

Title: Home and Community Care Block Grant

Vote on a request to approve the Home and Community Care Block Grant for fiscal year 2018/2019 as recommended by the Advisory Committee appointed by the County Commissioners.

Abstract:

Action Requested: Motion to accept the \$621,926 from the State's Home and Community Care Block Grant (HCCBG) to be used according to the Committee's budget recommendation and to proceed with an agreement with the Triangle J Council of Governments Area Agency on Aging for the provision of aging services by the Chatham County Council on Aging in connection with activities financed by the Block Grant.

Action Requested: Commission's approval of the County Funding Plan (DOA-731) recommended by the HCCBG Advisory Committee and to proceed with an agreement with the Triangle J Council of Governments Area Agency on Aging for the provision of aging services by the Chatham County Council on Aging in connection with activities financed by the Block Grant.

Introduction & Background: The Home and Community Care Block Grant is the vehicle used in North Carolina to distribute state and federal funding consistent with the federal Older Americans Act and a formula developed by the North Carolina Division of Aging and Adult Services. Services are provided according to the standards established by the State Division of Aging and Adult Services consistent with the Act. Annual monitoring of these services is conducted by the Triangle J Area Agency on Aging. Each County appoints a Block Grant Advisory Committee to consider the allocation of funds among services. The recommended budget requires that the Chatham County Council on Aging provide all services directly or through contract. At least a third of the Advisory Committee members, who represent a broad range of aging interests, are older adults. Other members who were present for the committee meeting on May 21, 2018, included personnel from the Health Department, Social Services, Daymark Recovery Services, and the Council on Aging. One of the members includes Chatham's delegate to the NC Senior Tar Heel Legislature. In addition, the Director from the Triangle J Area Agency on Aging was present to provide technical assistance. Two older adults, who expressed in becoming future members of the committee, observed the process but did not vote. Attached is a list of attendees, information presented at the meeting, and the recommended County Funding Plan (DOA-731).

Discussion & Analysis: The Chatham County Council on Aging is the agency with lead responsibility for planning and coordinating the HCCBG County Funding Plan and the delivery of services to older adults and their families. The recommended plan considered information about needs and other resources available to the Council on Aging and within the community.

Budgetary Impact: None

Recommendation: Motion to accept the Home and Community Care Block Grant of \$621,926 to be used per the Funding Plan for FY 2018/2019 as approved unanimously by the Home and Community Care Block Grant Planning Committee, and to proceed with an agreement with the Triangle J Council of Governments Area Agency on Aging for the provision of aging services by the Chatham County Council on Aging in connection with activities financed by the Block Grant.



HCCBG Citizen Advisory Committee Meeting, May 21, 2018

Name	Address	Phone(s)	Email
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Susan Hardy	Chatham COA Team Leader Human Services	919-542-4512	susan.hardy@chathamcountyg.org

\* Attended as observers.

Motion to recommend Funding Plan made by David Marty, seconded by Joyce Johnson. Passed unanimously.



DAAS-731 (Rev. 2/16)																	
Home and Community Care Block Grant for Older Adults																	
County CHATHAM																	
July 1, 2018 through June 30, 2019																	
County Funding Plan																	
County Services Summary																	
Services	A			B	C		D	E	F	G	H	I					
	Access	In-Home	Other		Block Grant Funding	Required Local Match							Net Service Cost				
Sr Ct Operations			116992	116992	12999	129991		129991	N/A	N/A	N/A	N/A					
Congregate Nutrition			95000	95000	10556	105556	12750	118306	10464	10.0874	180	17000					
Home Delivered Meals		116218		116218	12913	129131	13670	142801	13419	9.623	85	18226					
Information &					0	0		0	N/A								
Options Counseling	48800			48800	5422	54222		54222	N/A	N/A	900	N/A					
In Home Aide LV II		157716		157716	17524	175240		175240	8989	19.4952	29	24816					
In Home Aide LV III		35500		35500	3944	39444		39444	2023	19.4952	7	2050					
Health Promo/Disease																	
Prevention			15300	15300	1700	17000		17000	N/A	N/A	325	N/A					
Volunteer Development			36400	36400	4044	40444		40444	N/A	N/A	290	N/A					
				//////////	0	0		0									
				//////////	0	0		0									
				//////////	0	0		0									
				//////////	0	0		0									
				//////////	0	0		0									
Total	48800	309434	263692	621926	69103	691028	26420	717448	34895	//////////	1816	62092					
Signature, Chairman, Board of Commissioners													Date				



HCCBG Preliminary Allocation by County for Region J						
COUNTY/REGION	IFF Formula	SFY 2019 HCCBG 5/18/18	SFY 2018 HCCBG 3/15/18	Comparis on 2019 vs 2018	SFY 2017 HCCBG	Comparis on 2018 vs 2017
CHATHAM	7.63%	621,926	568,527	109.39%	526,393	108.00%
DURHAM	16.12%	1,330,648	1,258,993	105.69%	1,202,504	104.70%
JOHNSTON	11.95%	968,826	905,987	106.94%	868,962	104.26%
LEE	4.90%	408,848	367,599	111.22%	371,899	98.84%
MOORE	9.46%	775,628	713,024	108.78%	703,604	101.34%
ORANGE	7.94%	649,920	589,782	110.20%	592,820	99.49%
WAKE	42.00%	3,362,837	3,050,295	110.25%	2,934,203	103.96%
REGION J	100%	8,118,634	7,454,207	108.91%	7,200,386	103.53%





# HCCBG Planning Committee Meeting, Chatham County Council on Aging

MAY 21, 2018

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OLDER AMERICANS MONTH

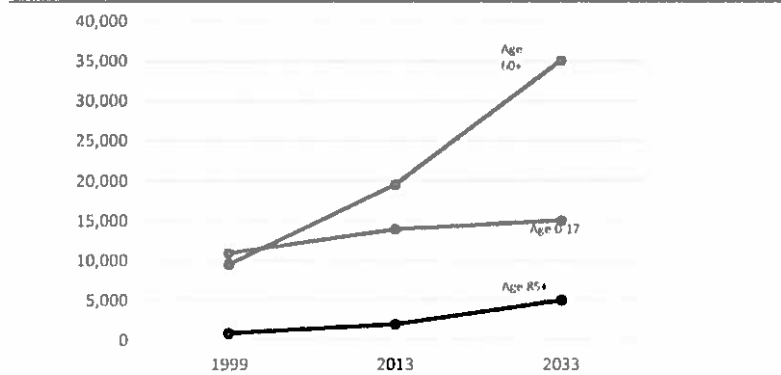
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## The Robust Graying of Chatham County

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## Chatham Demographics



Source: NC State Data Center,  
Oct 2018

## Vision from 2018-2023 Aging Plan for Chatham

*Our vision is a Chatham County that offers older adults, and all residents, a safe, affordable, accessible, and inclusive community that promotes wellness, presents and respects choices, values diversity, recognizes and uses people's strengths, and supports individuals aging in community with dignity.*

## Older Americans Act, Public Law 89-73, July 14, 1965



Broad national policy objectives on aging  
Grants to states for community planning & services—  
nationwide aging infrastructure  
States required to develop a “comprehensive and  
coordinated service system” in partnership with AAAs  
(1973)



### **Comprehensive systems of services include:**

**Access services** - such as transportation, outreach, and assessment;

**Community services** - such as congregate meals, education, legal services and counseling, elder abuse services, and senior center programs; and

**In-home services** - such as home health, in-home aide, and home-delivered meals.

## Area Agencies on Aging

Located in the regional Councils of Government, AAAs have functions in five basic areas:

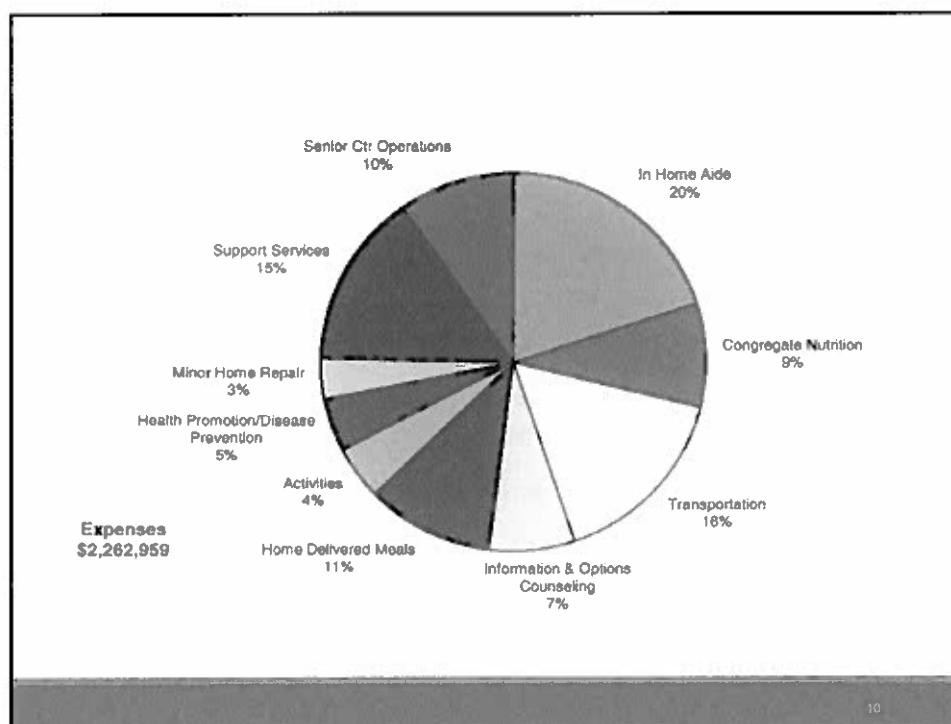
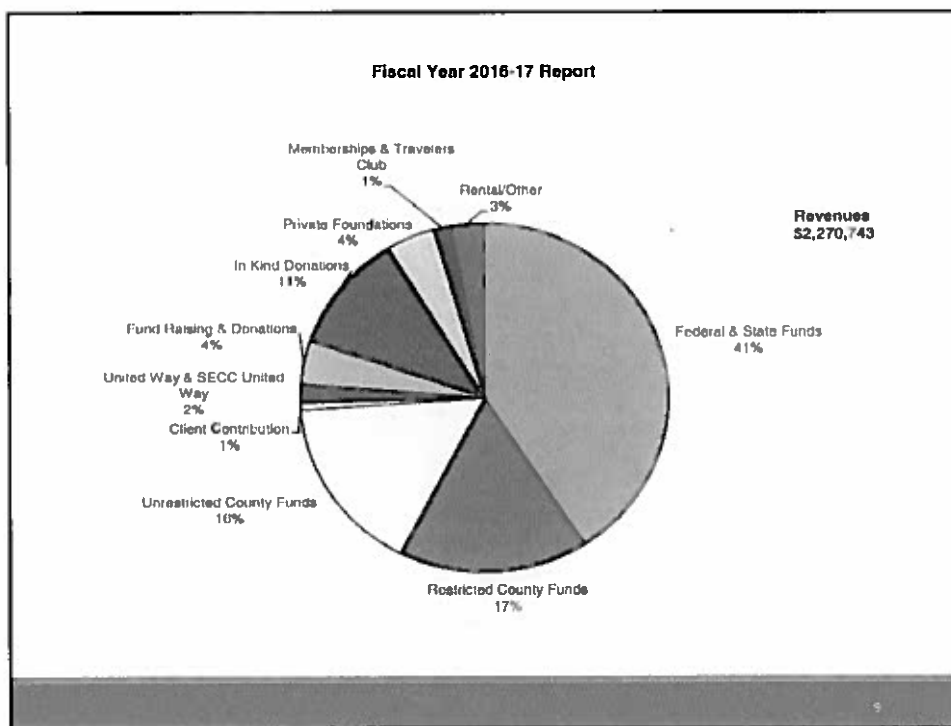
(1) advocacy; (2) planning; (3) program and resource development; (4) information brokerage; and (5) funds administration and quality assurance.



Area Agency on Aging

## The Chatham County Council on Aging

The Council promotes and supports independent living, and the physical and mental wellness of persons aged 60 and older through a wide range of services. The Council also supports family caregivers of older adults striving to remain at home. Special emphasis is given to reaching the socially and economically needy, and in particular, those who are not eligible for Medicaid but cannot afford to pay for services themselves.



**Chatham Reported Public Expenditures by Agency/  
Funding Source for Services to 60+, SFY 2016-17**

<b>Agency/ Funding Source</b>	<b>Total Expenditures</b>	<b>Percent of Total</b>
Medical Assistance	\$19,784,752	82.9%
Mental Health	\$1,922,247	8.0%
Social Services	\$1,292,209	5.4%
Aging and Adult Services	\$700,584	2.9%
Other Agencies	\$185,201	0.8%
<b>TOTAL</b>	<b>\$23,884,993</b>	<b>100%</b>

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## Overview of Home and Community Care Block Grant (HCCBG)



General Assembly established HCCBG in July 1992

Combined federal Older Americans Act, Social Services Block Grant (SSBG) in support of respite, and relevant State Appropriations

Gave counties greater discretion and authority in determining services, service levels, and providers

Counties choose among 17 eligible services

Focus on supporting frail elderly at home, improving physical & mental health, assisting with access to services & information, providing family caregiver relief, and helping seniors remain active

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**Development of the HCCBG County Funding Plan—County Board of Commissioners’ responsibilities for the planning, coordination, and implementation of the county funding plan:**

- Designation of an agency or office within the county with lead responsibility for planning and coordination of the county funding plan. **The designation can be for more than one (1) year. The length of designation is at the discretion of the board of commissioners.**
- Appointment of a committee to serve as a Block Grant Advisory Committee to the lead agency for planning and coordination in the development of the county funding plan. **The length committee members’ appointment is determined by the board of commissioners.** The Division strongly recommends that older adults comprise no less than 1/3 of Advisory Committee membership.
- Ensuring that the county funding plan is in compliance with budgetary instructions provided by the Division of Aging and Adult Services.
- Submission of the recommended county funding plan to the area agency on aging and entering into a grant agreement with the Area Agency on Aging.

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## COA and County Have a Formal Agreement

COA agrees to meet the needs of elderly in Chatham by promoting independent living, supporting family caregiving, enhancing physical and mental wellness, and coordinating community, financial and volunteer resources.

COA agrees to serve as the local Designated Lead Agency for the State’s HCCBG and administer HCCBG services under the funding plan recommended by the citizen advisory committee and approved by the Commissioners.

COA is expected to collaborate with other health and human services agencies.

COA must maintain satisfactory HCCBG reviews conducted by the Triangle J Area Agency on Aging.

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### Reaching the Socially and Economically Needy under the Home and Community Care Block Grant in Chatham County

Characteristics	HCCBG Participants	General NC Population 60+
<b>Women</b>	76%	55%
<b>Minority</b>	40%	15%
<b>Age 75+</b>	58%	34%
<b>Living Alone</b>	50%	27%
<b>Reported Low Income</b>	38%	8% <poverty 18% <200% poverty

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## Service Priorities

Once community service providers have determined that individuals meet the eligibility criteria for a given service as specified in the service standard, individuals must be served in the following priority order:

1. Older adults for whom the need for Adult Protective Services has been substantiated by the local department of social services and the service is needed as part of the adult protective service plan.
2. Older adults who are at risk of abuse, neglect, and/or exploitation.
3. Older adults with extensive impairments in activities of daily living (ADL's), or instrumental activities of daily living (IADL's), who are at risk of placement or substitute care.  
 "ADL's" include: eating, dressing, bathing, toileting, bowel and bladder control, transfers, ambulation and communication (ability to express needs to others e.g. speech, written word, signing, gestures, communication devices).  
 "IADL's" include: meal preparation, medication intake, cleaning, money management, phone use, laundering, reading, writing, shopping and going to necessary activities.
4. Older adults with extensive ADL or IADL impairments.
5. Older adults with less extensive (1-2) ADL or IADL impairments.
6. Well Older Adults.

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## HCCBG Services

*\*Chatham's HCCBG services in SFY 2017-18 and Proposed for SFY 2018-19*

Adult Day Care	Health Screening	Mental Health Counseling
Adult Day Health Care	* Home-Delivered Meals	* Senior Center Operations
Care Management	Housing & Home Improvement	Senior Companion
* Congregate Nutrition	* Information and Options Counseling	Skilled Home (Health) Care
Group Respite	* In-Home Aide (levels I, II, III, IV)	Transportation
* Health Promotion & Disease Prevention	Institutional Respite Care	* Volunteer Program Development

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## Chatham's HCCBG Service Selection—Rationale

Consistency with Aging Plan for Chatham

Core Long-Term Services and Supports= In-home aide and Home-delivered meals

Person-centered Information Brokerage= Information and Options Counseling

Wellness and Primary and Secondary Prevention= Congregate Nutrition, Senior Center Operations and Health Promotion

Volunteer Program Development= core to provision of many other services

Other funding sources support other vital services, such as DOT funding of general and medical transportation; private grants and County support for housing/minor home repair

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## Service Definitions

### **In-Home Aide**

The provision of paraprofessional services which assist functionally impaired older adults and/or their families with essential home management, personal care and/or supervision necessary to enable the older adult to remain at home as long as possible.

### **Home-Delivered Meals [Meals-on-Wheels]**

The provision of a home-delivered meal that provides 1/3 of the Recommended Daily Dietary Allowance to a home-bound older adult. *Plus friendly visit from COA volunteer.*

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## Service Definitions

### **Information and Options Counseling**

Information and Options Counseling is a service designed to link persons with resources available to meet their needs and/or interests. The primary goal of the service is to provide a continuum of access services (information, assistance and options counseling) to facilitate informed decision-making about the range of long-term services and supports and serve a key role in the streamlined access to supports. *Options Counseling* provides guidance to individuals as they make informed choices about long-term services and supports.

### **Senior Center Operations [Home away from Home]**

Operation of a multipurpose senior center includes the provision of a broad spectrum of services and activities for older adults. The primary objectives of a multipurpose senior center are: the centralized provision of services which address the special needs of older adults; opportunities for older adults to become more involved in the community; and the prevention of loneliness and premature institutionalization by promoting personal independence and wellness.

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## Service Definitions

### **Congregate Nutrition**

A service which assists older adults, their families and others acting on behalf of older adults, in their efforts to acquire information about programs and services and to assist older persons with obtaining appropriate services to meet their needs.

### **Volunteer Program Development**

Volunteer Program Development is the development of a systematic process of utilizing volunteers of all ages to support community services for older adults.

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## Service Definition

### **Health Promotion & Disease Prevention**

The purpose of Title IIIB Health Promotion and Disease Prevention Services is to provide health promotion and disease prevention services to older adults who need them. This service can be used to support activities that may not be allowable with Title IIID funds. Examples of allowable programs are NC Senior Games activities, chair aerobic programs and exercise equipment.

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## Sample Service Needs

Client lives alone. Unable to prepare meal. No services in home.

Client has memory issues, diabetic, and COPD. Her son is on disability and unable to prepare meal. Requests frozen meals.

Client is in Chatham Hospital, Rehab. She recently fell and has brace on right leg. Had stroke several years ago. Needs personal care, assistance with dressing, prepare breakfast and lunch. Heat frozen meal in microwave, light housekeeping, laundry, clean bathroom, clean kitchen, make bed, change linen.

Client is blind and returning back to her home at the end of July. Her granddaughter-in-law is trying to set up Meals on Wheels for her and possibly in-home aide services.

Client has diabetes, Pacemaker put in August 2013, hypertension. Needs personal care, assist with bath, laundry, fold client's clothes, take trash out, On Wednesday pull trash to drive way to be picked up and light housekeeping.

Client is looking to get her bathroom modified. She lives alone and uses a walker all the time. She has a bathtub in her bathroom that she cannot use because she is unsteady and falls when she does. Also may need a lift chair.

Client came home from the hospital; inquirer is concerned that family members aren't doing enough for him (hinted at some family discontent). Primary concern though is the heat- his A/C recently went out (some sort of pump issue), but thinks that he would benefit from Meals on Wheels as well.

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## What Research Says about the Value of Home and Community-Based Services...

HCBS are consistent with the goals of seniors and have been shown to save \$ or are at least cost neutral.

There is significant evidence to support the health benefits and cost-savings of home-delivered meals (HDM).

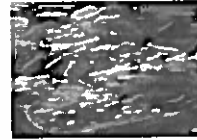
States that spend more on HDM save \$ by reducing the % of low-care nursing home residents.

*"It is our finding that HCBS in general is an important avenue for improving the health of older Americans, fulfilling their goals of community-based living, and reducing costs related to inpatient nursing and hospital stays."*

*—UNC graduate students*

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## Importance of Nutrition



- Prevalence of obesity in US is increasing in all age groups. Over past 30 years, the proportion of obese older adults has doubled. **Obesity was the #1 priority in Chatham's 2014 Health Assessment.**
- Food insecurity is complex, not only can it lead to under-nutrition and recurring hunger, but also to over-nutrition which can lead to overweight and obesity.
- Malnutrition among older adults is well documented.
- COA is providing congregate, frozen/shelf-stable, and home-delivered meals—and nutrition education.

*Malnutrition is a serious senior health issue. —Mayo Clinic*  
*Without support from programs like Meals on Wheels, millions of seniors are forced to prematurely trade their homes for nursing facilities. Meals on Wheels for an entire year costs the same as spending one day in the hospital or ten days in a nursing home.*

## Move Naturally — 2016 CDC Report Cites Danger of Inactivity among Aging Population

- More than 1 in 4 Americans aged 50+ are inactive
- Inactivity is highest in the South and among adults with at least one chronic disease
- Inactivity significantly increases with age—more than 1 in 3 persons aged 75+
- Inactivity is especially high among the less educated

**"Adults benefit from any amount of physical activity.**  
 Helping inactive people become more physically active is an important step towards **healthier and more vibrant communities."**

— Dr. Janet Fulton, CDC report author

<https://www.youtube.com/watch?v=ZQOJ5jMXFmw>

## Most importantly, what are seniors and caregivers saying?

"I have met a lot of friends and learned a lot. I like being with the people and enjoy all the activities. All the employees are so wonderful. The COA is awesome and same for the meals. I really enjoy coming up here, everything is good and everyone is very friendly and helpful." — Congregate Nutrition Participants

"It makes me happy knowing someone is coming to visit if only for five minutes. This has helped me stay at home. I feel so blessed to have a service as this and my children are thankful for it. I like having someone coming in to speak and check on me. I don't know how it could be any better than this. Thank you all so much." "Sometimes they [the volunteers] are our only outside connection." — Meals on Wheels Participants

"I depend on you to give my husband a bath." — spouse of In-home Service Aide client who is striving to avoid institutional care



## Your Chatham County Council on Aging—2017

*A Non-Profit Organization Making a Difference Since 1974*

### **Mission**

To promote independent living, physical and mental wellness among Chatham County's older population through a wide range of services that includes home-delivered (meals on wheels), frozen/shelf-stable, and congregate meals; in-home personal care; general and medical transportation; information assistance and options counseling; minor home repair and modification; mobility and assistive equipment loan; family caregiver respite and other support; evidence-based health promotion; health insurance counseling and tax assistance; and senior center educational and recreational programming. The Council emphasizes service to socially and economically needy seniors who are not eligible for Medicaid but unable to pay for assistance themselves. In partnership with many other community organizations, the Council is also raising awareness about Chatham's growing older population and encouraging collaborative efforts to assure that Chatham remains an age-friendly community where there are ample and diverse opportunities for social and civic engagement, continuous learning, fitness, and an appreciation for the life accomplishments and continuing contributions of older adults.

### *Helping Prevent Malnutrition and Social Isolation*

The Council helps older adults at risk of malnutrition and social isolation to eat a nutritious meal and enjoy the company of others through Meals on Wheels (MOW), Congregate/Senior Center meals, and Frozen and Shelf-stable meals. About 110 volunteers deliver Meals on Wheels on 11 routes throughout Chatham County to homebound seniors, many of whom live alone. The Council's two Senior Centers of Excellence offer a noon-day meal and activities. For seniors who cannot attend the centers and are not on MOW routes, the Council offers frozen meals, which also avoids any food wastage. All meals are produced by the Council. In addition, the Council maintains a supply of shelf-stable meals for use in adverse weather and over holidays. In total, about 350 seniors received about 33,000 meals last year. These nutritional services are vital to helping vulnerable seniors remain living safely at home. Among MOW clients, 95% saw their nutritional health score improve or be maintained. As one MOW client attests: "It is really important for us seniors to know that someone cares enough to bring us a meal—otherwise I would not eat a nutritious meal on some days. I also really enjoy the volunteer visits and conversation."

### *Helping Seniors and Their Families with In-Home Care*

Using State licensed home care agencies, the Council arranges for in-home aides to provide personal care, meal preparation, and other tasks that frail elderly cannot do for themselves and these aides are also used to offer respite to family caregivers. Similar to its nutrition services, the Council offers its in-home personal care and respite to help frail elderly remain living safely at home. The care plan is customized to each particular client's needs and family supports. In 2016, about 135 seniors were assisted through this program, with the typical client being an 82 year old female who lives alone. Among in home aide clients, 86% saw their nutritional health improve or be maintained and 75% maintained or improved their activities of daily living. The service helps delay, if not avoid, placement in a long-term care facility. For example, only 4 of 45 respite clients had to move into facility care between April 2015 and June 2017.

### *Helping Seniors Remain Mobile and Access Needed Services*

Using the local coordinated system (Chatham Transit) to promote collaboration and efficiencies, the Council arranges for the transportation of older adults to its two Senior Centers for noon-day lunch and activities (on 8 routes throughout the county), for stops at the grocery store and pharmacy, for trips to medical appointments, and occasionally for outings (e.g., Farmers Markets, museums). About 285 seniors benefited by receiving over 17,000 rides last year. Lack of transportation can be one of the most significant barriers to independent living. As a recent study of Chatham by UNC Public Health students concluded "Transportation is an important social determinant of health in rural communities...income and age are the most direct barriers to accessing medical transportation...the elderly are an especially vulnerable sub-population; therefore, specialized efforts are needed to help target and address the specific barriers they face." As one Senior Center participant put it, "The transportation you provide is the only way for me to get out of my house."

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The Council offers many other programs and services for Chatham's growing older population. Its responsiveness to the community has been recognized and honored in various ways. In 2014, the Council was named the "Small Business of the Year" by the Chatham Chamber of Commerce; in 2016, the Council was selected by the Western Chatham NAACP for its Humanitarian Award; and in 2017, Chatham Public Health honored the Council as its "Partner of the Year," the NC Association of County Commissioners gave the Council the "Excellence in Innovation" award for its work in developing a collaborative database on home repair, and the UNC Gillings School of Global Public Health chose the Council for a Capstone project to develop a comprehensive plan for aging in Chatham County.

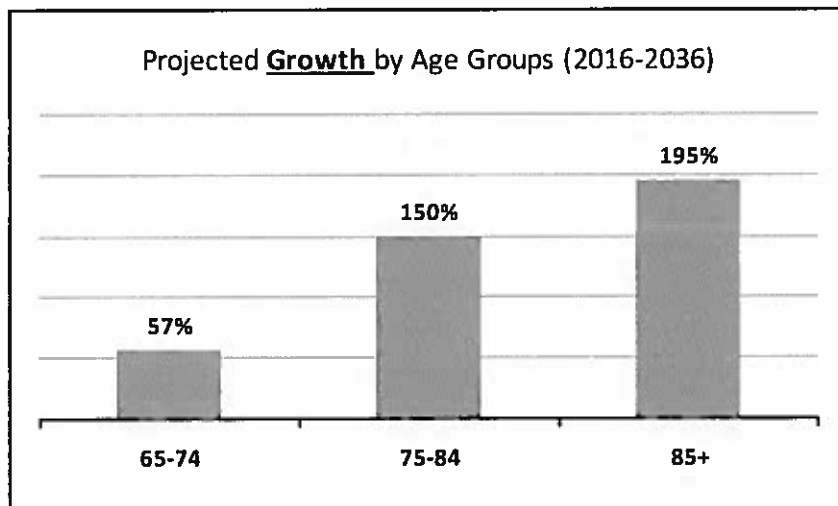


# Chatham

## Aging profile, 2016

Ages	2016		2036		% Change (2016-2036)
	#	%	#	%	
Total	73,286		104,255		42%
0-17	14,136	19%	16,250	16%	15%
18-44	20,183	28%	27,184	26%	35%
45-59	15,709	21%	18,124	17%	15%
60+	23,258	32%	42,697	41%	84%
65+	17,550	24%	35,528	34%	102%
85+	2,337	3%	6,891	7%	195%

As the baby boomer population continues to age, the proportion of the older adult population will increase in the coming decades.



## Population 65 and over

Race/Ethnicity	County	County(%)	NC	NC(%)
White alone	14,265	87.0%	1,179,735	80.8%
Black or African American alone	1,856	11.3%	234,840	16.1%
American Indian and Alaska Native alone	31	0.2%	12,863	0.9%
Asian alone	151	0.9%	17,076	1.2%
Some other race	0	0.0%	5,612	0.4%
Two or more races	87	0.5%	8,920	0.6%
Hispanic or Latino (of any race)	300	1.8%	25,762	1.8%

# Chatham

Characteristics of people 65 and over:	County	County (%)	NC	NC (%)
Speak English less than "very well"	132	0.8%	29,530	2.0%
Veterans	3,562	21.7%	298,045	20.4%
Living alone	4,135	25.2%	391,506	26.8%
In group quarters	493	3.0%	44,888	3.1%
In labor force	2,484	15.2%	232,892	16.0%
Less than high school graduate	1,920	11.7%	288,912	19.8%
High school graduate, GED, or alternative	4,420	27.0%	464,191	31.8%
With one or more disabilities	4,788	30.1%	523,980	37.0%
Below 100% poverty level	1,269	8.0%	136,857	9.7%
In 100%-199% poverty level	2,900	18.2%	326,271	23.0%

\*%s are given as a percentage of age group

## Grandparents.....

	County	NC
Grandparents (age 30+) responsible for grandchildren under 18 years	408	96,618
Grandparents (age 60+) responsible for grandchildren under 18 years	148	36,043

## Leading causes of death, age 65 and over

Rank	Cause	# of deaths	% of total deaths
1	Cancer	126	23.6
2	Diseases of the heart	109	20.4
3	Cerebrovascular disease	38	7.1
4	Alzheimer's disease	25	4.7
5	Chronic lower respiratory diseases	24	4.5

## References:

NC Office of State Budget and Management, county estimates and projections. <http://www.osbm.ncgov/facts-figures/demographics>

NC State Center for Health Statistics. Leading causes of death, 2016

US Census Bureau. American Community Survey, 2012-2016, five year estimates. <http://www.census.gov/>

Prepared by Swarna Reddy, NC DAAS, Dec 2017

## North Carolina Population Change

Ages	2016		2036		% Change 2016-2036
	#	%	#	%	
Total	10,155,942		12,440,324		22%
60+	2,169,194	21%	3,293,615	26%	52%
65+	1,560,794	15%	2,603,271	21%	67%
85+	177,453	2%	367,617	3%	107%

NC growth by age groups 2016-2036:

65-74(41%) 75-84(104%) 85+(107%)

## **Vision of the Aging Plan**

Crafted by the Aging Plan's Steering Committee

***Our vision is a Chatham County that offers older adults, and all residents, a safe, affordable, accessible, and inclusive community that promotes wellness, presents and respects choices, values diversity, recognizes and uses people's strengths, and supports individuals aging in community with dignity.***

## **Executive Summary**

The 2018-2023 Aging Plan marks the first time Chatham County, North Carolina has developed a comprehensive plan to support optimal aging across the County. Written with the help of a Capstone Team of five Master in Public Health students from UNC's Gillings School of Global Public Health Department of Health Behavior, this Aging Plan arrives at an opportune time. The population of older adults in Chatham County and across the state and nation is growing rapidly. This 5-year plan is designed to guide future work of private and public entities related to aging in Chatham County.

Though the development and writing of this plan was driven in part by the Chatham County Council on Aging (CCCOA), a non-profit organization serving Chatham for nearly 44 years, it is designed to be a community-wide plan. Community input was sought from start to finish, and the plan itself will guide not only the CCCOA but the greater community of Chatham County.

The goals of the Aging Plan aim to improve quality of life among older adults in Chatham County by addressing the five issues found to be of highest priority to the community during a public engagement period that occurred from September to November of 2017. Based on key informant interviews, community forums, and surveys, the five issues Chatham County residents identified as the highest priority were 1) Transportation, 2) Housing, 3) Healthcare Coverage and Services, 4) Caregiving and Care Services, and 5) Social Isolation, Community Engagement, and Opportunities for Self-Fulfillment.

Work groups, consisting of representatives from organizations, agencies, and groups with work relevant to each issue area as well as community members, met from January to March of 2018 to draft the Aging Plan as it relates to each of these key issues. For each issue area, two goals were developed to move the County toward its vision of supporting individuals aging in community with dignity. In recognition that no issue exists in a silo, three overarching goals were also developed to promote awareness of services, to increase awareness of aging issues among local government, and to promote collaboration of faith communities as a vehicle to support the needs of older adults. Each goal includes a number of more specific objectives as well as a number of step-by-step strategies to be implemented by various partner organizations.

This plan represents an important step in preparing Chatham County to improve the quality of life for the growing number of older adults that call the County home. However, the plan is only a first step in this process. The next and perhaps more important step is to put the strategies into action, to continue to make Chatham County an optimal place to grow older.

**Table 1V. Schedule of Expenditures by County, Funding Source, Service and Service Category for Clients 60+ Years of Age: SFY 2016-2017**

<b>Chatham</b>			
	<b>Category</b>	<b>Clients</b>	<b>Expenditure</b>
<b>Department of Transportation</b>			
Elderly and Disabled Transportation Assistance Program	6		\$71,051
	<i>Total:</i>		<i>\$71,051</i>
<b>Division of Aging and Adult Services</b>			
Congregate Nutrition	6	201	\$122,149
Family Caregiver Support Program	6		\$44,712
Health Promotion/Disease Prevention	3		\$10,143
Home Delivered Meals	4	115	\$126,635
Information and Options Counseling	6		\$52,222
In-Home Level II	4	44	\$125,150
In-Home Level III	4	9	\$39,444
Legal Services	6		\$2,260
Senior Center	6		\$141,208
Volunteer Program Development	6		\$36,661
	<i>Total:</i>		<i>\$700,584</i>
<b>Division of Medical Assistance</b>			
ACH-PCS Basic/Enhanced	1	123	\$652,252
ACH-Transportation	1	123	\$12,542
CAP/CHOICE	4	7	\$111,342
CAP/DA	4	67	\$1,361,174
Clinics	3	194	\$92,221
Dental	3	332	\$116,636

HMO	2	1,158	\$1,790,285
Home Health	4	354	\$435,463
Hospice	4	42	\$646,064
Inpatient Hospital	5	143	\$768,926
Lab & XRay/Physicians	3	1,136	\$686,279
Medicare Part A&B Premiums	2	1,531	\$1,889,943
Medicare Part D Clawback	2	918	\$909,295
Nursing Homes	5	299	\$8,298,050
Other Care	3	319	\$98,548
Other Practitioners	3	317	\$17,941
Outpatient Hospital	3	652	\$729,832
Prescribed Drugs	3	343	\$396,926
Regular Personal Care (PCS)	4	115	\$771,033
<i>Total:</i>			<i>\$19,784,752</i>

**Division of Mental Health/Developmental Disabilities/Substance Abuse Services**

Alcohol Rehabilitation Centers	5		\$20,712
Developmental Disabilities	3	18	\$109,586
Mental Health	3	53	\$37,442
Mental Retardation Centers	5	3	\$728,211
Psychiatric Hospitals	5	9	\$1,003,793
Substance Abuse	3	17	\$22,503
<i>Total:</i>			<i>\$1,922,247</i>

**Division of Services for the Blind**

Adjustment Services for the Blind and Visually Impaired	6	5	\$875
Independent Living Rehabilitation Program	3	8	\$1,590
In-Home Level I	4		\$1,086
Medical Eye Care Program	3		\$1,599
<i>Total</i>			<i>\$5,150</i>

**Division of Social Services**

Energy Assistance - CIP	2	242	\$95,093
Energy Assistance - LIEAP	2	358	\$69,400
Food and Nutrition Services	2	737	\$734,510
Special Assistance - Adult Care Home	1	66	\$328,150
Special Assistance - In-Home	4	13	\$65,056
<i>Total:</i>			<i>\$1,292,209</i>

**Division of Vocational Rehabilitation**

Independent Living	3	13	\$49,889
Vocational Rehabilitation	6	20	\$59,111
<i>Total:</i>			<i>\$109,000</i>

**County Total** **\$23,884,993**





## Council on Aging Collaborative Activity

### Council on Aging, with:

#### *Social Services*

- Chatham County Collaborative for At-Risk Adults: uses a multidisciplinary, interagency team to co-staff high-risk cases of abuse, neglect or exploitation of at-risk adults to protect the victims and contain the offenders. [formal]
- Gives priority in serving referred Adult Protective Services clients.[formal]
- Assists with emergency sheltering. [formal]
- Co-chair the Chatham-Orange Community Resource Connections (CRC) group to promote awareness and collaboration among agencies serving older and disabled adults. [formal]
- Home Repair/Modification Collaborative Database: multi-agency effort to provide a clearinghouse of individuals requesting assistance with substandard and inaccessible housing to aid efficient and effective response. [formal]
- Consult on other individual client situations. [informal]
- Included on Aging Plan Steering Committee and work groups. [informal]

#### *Public Health*

- Participate on the Chatham Health Alliance; served as Alliance's 1<sup>st</sup> chair. [formal]
- Joint Assessment Partner for the Community Assessment (donated \$1k). [formal]
- Co-participate in conducting evidence-based health promotion programs and support groups (e.g., Blood Pressure Management, Diabetes Support Group). [formal]
- Support vaccination of elderly, including the home-bound. [formal]
- Help plan and stage Senior Games. [formal]
- Provide presentations at Senior Centers. [informal]
- Write and review articles for COA newsletter. [informal]
- Included on Aging Plan Steering Committee and work groups. [informal]

October 31, 2017

### *Chatham Transit*

- Contracted to provide general transportation to Senior Centers, medical transportation, and other participant outings. [formal]
- Have representation on Chatham Transit's Board, with commitment to avoid conflict of interest. [formal]
- Included on Aging Plan work group. [informal]

### *Cooperative Extension*

- Co-participate in conducting evidence-based health promotion programs and support groups (e.g., Powerful Tools for Caregivers, Chronic Disease Self-Management, Diabetes Support Group). [formal]
- Collaborating to plan and offer Chatham's 1<sup>st</sup> Senior Education Retreat at new Ag Center on April 18, 2018. [formal]
- Provide presentations at Senior Centers (e.g., No Meds, Go Meds). [informal]
- Provide consultation to COA about landscaping issues. [informal]
- Included on Aging Plan Steering Committee and work group. [informal]

### *Parks & Recreation*

- Help plan and stage Senior Games. [formal]
- Offer use of parks for senior events (e.g., We Love Seniors' Day at Northwest Park). [informal]
- Included on Aging Plan work group. [informal]

### *Libraries*

- Offer space for meetings. [informal]
- Co-plan and offer public education and training (e.g., programming for grandparents and their grandchildren). [informal]
- Included on Aging Plan work group. [informal]

### *Sheriff's Office*

- Help stage Senior Games and special events at Centers. [informal]
- Offer "Coffee with a Cop" conversations at Centers. [informal]
- Write articles for COA newsletter on fraud/scams. [informal]
- Consult on other individual client situations. [informal]

- Included on Aging Plan Steering Committee. [informal]

#### *Cardinal Innovations*

- Provide presentations at Senior Centers. [informal]
- Provide training to COA staff and other human services agencies. [informal]
- Write articles for COA newsletter. [informal]
- Consult on other individual client situations. [informal]
- Included on Aging Plan Steering Committee and work group. [informal]

#### *Daymark*

- Consult on other individual client situations. [informal]
- Included on Aging Plan Steering Committee and work group. [informal]

#### *Veterans Service Office*

- See Veterans for appointments at Western Senior Center (formerly the Eastern Center). [formal]
- Included in COA's Salute to Veterans event. [informal]

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#### *Other examples*

- Farmer Foodshare is supplying fresh fruit and vegetables to incorporate into COA meals.
- The Collaborative Home Repair Partnership includes DSS, Rebuilding Together of the Triangle, Habitat for Humanity, NC Division of Vocational Rehabilitation, Central Piedmont Community Action, and NC Baptist Aging Ministry.
- UNC School of Nursing—COA serves as a host agency for its nursing students.
- Chatham Cares Pharmacy—COA provides donated goods to the pharmacy and makes referrals.
- PACE (Program of All-Inclusive Care for the Elderly)—COA provides frozen meals to some of its clients under a contractual arrangement; collaborates on offering some caregiver support activities.



We have had 146 clients enrolled from July 1 2016 to present across all three of our home based services. Of these, 13 suffer from memory loss and confusion. Twenty-four clients are enrolled in more than one of these programs.

The average stay in any one of our home based programs is 889 days (approx. 2.5 years). Our most tenured client is currently coming up on 18.5 years (been servicing her since 1999).

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**In Home Aide Program**

We have had 74 total clients in our in home aide program this fiscal year (active and discontinued). Out of these 74 clients, 36 have been assessed more than one time (the remaining have only had one assessment done\*). Of these 36....

*-31 of 36 (86%) clients have improved or maintained their nutritional health score*

*-27 of 36 (75%) have improved or maintained their "activities of daily living" (which is the ability to feed, dress, bathe, toilet, transfer, and ambulate on own)*

*-24 of 36 (67%) have improved or maintained their "instrumental activities of daily living" (which is the ability to prepare meals, shop, manage medications, use the telephone, and maintain a clean living environment)*

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**Home Delivered Meal Program**

We have had 63 total clients in our home delivered meal program this past fiscal year (active and discontinued). Out of these 63 clients, 42 have been assessed more than one time (the remaining have only had one assessment done\*). Of these 42....

*-40 of 42 (95%) clients have improved or maintained their nutritional health score*

*-25 of 42 (60%) have improved or maintained their "activities of daily living" (which is the ability to feed, dress, bathe, toilet, transfer, and ambulate on own)*

*-32 of 42 (76%) have improved or maintained their "instrumental activities of daily living" (which is the ability to prepare meals, shop, manage medications, use the telephone, and maintain a clean living environment)*

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**Frozen Meals Program**

We have had 23 total clients in our frozen meal program this past fiscal year (active and discontinued). Out of these 23 clients, 9 have been assessed more than one time (the remaining have only had one assessment done\*). Of these 9....

*-9 of 9 (100%) clients have improved or maintained their nutritional health score*

*-8 of 9 (89%) have improved or maintained their "activities of daily living" (which is the ability to feed, dress, bathe, toilet, transfer, and ambulate on own)*

*-6 of 9 (67%) have improved or maintained their "instrumental activities of daily living" (which is the ability to prepare meals, shop, manage medications, use the telephone, and maintain a clean living environment)*

\*Clients are assessed every 6 months to 1 year



Monday	Tuesday	Wednesday	Thursday	Friday
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Lunch Bunch- Saragota Grill</b> <b>Farmer's Market- May 17</b> <b>Day Trips- May 3- Strawberry Patch</b> May 9- Whirligig Park May 16- Boomer Expo <b>Hiking Group</b> May 9- Haw River Pittsboro May 24- Little River Park	8 am Circuit Training 10 Wood Carving Group <b>10:15 am Front Porch Ministry</b> <b>11 am Science with Alan</b> 1 pm Rummikub	8 am Total Body Strength 10 am Geri-Fit <b>10 am Trip-Walmart</b> 1 Quilting 7 Dances for Peace	8 am Body Conditioning 8:30 3G's/9 Bocce 10 Needlework/10 BP Checks 10-11 am Bingo <b>11 Medication Management By:</b> <b>Chatham Drug Free</b> 1:30 pm Line Dance 3 Yoga- Shannon \$	8 am 50/50 10 am Geri-Fit 11 am Dominos 1 pm Mah Jongg
<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>
8 am Total Body Strength 10 Golf at SC Country Club \$ 10:30 am Arthritis Exercise 1 pm Mixed Media 5:30 Board Meeting	8 am Circuit Training 10 Wood Carving Group 10 am Singing Group to Siler <b>10 am Chair Yoga</b> 10 am Sprill the Beans 1 pm Rummikub	8 am Total Body Strength 10 am Geri-Fit 10:30 Bingo 1 Quilting 1 Parkinson's Support Group	8 am Body Conditioning 8:30 3G's/9 Bocce 10 Needlework/10 BP Check <b>10:30 am Mother's Day Tea</b> 1:30 Line Dance 3 No Yoga- Shannon \$ 4:45 pm Book Club	8 am 50/50 <b>9:30 am Bld Glucose/BP Checks</b> 10 am Geri-Fit 11 am Top Health 1 pm Maj Jongg <b>2pm Mixed Artist &amp; Craft Group</b>
<b>14</b>	<b>15</b>	<b>16</b>	<b>17</b>	<b>18</b>
8 am Total Body Strength 10 Golf at SC Country Club \$ 10:30 am Arthritis Exercise 1 pm Mixed Media	8 am Circuit Training-Canceled 10 Wood Carving Group <b>Celebrate Senior Day</b> <b>in Siler City at 10:30 am</b> 1 Rummikub	8 am Total Body Strength 10 am Geri-Fit <b>10:30 am Coffee with the Police</b> 1 Quilting 1 Bridge	8 am Body Conditioning 8:30 3G's/9 Bocce 10 Needlework/10 BP Checks 10-11 am Bingo <b>10:45 May Birthdays</b> <b>11 am Music with Tom Wilson</b> 1:30 Line Dance/3 Yoga- Shannon \$ 7:30 Carolina Jazz	8 am 50/50 10 am Geri-Fit <b>11 Bingo</b> 1 pm Mah Jongg <b>2 pm Wellness and Health</b> <b>Discussion Group</b>
<b>21</b>	<b>22</b>	<b>23</b>	<b>24</b>	<b>25</b>
8 am Total Body Strength 10 Golf at SC Country Club \$ 10:30 am Arthritis Exercise 1 pm Mixed Media	8 am Circuit Training 10 Wood Carving Group <b>10:30 am Uncle Ed &amp; The Crawdaddies</b> <b>11 am NCCES- Phyllis Smith</b> 1 pm Rummikub	8 am Total Body Strength 10 am Geri-Fit <b>10:30 Preventing Elder Abuse</b> <b>with Legal Aid</b> 1 Quilting <b>2:30 Hooks, Needles &amp; Tea</b>	8 am Body Conditioning 8:30 3G's/9 Bocce 10 Needlework/10 BP Checks 10-11 am Bingo <b>11 Senior Tar Heel Legislature</b> 1:30 pm Line Dance 3 Yoga- Shannon \$	8 am 50/50 10 am Geri-Fit 11 am Board Games 11 am Nail Painting 1 pm Mah Jongg
<b>28</b>	<b>29</b>	<b>30</b>	<b>31</b>	
<b>COUNCIL ON AGING</b> <b>CLOSED</b> <b>FOR MEMORIAL DAY</b>	8 am Circuit Training 10 Wood Carving Group <b>10 Trip- TJ Maxx</b> 1 pm Rummikub	8 am Total Body Strength 10 am Geri-Fit <b>11:00 Shingles Information</b> <b>By Walgreens</b> 1 Quilting 1 Bridge	8 am Body Conditioning 8:30 3G's/9 Bocce 9:30 am Needlecrafters 10 am Needlework/10 BP Check <b>10 Movie &amp; Popcorn</b> <b>11 Shingles Shots</b> 1:30 pm Line Dance 3 pm Yoga-Shannon \$	<b>Older American's Month</b> "Age Out Loud" <b>Thursday Shopping Days-</b> May 3- Food Lion May 10- Piggly Wiggly May 17- Food Lion May 24-Piggly Wiggly May 31- Food Lion

# Council on Aging May 2018 Menu

Monday	Tuesday	Wednesday	Thursday	Friday
	1	2	3	4
	Cheeseburger on Bun Lettuce/Tomato Baked Beans Angel Food Cake/peaches Mayo 2%Milk	Beef Soft Taco Lettuce/Tom Pimento Corn Spanish Rice Oatmeal Cookie Salsa Juice 2%Milk	BBQ Pork Sandwich Coleslaw Parsley Potatoes Fruit Graham Crackers 2%Milk	Baked Fish Wedge Country Blend Vegetables Mac & Cheese Fruit Cocktail Dinner Roll 2%Milk
7	8	9	10	11
Chicken & Noodles Sunshine Carrots Yogurt Green Peas Roll/marg/jelly 2%Milk	Spaghetti w/ Meat Sauce Tossed Salad Zucchini with onions Garlic Bread Cinnamon Applesauce Fat Free Dressing 2%Milk	Chicken Fillet Sandwich Let & Tom Potato Salad Orange Fig Bar Mayo 2%Milk	Meatballs & Cheese on Bun Tossed Salad Italian Vegetables Jell-O Dressing 2%Milk	Chicken Stir Fry Rice Angel Food Cake/fruit Egg Roll Duck sauce Juice 2% Milk
14	15	16	17	18
Turkey Hot dog Chili Coleslaw Corn Banana Yogurt Oatmeal Cookie 2%Milk	Managers Choice	Sweet & Sour Chicken Rice Pudding Graham Crackers Egg Rolls Juice 2%Milk	Pinto Beans Scalloped Tomatoes Steam Cabbage Cornbread/marg Orange 2%Milk	Country Steak w gravy Green Beans 1/2 Baked Potato Muffin Margarine Jell-O 2%Milk
21	22	23	24	25
Krab Cake on Bun Coleslaw Mac& Cheese Fruit 2%Milk	Chicken Salad sandwich Lettuce/ Tom Broccoli Salad Orange 2% Milk	Sloppy JoeSandwich Baby Baker Potatoes Angel Food Cake/Fruit Juice 2% Milk	Pork Ribette Coleslaw Greens Cornbread Yogurt Graham Cracker 2% Milk	Pepper Steak w gravy Green Beans Mashed Potatoes Biscuit Fruit Salad 2% Milk
28	29	30	31	
Chatham Council on Aging Closed for Memorial Day	Hamburger on Bun Lettuce & Tomato Baked Beans Angel food cake/fruit Ketchup Juice 2% Milk	Turkey Sandwich Lettuce Tomato Broccoli Cauliflower Salad Fruit Baked Chips Mayo 2%Milk	Salisbury Steak w gravy Parsled noodles Mix vegetables Roll/ jelly Peaches 2%Milk	Call the day before to order Senior Meal of the Day Guest \$5.50 Eat In/Take Out 919-542-4512 Alan 919-742-3975 Teresa or Fred