17, approximately \$23.5 million was expended on APS. Funding was 3% state, 79% county, and 18% federal. In SFY 16-17, approximately \$21.8 million was spent on public guardianship - 3% state funds, 61% county, and 36% federal.
- There are growing challenges as the number of APS and guardianship cases increase and many counties are struggling to find the money to provide needed services. **(Note: There is currently an initiative on Rethinking Guardianship that will propose comprehensive recommendations for action by the General Assembly in the 2019 long legislative session on reforming public guardianship in the state).**
- The APS and guardianship statutes have not had significant review and change in decades to reflect the changing needs of the population intended to be served.
- Older adults may be more at risk for neglect (particularly self-neglect) and exploitation (particularly financial exploitation) than being physically or emotionally abused. Also, caregiver neglect may be a bigger issue than partner or ex-partner neglect.

**Issue: Caregiving:** The Coalition on Aging is advocating for the passage of legislation that will support working family caregivers and help to keep them in the workforce.

- There are over 1.28 million family caregivers in the state providing care to an adult with limitations in daily activities.
- Families provide at least 80% of all care services needed to help older relatives live in their homes. They are the backbone of our long-term care system.
- More than 60% of family caregivers work, and of this number approximately 70% report making work accommodations because of caregiving. Over 10% say they have to give up work entirely in order to care for their relative.
- Many caregivers do not have access to paid leave to provide such caregiving tasks as taking family members to doctors' appointments.
- Grandparents raising grandkids is a huge issue. Many grandparents need to work and find this hard while caring for grandchildren. Grandparents caring for grandchildren face other challenges too including the physical and emotional challenges of keeping up with grandchildren, financial strains, and legal barriers. (see data from DASS on number of grandparents caring for grandchildren)

**Issue: Mental Health and Substance Use Disorder**

Resource: <https://www.ncdhhs.gov/divisions/mhddsas/olderadults/older-adults-and-substance-use-disorder>

- Older adults are particularly impacted by the opioid crisis in three ways:
  1. May be at risk of having their prescription drugs stolen from them by those looking for drugs.
  2. May have an addiction to drugs themselves (may be on more drugs as they get older)
  3. May be caring for grandchildren or other family members due to the incapacity of the children's parents to provide care due to drug addiction or mental health issues.
- The NC Injury and Violence Prevention Branch tracks suicide through the Violent Death Reporting System which reports the highest number of suicide in NC per total population of the age group is males age 85 and older.
- From 2009 to 2013, 1,204 North Carolina residents ages 65 and older died as a result of violence. Of these violent deaths, 993 were suicide (82.5%). The most common method used is firearms.
- Heavy drinking can make other health conditions worse such as high blood pressure, mood disorders, diabetes, heart failure, and more.
- Social isolation can put older adults at risk for depression and other health challenges.

**Issue: Shortage of Safe, Adequate, and Affordable Housing Options**

- Housing is closely tied to one's ability to remain in the community and is a determinant of health status.
- Many older adults are "house rich and cash poor."
- Property taxes are a burden for some seniors on a fixed income even with the state's property tax relief programs which has not been increased in years.
- Having adequate housing is not just ensuring that the dwelling is structurally sound but also that the housing meets the person's physical needs (ex. is there a bathroom on the ground floor, are their barriers that put the person at risk of falling, etc.).
- The Housing Trust Fund is a flexible source of funding to expand the housing stock in the state. A program funded by the Trust Fund is the Urgent Housing Repair and Rehabilitation Program which enables low-income seniors to stay in their homes. A recent policy brief released by the NC Housing Finance Agency reports that every dollar invested in the Urgent Repair Program could yield as much as \$19 in savings to Medicare and Medicaid. In FY 17, \$3.5 million was allocated to this program and an additional \$2.5 million was allocated to the Displacement Prevention Program which is a similar repair and modification program that is run through the Independent Living offices throughout the state. Continuing support for these programs is urged.

**Issue: Transportation Challenges**

- One's ability to remain independent is linked to their ability to drive or to have accessible and affordable transportation options.
- The aging of our state's population has implications for every aspect of our transportation system - from funding public transportation to the layout of streets and the design of highway signs.
- Recent innovations such as driverless cars may significantly impact the mobility of older adults in the future.
- If recent trends such as Uber or Lyft are explored as transportation options for seniors, there is a need to ensure that safeguards are in place to make sure such options are safe, accessible/accommodating, and affordable and staff are trained to address the special needs of an older adult population (ex. if such services used in lieu of costly ambulance rides).
- Public transportation funding in North Carolina plays a major role in helping to provide transportation services to older adults. The cost to provide services can be expensive, particularly in rural areas, as the distance to pick up riders can be long and the distance to appointments can be great. These variables need to be factored in when looking at the overall return in investment.
- Creative transportation options are being developed across the state including the new transportation HUB in the works in Johnston County. Information on creative and cost effective options need to be shared and the state needs to look at ways it can support communities to look at viable public transportation options for those who rely on these.

**Issue: Food Insecurity**

Resource:

<https://www.americashealthrankings.org/explore/senior/measure/225/state/ALL?edition-year=2017>

- Access to adequate food can be a challenge if one lives in a food desert.
- Older adults, particularly those over 80, may find it difficult to maintain an adequate diet if they face special challenges such as having health problems that require a modified diet, having physical problems in preparing their own food, etc.
- Reimbursement from some public funding sources is not adequate to cover the cost of meal preparation and delivery.
- The NC Division of Aging and Adult Services reports that as of March 31, 2018 there were 3,644 older adults waiting for home delivered meals in the state and 495 waiting for congregate meals in the state through the Home and Community Care Block Grant.

**Other Issues:**

- **Caring for an increasing numbers of persons with Alzheimer's/dementia particularly when care can be of long duration.** Data provided by the NC Division of Aging and Adult Services reports that Medicaid costs are 19 times higher for persons with dementia. Resources: Alzheimer's Association (<https://www.alz.org/nc/>) and Alzheimer's NC (<https://www.alznc.org/>).
- **Many people in the state are not planning for or adequately saving for retirement.** Resource: AARP North Carolina (<https://states.aarp.org/region/north-carolina/>).
- **Special issues impacting residents of long term care facilities or long term care facility providers.** Resources: Friends of Residents in Long Term Care (<https://sites.google.com/a/forltc.org/main/>), NC Senior Living Association (<http://ncseniorliving.org/>), NC Assisted Living Association (<https://www.ncala.org/>), and NC Health Care Facilities Association (<http://nursinghnc.webfactional.com/>).