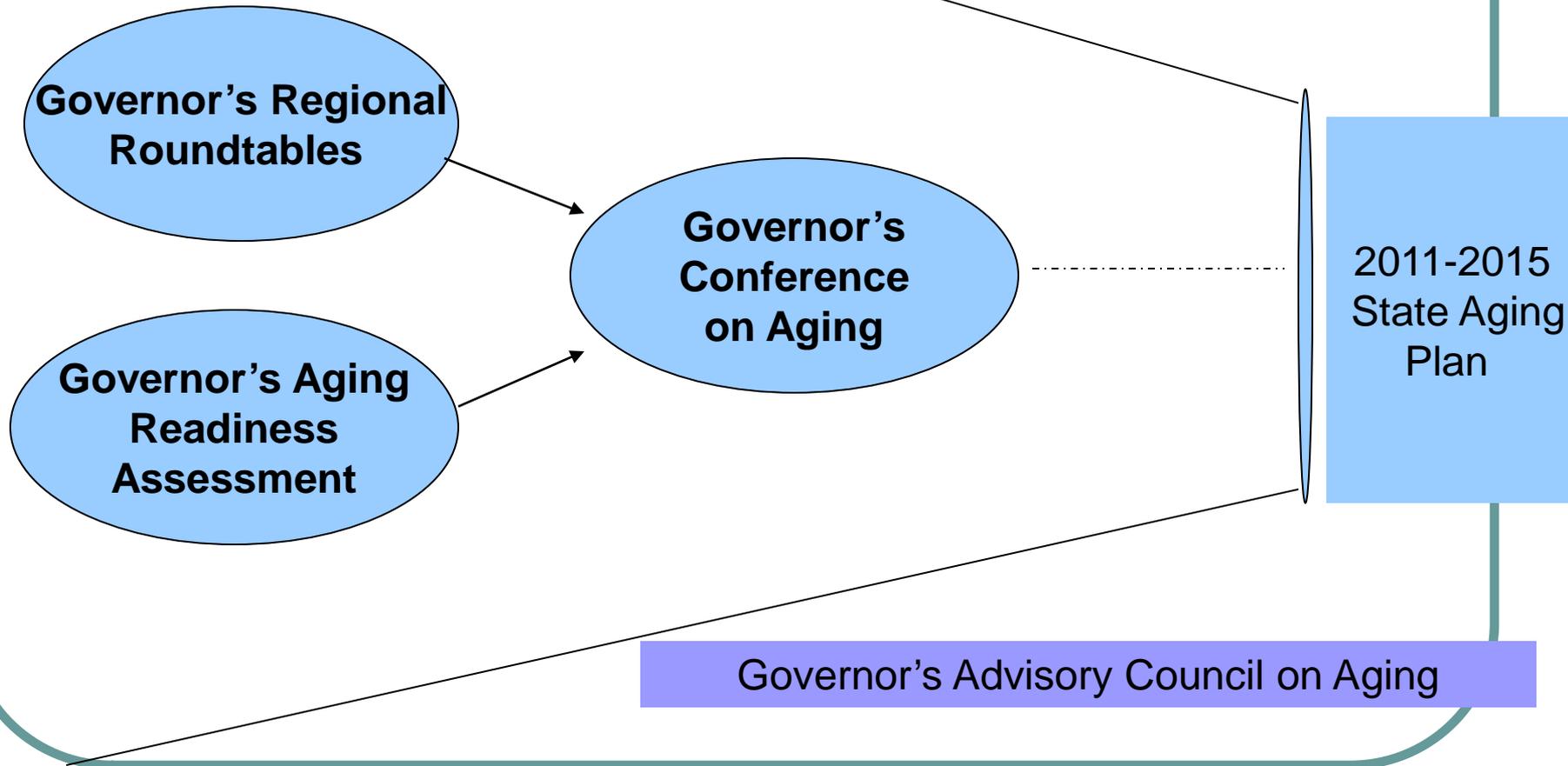


SUMMING UP—Some views from the Governor's Conference on Aging

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Focus on Aging



Protect, Act, Invest

- **Protect**
Identify essential programs or activities that must be maintained and protected.
- **Act**
Identify changes to improve the way we assist older persons and prepare for the aging population within existing resources.
- **Invest**
Identify actions that will require an investment of additional or new resources.

Themes from Input

- ✿ Ease navigation of service system
- ✿ Help seniors stay at home as long as possible
- ✿ Assure quality residential/facility care when needed
- ✿ Promote flexibility in use of funds
- ✿ Strengthen linkage between health care and community service providers
- ✿ Expand health promotion and disease prevention
- ✿ Strengthen health care workforce
- ✿ Support informed planning

Ease System Navigation

- Support emerging Community Resource Connections but use existing infrastructure as much as possible for implementation
- Shine a light on providers/communities excelling in their coordination
- Develop simple/clear pathways to educate older adults and caregivers about finding needed help; include family caregivers in any discharge planning
- Assure the integration of NCcareLINK and 2-1-1 and other data bases
- Invest in technology; share client information through database to streamline process
- Invest in central case management in all counties

Help Seniors Stay at Home

- ✿ Assure support of family caregivers—add respite to services offered by Medicaid; invest in statewide expansion of Project C.A.R.E.
- ✿ Expand access to home and community services, including adult day services; protect and expand the Home and Community Care Block Grant
- ✿ Strengthen volunteerism in support of core services;
- ✿ Revamp CAP-DA by adding adult day services and expanding slots
- ✿ Address factors that lead to facility care (e.g., falls)
- ✿ Assure transportation; including Medicaid
- ✿ Assure support of older persons who are blind and strengthen access to assistive technology
- ✿ Change eligibility and service delivery rules in order for more people to age in place

Articulate and emphasize an integrated policy for housing, transportation, neighborhood and community design, environmental protection, and health.

Assure Quality Facility Care

- ✿ Secure Adult Care Home 1915(I) Waiver to serve those on Special Assistance and Medicaid (including funding of personal care services)
- ✿ Maintain access to long-term mental health facilities with special programs for persons with dementia
- ✿ Support non-profit development of group-based community eldercare
- ✿ Encourage and incentivize nursing homes and other facilities to become more 'home-like'
- ✿ Address issues involving the co-location of different populations in long-term care settings
- ✿ Promote and support automated facility disaster plans for long-term care facilities
- ✿ Assure adequate oversight and protection of facility residents
- ✿ Better define assisted living facilities based on residents' characteristics

Promote Flexibility and Care Coordination

- ✿ Build on the CCNC model of local groups developing local solutions for integrated chronic care within statewide mandates, including maximum use of Medicare 646 waiver; streamline data system
- ✿ Support Programs of All-Inclusive Care of the Elderly (PACE)
- ✿ Allow payment of immediate family members for needed in-home care
- ✿ Expand flexibility in state funding streams; leverage state resources to capture federal funding to support MFP and person-centered hospital discharge planning
- ✿ Protect consumer-directed services across funding streams
- ✿ Increase resources for people *nearly* eligible for Medicaid

Strengthen Health/Community Care Link

- ✿ Improve community services for persons with mental illness; develop additional housing with supportive services for persons with mental illness or other special needs
- ✿ Strengthen continuity of care/care transitions/discharge planning; expand case management to every county; streamline data system; implement universal consent forms to share information; engage faith-based care teams to provide follow-up care
- ✿ Identify nonprofit organizations (including faith-based) to collaborate with community health centers/local aging agencies to help serve unmet needs
- ✿ Invest in adequate Medicaid transportation funding
- ✿ Develop public awareness campaign for depression
- ✿ Provide care in central locations for health care and transportation (e.g., schedule doctor appointments at senior centers)
- ✿ Expand tele-health technologies

Expand Health Promotion

- ✿ Support evidence-based public health approaches, such as *Living Healthy* (chronic disease self-management, injury prevention)
- ✿ Promote a 'life-course' perspective on healthy aging
- ✿ Promote health, fitness and ergonomics in the work place
- ✿ Promote lay health advisory/worker models to augment the formal workforce
- ✿ Address dental needs of near-poor using Lion's Club model; implement special care dentistry recommendations
- ✿ Address health disparities, including among uninsured immigrant seniors
- ✿ Expand smoking cessation programs, especially in rural areas
- ✿ Educate public about importance of adult vaccinations and make information culturally sensitive
- ✿ Educate public about availability for free health screenings

Recruit and *Train Health Care Workforce*

- ✿ Require geriatrics education in all State-funded health professional training programs
- ✿ Strengthen health care training programs at community colleges
- ✿ Work with licensing bodies to ensure adequate certification in aging and to transition their workforces to focus more on aging issues
- ✿ Promote interdisciplinary education
- ✿ Maintain Win-a-Step Up program and NC NOVA
- ✿ Promote career ladders for direct care workers; offer longevity pay incentives
- ✿ Train direct care workers in person-centered thinking; improve patient ratios and provide educational opportunities
- ✿ Increase outreach to and support local jurisdictions for fire and emergency medical volunteers, especially in rural areas
- ✿ Invest in a new degree program: Health and Human Services Information Systems Management

Support Informed Planning

- Encourage researchers to examine current health status of aging boomers and forecast their long-range needs and project implications for public policy
- Develop and publicize comparative State-of-the-State information about NC's older population
- Strengthen efforts to measure outcomes and demonstrated effect
- Promote greater cultural sensitivity in design and offering of programs
- Develop a comprehensive plan for providing community-based housing choices for adults with mental health issues
- In the event that at-risk/frail older adults have their services reduced or eliminated, have a back-up plan for monitoring their status
- Begin planning for CLASS Act
- Make sure that older persons/consumers are "at the table"
- Identify, develop and promote technological innovations
- Educate consumers/public to plan for long-term care
- Identify best practices, including in rural areas, to promote statewide
- Educate on advanced directives and end-of-life planning
- Support communities in doing gap analysis

2011 Legislative Priorities of the NC Senior Tar Heel Legislature

- *Provide funding to sustain and expand Project C.A.R.E. (Caregiver Alternatives to Running on Empty)*
- *Increase funding for home and community-based services for older adults under the Home and Community Care Block Grant*
- *Increase funding for senior centers*
- *Mandate pre-employment and random drug testing for employees of nursing and assisted living facilities*
- *Support increased dental care for NC's adult special care populations*