

Division of Services for the Aging

Mission: Established by State law in 1977, the Division of Aging is the organization within the NC Department of Health and Human Services responsible for planning, administering, coordinating, and evaluating the activities developed under the federal Older Americans Act and the programs for older adults funded by the NC General Assembly. The Division is the state's foremost leader in identifying and responding to the aging of our population. The Division of Aging works to achieve successful aging for North Carolina's older population by providing a system of services, opportunities, and protective supports that include: supporting home and community services to promote independence and self-sufficiency; promoting opportunities for citizen involvement to allow seniors to contribute in civic affairs and public policy making, and through volunteerism; ensuring the rights and protections of older people for their social, health, and economic well-being, and preparing younger generations to enjoy meaningful lives in their later years.

<http://www.dhhs.state.nc.us/aging/>

Priority Conditions/Issues: Top priority conditions include: cardiovascular disease; diabetes; cancer; mental health issues; arthritis and osteoporosis.

Service-Delivery Challenges: Service delivery challenges include transportation i.e. "lack of availability of health professionals and services in certain areas of the state", cost of non-insured/non-covered services, the cost of health coverage cost-sharing, transportation to health and wellness centers, language barriers, and the lack of service coordination.

DIVISION OF AGING – HEALTH DISPARITIES IMPLEMENTATION PLAN

KEY RECOMMENDATIONS		ACTION STEPS		TIME FRAME	EVALUATION	DATA NEEDS	AVAILABLE RESOURCES
1. Increase awareness of health and service disparities, especially disparities related to race/ethnicity, disability and socioeconomic status		Identify sources of data and other information that will profile the health and long term care of seniors by race/ethnicity, disability and socioeconomic status		September, 2003	Management team will receive a regular report	Documented sources of data and other information	Division personnel
		Work with DPH ¹⁶ to produce an update of <i>A Health Profile of Older North Carolinians</i> , to include examination of disparities		January, 2003	Management team will receive a regular report.	Document's publication's in print and on-line.	. Division personnel and some funding for printing of 1,000 copies of publication (estimate of \$200 to \$1,000 depending on quality of publication) c. Division personnel and collaboration of NC Institute on Aging and UNC CARES
		Work with the UNC Institute on Aging and UNC CARES to update the publications, <i>Gender, Race, and Class: Enduring Inequalities in Later Life: a North Carolina Perspective</i> and <i>Baby Boomers at Mid-Life</i> ¹⁷		July, 2003	Management team will receive a regular report	Document's publication in print and on-line	
		Include a substantial review of health and service disparities in the division's 2003-07 State Aging Services Plan, which is required by state and federal statutes		March 2003	Management team will monitor this priority of the Division	Use data from multiple existing sources	Division personnel

¹⁶ DPH=Division of Public Health

¹⁷ See <http://www.aging.unc.edu/news/publications.html> for this fact sheet

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				DATA NEEDS	
2. Communicate, document, and champion best practices in eliminating health disparities	Work with AAAs ¹⁸ and the NC Assoc. on Aging to identify and publicize "best practices," using NC Assoc. on Aging's "best practice" web site ¹⁹ to promote on-line	September, 2003	Management team will receive a regular report	New items added to NCAOA web site	Division personnel and collaboration of AAAs and NC Assoc. on Aging
	Use Project C.A.R.E. to document and publicize effective practices in reaching and supporting minority and rural families caring for persons with dementia ²⁰	September 2003	Management team will receive a regular report and this may be the subject of a "learning lunch" at the Division	Data required of project	Division personnel, continuation of grant, and collaboration of partners in project
	Seek a graduate student to expand survey of other states' health promotion activities to identify best practices focused on disparity issues ²¹	September 2003 (most likely Summer 2003)	Management team will receive a regular report	Data would be secured during activity	Division personnel to supervise student; student deciding to do field work at Division
	Use the state's voluntary certification process and its required standards to promote good practice among Senior Centers (one of the standards that must	September 2003	Management team will receive a regular report	Responses to SCOPE instrument; revised standards	Division personnel and centers applying for certification or attending training

18 AAAs=Area Agencies on Aging of which NC has 17 located within the Councils of Government, see <http://www.dhhs.state.nc.us/aging/aaa.htm>

19 NCAOA is the North Carolina Association on Aging, which is the professional/trade association for local aging services providers. The Division of Aging helped NCAOA develop a web site of best practices (<http://www.ncaoa.org/database.html>)

20 The Division of Aging is in the second year of a three-year federal grant designed to improve the quality, access, choice, and use of respite services for families caring in the community for individuals with Alzheimer's Disease or related dementia. A special emphasis of the project is on providing information and assistance and arranging respite services to family caregivers who are not receiving services due to geographical factors, economic or racial isolation, or lack of available local resources.

21 The Centers for Disease Control and Administration on Aging recently made a move to increase health aging programs collaboration between state units on aging (SUAs) and health departments (SHDs) nationwide. In response, the Division of Aging secured a student of the Duke Leadership in an Aging Society Program in Summer 2002 to conduct a survey to review current health promotion programming of other states, especially as it relates to Title III-D funding from the Older American's Act.

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3. Promote, develop, and enhance community's capacity to engage in healthy living and elimination of disparities in health status	be met by a certified Center is outreach to special populations) ²²				
	Continue support of NC Senior Games as an important vehicle for good health and active aging by managing State funds for program, serving in an advisory capacity, promoting program among AAAs, and by encouraging at least 6 division staff to volunteer.	September 2003	Management team will receive a regular report	Review of Area Plans, # of Division staff participating	Division personnel
	Request NC Senior Games to provide data annually profiling participants to assure adequate representation consistent with NC's senior demographics.	September 2003	Management team will receive a report	Data to be furnished by Senior Games	Division personnel; relationship with NC Senior Games
	Offer pertinent information for consumers and providers on the DHHS web site for Long Term Care and the Division's own web site ²³	September 2003	Management team will review web sites	Content on web sites and feedback from users	Division personnel
	Collaborate with DPH and others to encourage participation of at-risk groups to receive flu and pneumonia shots	January 2003	Management team will receive a report	Data to be furnished by DPH	d. Division personnel; collaboration with other agencies and groups including the Senior Vaccination Season Coalition.

²² The Division of Aging implemented in 1998 a voluntary process to certify Senior Centers of "Merit" and "Excellence." Among the items considered in the Senior Center Operations and Program Evaluation (SCOPE) tool used in the certification process was a focus on whether and how the Center provided special outreach to people in rural areas, those with low income, those from ethnic minority groups, those with disabilities, and those with limited ability to speak English. Based on its experience with the use of this SCOPE tool, the Division is now in the process of revising its required standards for centers receiving public funds. The Division will also incorporate training on reaching special needs populations within its developing curriculum for Senior Center managers.

²³ The Division of Aging is responsible for not only maintaining its web site (<http://www.dhhs.state.nc.us/aging/home.htm>) but also a new web site for DHHS on long term care (<http://www.dhhs.state.nc.us/ltc/>). On both of these sites, visitors will be able to access information and make contacts for assistance with hearing and visual impairments and other disabling conditions.

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KEY RECOMMENDATIONS	ACTION STEPS	TIME FRAME	EVALUATION	AVAILABLE RESOURCES
4. Monitor progress towards the elimination of health disparities	Seek a graduate student who can do a follow-up survey of I&A providers to assess the extent to which and why some providers report problems "communicating with minority populations" and the need for "cultural sensitivity" training ²⁴	September 2003 (most likely in Summer 2003)	Management team will receive a report	Division personnel to supervise student; student deciding to do field work at Division
	Continue to use ARMS data to monitor extent to which HCCBG funds are used to reach socially and economically needy by county, region and statewide ²⁵	September 2003	Management team will receive a report	Division personnel
5. Promote customer-friendly services that meet the needs of under-served populations (i.e., low-income and minority groups)	Analyze and strengthen the community resource information that is available to all Division staff to aid in providing referrals to callers, web visitors and others (e.g., information on aging and special population groups)	September 2003	Feedback from Division personnel; management team review	Division personnel; cooperation of other agencies
	Incorporate in staff work plans appropriate responsibilities and dimensions that relate to customer-friendly services	November 2003	Review by management team	Division personnel; expectations from management team

²⁴ The Division of Aging conducted a survey in 2000 of 40 local providers of Information and Assistance services for older adults and their family caregivers. Among the survey's findings were: (1) 42% of respondents report often or sometimes having problems communicating with minority populations; and (2) 33% requested "cultural sensitivity" training and 20% wanted training on "sensitivity to minority populations." The Division believes that it needs further help in pinpointing the nature of the perceived problem and need for training so that it can develop a meaningful response.

²⁵ The Division of Aging maintains an Aging Resource Management System (ARMS) to collect client and expenditure data for services funded under the Home and Community Care Block Grant (HCCBG). The client data include demographics (e.g., race, self-reported economic status, ADL limitations). The Division also requires Area Agencies on Aging to develop targets for reaching the socially and economically needy relative to the demographics of their region.

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KEY RECOMMENDATIONS		ACTION STEPS		TIME FRAME	EVALUATION	DATA NEEDS	AVAILABLE RESOURCES
		Sponsor and promote training designed to promote services to aid under-served persons, including sessions at the 2002 NC Conference on Aging on <i>substance abuse and older adults, planning for populations with special medical needs in times of emergencies & disasters, best practice models of good health promotion programs, assistive technology resources for seniors, fighting hunger in NC, understanding depression in older adults, and reaching out to NC's elderly refugees</i>	September 2003	Management team will receive a regular report	Training programs	Division personnel; collaboration with other agencies; support from Division's budget for "mission critical" travel	
6. Increase resources/investments to eliminate health status gaps	Identify and pursue grants that will assist the Aging Network in promoting good health and access to health and social services ²⁶	September 2003	Management team will receive a regular report	Log of grants submitted and funds received	Division personnel; necessary matching resources when required		
	Review of intrastate funding formulas to ensure that it continues to address those most in need ²⁷	September 2003	Management team will review and approve any formula changes	Formulas themselves	Division personnel; Census and other data; input from consumers and providers in public hearings		

²⁶ The Division of Aging has secured several grants whose outcomes support elimination of health disparities. These include: (a) Project C.A.R.E. to improve the quality, access, choice, and use of respite services for families caring in the community for individuals with Alzheimer's Disease or related dementia; In addition, the Division has recently submitted these federal grants: (a) Performance Outcome Measures Project to pilot-test performance outcome measures in four areas (family care giving, information and assistance, transportation, and in-home aide services); (b) a Food Stamp Program Outreach Research Grant to improve program access and participation in the Food Stamp program by eligible seniors; and (c) a state innovation grant to plan and implement a Communications and Planning Network to Support Families in their Long Term Care Roles.

²⁷ The Division of Aging is responsible for allocating funds for the Home and Community Care Block Grant, the Family Caregiver Support Program, Senior Centers, Adult Day Services, the Ombudsman Program, and other monies. In each instance the Division is concerned with respecting the intent of the authorizing legislation, which in most instances is intent on serving the socially and economically needy defined by such variables as low-income minority, rurality, disabilities, and limited English-speaking abilities.

DIVISION OF AGING – HEALTH DISPARITIES IMPLEMENTATION PLAN

KEY RECOMMENDATIONS		TIME FRAME		EVALUATION		DATA NEEDS		AVAILABLE RESOURCES	
7. Build, support and fully utilize a diverse workforce capable of working in cross-cultural settings		September 2003		Examine membership on the following groups for which Division has direct or indirect responsibility: Governor's Advisory Council on Aging, NC Senior Tar Heel Legislature, Provider Performance Review Committee, and Family Caregiver Support Steering Team. In addition, Division will continue to monitor the representation of AAAs' Regional Advisory Councils.		Demographics, group memberships, applicable federal and state laws ²⁸		Division personnel	
Assure diverse representation on committees, task forces, etc.									

²⁸The Older Americans Act [306(a)(6)(D)] requires certain representation on the advisory council of an Area Agency on Aging, including minority individuals and individuals in rural areas who are participants or who are eligible to participate in programs assisted under the Act.

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KEY RECOMMENDATIONS		ACTION STEPS		TIME FRAME	EVALUATION	DATA NEEDS	AVAILABLE RESOURCES
7. Build, support and fully utilize a diverse workforce capable of working in cross-cultural settings – continued		Work with new Associate Director of Aging and Diversity at UNC Institute on Aging to examine findings of the Institute's workforce survey and plan appropriate responses to support cross-cultural work in aging ²⁹	September 2003	Management team will receive a regular report and review findings.	Data from survey already conducted	Division personnel and cooperation of UNC Institute on Aging	
		Work with AARP in its expansion of diversity training ³⁰	September 2003	Management team will receive a regular report.	Documentation of training activities	Division personnel; cooperation with AARP	
		Assure that the workforce of the Senior Community Service Employment Program (Title V) is diverse and representative of the demographics in the areas where the program operates ³¹	September 2003	Management team will receive a report.	Data from Title V project		
		Hold at least two learning lunches for Division staff focused on raising awareness and building sensitivity to a health disparity among sub-populations of seniors ³²	September 2003	Holding of learning lunches and feedback from attendees	Lunches and feedback from attendees	Division personnel and possibly outside presenters	
		Assure that under-served and special needs older adults have opportunities for volunteer and educational participation	September 2003	Management team will receive a report	Report on volunteer opportunities and community college participation	Division personnel and input from N.C. Community College System and volunteer agencies	

²⁹ Dr. Peggye Dilworth-Anderson has been appointed a Professor in the UNC School of Public Health and Associate Director of Aging and Diversity within the UNC Institute on Aging. The Divisions of Aging and Social Services assisted the UNC Institute on Aging in conducting a statewide survey of the workforce serving older adults in 2000-2001 (see <http://www.aging.unc.edu/education/final.pdf> for details).

³⁰ AARP has developed and is piloting a training curriculum on aging and diversity with its volunteers. AARP hopes to expand this training to include the Aging Network. The Division of Aging serves on the advisory committee for this initiative in North Carolina.

³¹ The Division of Aging operates the Senior Community Service Employment Program (Title V of the Older Americans Act) in six regions which covers 34 counties. The program provides part-time, subsidized work-training opportunities for persons age 55 and older with incomes

³² The Division of Aging holds learning lunches for its personnel and interested others designed to educate about and discuss noteworthy initiatives and issues.

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KEY RECOMMENDATIONS		ACTION STEPS		TIME FRAME	EVALUATION	DATA NEEDS	AVAILABLE RESOURCES
8. Identify and advocate for public policies that aid in closing the health status gap.	a. Build eliminating disparities into state and local policies and practices regarding such emerging and important initiatives as prescription drug assistance and long-term care reform Review service standards to assure that they adequately address responding to the needs of special populations, including ADA compliance (note: senior center operations standards have been revised to incorporate ADA accessibility guidance ³³ Channel to the NC Aging Network appropriate policy communications from the U.S. Administration on Aging and other sources ³⁴	a. September 2003	a. Management team will review and discuss regularly. Management team will receive a regular update of this division priority	a. Evidence of work completed or underway	a. Division personnel; collaborative activities with other agencies and stakeholders		
	Work with the UNC Institute on Aging's NC Healthy Aging Network and its Program in Healthcare and Aging Research ³⁵	September 2003	Management team will receive a regular report on this.	Evidence of information communicated via print, email, web site, and face-to-face	Division personnel; relevant information from Administration on Aging, CDC, NASUA and other sources		

³³ The Division of Aging is responsible for maintaining and enforcing service standards for each of the 17 Home and Community Care Block Grant services.

³⁴ The U.S. Administration on Aging has undertaken a number of initiatives associated with healthy aging and health disparities. Most recently, the Administration launched USA on the Move: Steps to Healthy Aging, a two-part project sponsored with the National Policy and Resource Center on Nutrition and Aging at Florida International University. This pilot project is designed to improve nutrition and physical activity in older adults.

³⁵ The UNC Institute on Aging has a two-year grant from the Centers for Disease Control (CDC) to identify clear goals, strategies and action plans to foster research relative to healthy aging and to effectively disseminate information about healthy aging to various service and consumer constituencies. Supported by a National Research Service Award (NRSA) Institutional Training Grant from the National Institute on Aging, the Institute is also offering pre-doctoral and postdoctoral training opportunities through its Carolina Program in Healthcare and Aging Research (CPHAR).

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KEY RECOMMENDATIONS		ACTION STEPS		TIME FRAME		EVALUATION		DATA NEEDS		AVAILABLE RESOURCES	
9. Demonstrate accountability and ownership for health outcomes		Make this Plan a priority of the Division, along with its Customer Service initiative, and do an annual review of this Plan and the Division's related activities to assess achievements and update actions ³⁶		September 2003		Adoption of this Plan by Division's management team and by the Department		Evidence of support		Personnel of Division and DHHS	
		Identify staff responsible for initiatives and include related tasks in respective work plans		September 2003		General review by management team and specific review by individual managers		Plan with assigned personnel; individual work plans		Division personnel	

³⁶ With input from all personnel, the Division of Aging • Management Team prepares an annual list of priorities that they monitor closely for progress and issues. This list of priorities generally directs a significant amount of staff time and attention. The Division has joined other DHHS units in undertaking a multi-faceted customer service initiative, which is another priority of DHHS Secretary Carmen Hooker Odom.

Abbreviations used in report:

AAAs – Area Agencies on Aging
ADA – Americans with Disabilities Act
APA – Administrative Procedures Act
ARMS – Aging Resource Management System
C.A.R.E. – Caregiver Alternatives for Running on Empty
CDC – Centers for Disease Control
CPHAR – Carolina Program in Healthcare and Aging Research
DHHS – Department of Health and Human Services
DPH – Division of Public Health
HCCBG – Home and Community Care Block Grant
NASUA – National Association of State Units on Aging
NCAOA – N.C. Association on Aging
NRSA – National Research Service Award
SCOPE – Senior Center Operations and Program Evaluation
SHDs – State Health Departments
SUAs – State Units on Aging
UNC CARES – University of North Carolina Center for Aging Research and Educational Services