

North Carolina's Roadmap for Healthy Aging

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In 2030, when all of the baby boomers will be 65 or older, more than 1 in 6 (17.5%) of North Carolinians will be in this age group.¹ Those aged 65 and older will number about 2.2 million in 2030, more than double the 1.1 million today.¹ North Carolina ranked 6th nationally in the increase in the number of persons aged 65 or older between July 2006 and July 2007.¹ In 2006, 28 of North Carolina's 100 counties had more people age 60 and older than those aged 17 and younger; by 2030 this scenario is expected to expand to include 75 counties.¹ Factoring into this demographic shift are increased life expectancy, the aging of boomers, and retiree migration. North Carolina has become a popular retirement destination, ranking third among all states in the net migration of retirees.² Considering that the average adult over age 65 has at least 3 chronic health conditions,² our aging population will likely present great challenges for health care and long-term services and supports. A heightened emphasis on health promotion is critical.

The North Carolina Divisions of Aging and Adult Services (DAAS) and Public Health (DPH) began to envision a *North Carolina Roadmap for Healthy Aging* in 2006 and have worked side-by-side since then to design and promote this *Roadmap* to help ensure that each and every older adult in the state has local access to health promotion programs. In collaboration with the Institute on Aging (IOA) at the University of North Carolina at Chapel Hill, these divisions are developing the *Roadmap* as a guide to provide direction and concrete strategies for programming in health promotion, disease prevention, and chronic disease self-management.

This collective effort has come none too soon, as the state is already seeing an increase in the prevalence of chronic disease and an increased demand for services for older adults. The 2003-2006 Behavioral Risk Factor Surveillance System (BRFSS) reported

that over 50% of North Carolinians aged 65 and older have been diagnosed with arthritis and 23% with diabetes mellitus.³ Approximately 22% have had a heart attack or stroke, and 45% are classified as disabled.³ The 19% of those aged 65 or older who are of a racial minority are at an even higher risk for these chronic conditions and are at a higher risk of dying from them. If appropriate programs and services are not undertaken now, these numbers will dramatically increase and the demands on services and providers will be overwhelming and costly. There will also be a significant lost opportunity to realize the economic and social value of an active and healthy older population.

To meet this older adult "perfect storm," DPH and DAAS, in partnership with the IOA, have focused on pooling resources to expand health promotion programming statewide, particularly programming based on evidence generated from scientific

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studies and published in peer-reviewed journals. A Healthy Aging Coalition (HAC), created in 2005 and composed of over 25 public and private organizations from across the state, has served as an excellent vehicle to assist with these efforts. The HAC serves to foster optimal health and well-being of older adults through statewide partnerships, to increase public awareness of the evidence base for health promotion and prevention in aging, and to disseminate knowledge to foster effective evidence-based health promotion (EBHP).

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Our 2 divisions applied for and received a Senior Opportunity Grant from the National Association of Chronic Disease Directors (NACDD) in 2006 to assist with initial development of the *Roadmap*. Our vision was to expand health promotion programming and, in particular, EBHP, in a systemic and coordinated way throughout the state. In reality, the *Roadmap* has evolved to focus efforts on providing community providers with the training and tools to (1) identify their target population, (2) choose the appropriate evidence-based or best practice programs for delivery, and (3) partner with other groups to maintain and expand programming. Through the *Roadmap* project, participating agencies have developed policies and received and awarded grants to further support EBHP for older adults.

Key to the development of the *Roadmap* has been the interagency partnership between our 2 state divisions that was formalized in a written Memorandum of Agreement (MOA) in February 2007. Although DPH and DAAS had a long history of working together on various other projects, the actual agreement established a solid foundation and sense of commitment for a coordinated effort to expand health promotion programming throughout the state. It enabled each division to identify and make maximum use of its specific capacities, resources, and partnerships around common goals. The divisions intend to expand the MOA this year to include the IOA.

Because this formal partnership is unique, the National Council on Aging (NCOA) has referenced it as a successful model for other states. Example outcomes include the interagency application to the US Administration on Aging (AOA) for an Evidence-Based Disease Prevention Grant in 2007; the current interagency effort with the IOA and the Carolina Geriatric Education Center (CGEC) to develop a North Carolina Falls Prevention Coalition (discussed on page 404 of this issue of the *Journal*); and the successful funding of another Senior Opportunity Grant application in 2008. In addition to promoting the adoption of the *Roadmap* by community and health care providers, this latter grant will also (1) provide technical assistance and resources to promote EBHP to 29 counties that have not yet participated (largely rural), (2) permit the development of an EBHP website, and (3) develop a plan for future oral health initiatives for our older adults. North Carolina's efforts are consistent with emerging national initiatives that offer new funding sources to support collaborations to address healthy aging. In particular, over the past decade we have seen the development and support of more EBHP initiatives.

Before becoming recognized as EBHP, a program must demonstrate improved health outcomes when tested in multiple areas with different groups. Both the Centers for Disease Control and Prevention (CDC) and the NCOA are strongly supporting the dissemination of these programs to improve the health of older adults. North Carolina is committed to delivering these programs to different venues in the state and has targeted specific areas that are more rural as well as those areas with greater numbers of minorities who are typically underserved. The aforementioned AOA grant is supporting dissemination of

Communities Responding to an Aging Society

Erin Russell, MS

Healthy aging means more than just an older person having a clean bill of health. It includes access to care as well as opportunities for social engagement. Communities across North Carolina are responding to the growing older adult population with innovative programs designed to promote healthy aging. Below are 3 examples of such programs that are aimed at improving the quality of life of seniors across the state.

North Carolina Senior Farmers Market Nutrition Program

Farmers markets across North Carolina provide fresh and local produce as well as social stimulation. This is why the Division of Aging and Adult Services has joined with farmers markets across the state in offering the North Carolina Senior Farmers Market Nutrition Program (SFMNP). The goal of the SFMNP is to improve the nutritional status of older adult participants through the availability of fresh fruits and vegetables while also bolstering the use of local farmers markets. Currently about 3,000 low-income participants at congregate nutrition sites^a in 19 counties redeem the coupons they are issued for use at 21 authorized farmers markets to obtain locally grown fruits and vegetables. Participating farmers markets include 3 state-operated markets and 18 smaller, community-based markets in both urban and rural areas of the state. Approximately 900 farmers are currently authorized to participate in the program. In August 2008, North Carolina received additional funding from the US Department of Agriculture for the 2008 SFMNP and additional coupons have been distributed.

For more information on the Senior Farmers Market Nutrition Program or to obtain a list of authorized markets, contact Audrey Edmisten at the North Carolina Division of Aging and Adult Services at [audrey.edmisten \(at\) ncmail.net](mailto:audrey.edmisten@ncmail.net).

Walk Wise, Drive Smart Program

The Walk Wise, Drive Smart Program is designed to enhance awareness of issues and improve conditions related to safe and enjoyable walking. The program is the result of a collaborative effort between the Council on Aging for Henderson County and several community and statewide organizations. It is funded by the

^a Congregate nutrition is a service where a meal (typically lunch), offering one-third of the recommended daily dietary allowance, is provided in a group setting such as a senior center. This service targets those 60 years old and above.

the “Chronic Disease Self-Management Program” (CDSMP) to 46 counties over a 3-year period. This program (titled “Living Healthy” in North Carolina) provides information and teaches practical skills on managing chronic health problems. The CDSMP helps give participants the confidence and motivation they need to manage the challenges of living with a chronic health condition. This program is proven to strengthen physical activity, healthy behaviors, and overall health. The objective of implementing CDSMP in North Carolina is to reduce the risk and occurrence of disease and disability among the growing number of adults aged 60 and older.

By the end of the grant, 1,512 individuals will have completed the program, and 250 lay instructors and 54 master trainers will be ready to continue to deliver the program and expand it throughout the state. In addition to CDSMP, our collaboration is supporting the dissemination and implementation of 3 other EBHP initiatives throughout North Carolina that target individuals with arthritis. The Arthritis Foundation Exercise Program and Aquatics Program are proven to improve activity levels and functional mobility for individuals with arthritis. DAAS and DPH are currently collaborating with the UNC Thurston Arthritis Center and the IOA to assess “Walk with Ease,” which also targets individuals with arthritis. Within the next year, both divisions will also be supporting the delivery of “Matter of Balance” to improve balance confidence and decrease falls. Past collaborations with several University of North Carolina campuses and other research institutions and community providers have resulted in offering other EBHP promising practices to promote fitness and improve physical activity (such as the “Fit and Strong” program).

While North Carolina has focused its efforts on these specific EBHPs because of their proven benefit to the older adult population, delivering an EBHP can be a daunting task. These programs typically require trained staff and the purchase of course materials. Through the *Roadmap* and its related offerings, providers can identify organizations in their community that are offering these types of programs. Other providers may want to collaborate to pool resources to pay for trainers and resources, thus expanding the reach of these programs. By applying for grants to establish programs like CDSMP and receiving the second Senior Opportunity Grant (i.e., *Roadmap*) funding, we are establishing an infrastructure to maximize the effect of our collective efforts and resources at the state and local levels.

The long-term goal of our 2 divisions is to improve the quality of life for all older North Carolinians and to minimize the burden on health and long-term care systems through effective health promotion programming. However, it is important to acknowledge the difficulty of achieving this vision because aging well is not only about health. It is also about such matters as having access to transportation, food, and housing, as well as about one’s overall economic status and supportive environment.

The bigger picture of aging is addressed in North Carolina’s *State Aging Services Plan*. Every 4 years DAAS uses this *Plan* to report on the status of seniors, offer objectives, and recommend actions to the General Assembly and the Administration on

National Highway Traffic Safety Administration and the Governor’s Highway Safety Program. This comprehensive program provides opportunities to learn more about safe walking and driving; has safe walking and driving patrols; is creating safe walking routes in neighborhoods with support from the City of Hendersonville; and sponsors group walking programs.

Other communities across the state are also conducting walkability surveys and audits. Organizations such as the National Center for Bicycling and Walking can assist communities in these efforts.

For more information about Walk Wise, Drive Smart, go to www.walk-wise.org. Also review the Aging Planning Bulletin on this topic at www.ncdhhs.gov/aging/pub/apb5.pdf.

Access Dental Care Program

Individuals with special needs such as older adults in long-term care settings and people with developmental disabilities living in the community can be highly susceptible to rampant tooth decay and gum problems due to general health problems, long-term medication use, and/or inability to clean their own mouths. Overlooked daily oral care and preventive care can result in emergency needs. Access Dental Care is dedicated solely to providing dental services for these populations through mobile dentistry services in 9 counties of the Triad area. This dental care model was given one-time financial support by the 2007 General Assembly.

For more information about the Access Dental Care Program, visit <http://www.accessdentalcare.org>.

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Aging. This *Plan* represents the collaborative work of older adults and advocates, regional and community planners, and service providers, both public and private. The *2007–2011 State Aging Services Plan* examined many of the needs and wishes of current and future older adults and discussed ways to make our communities more responsive and supportive, not only to our aging population but also to North Carolinians in general. Like a steadily rising tide, baby boomers are entering the years where they are beginning to need and qualify for aging services and programs.

The *2007–2011 Plan* was developed within the framework of the Livable and Senior-Friendly Communities Initiative, which was introduced in the *2003–2007 Plan*. The 40 objectives for the current *Plan* are presented in the 8 components of this initiative: physical and accessible environment, healthy aging, economic security, technology, safety and security, social and cultural opportunity, access and choice in services and supports, and public accountability and responsiveness. This current *Plan* is available on the DAAS website at <http://www.ncdhhs.gov/aging/>

with links to additional information. The *Plan* and website also include statistical and other supporting documentation that further define the issues facing older North Carolinians and aging baby boomers.

Clearly the aging demographics of North Carolina and concern over the health of older adults have served as a catalyst for our unique and effective state partnership. While state agencies routinely work together and successful partnerships are common, this particular partnership is special and represents what we must continue striving to do in the future. To be successful with our *Roadmap*, we must continue to develop, pool, and leverage our resources. Together we are making a public policy

statement that aging is lifelong in nature and that optimal aging requires a personal and societal commitment. We look forward to joining other organizations who are realizing the importance of investing in the aging of our population and, specifically, in strategies to achieve the ultimate destination for our *Roadmap*—a state where all people age well. **NCMJ**

Acknowledgements: We would like to acknowledge Sharon Rhyne, MHA, MBA, health promotion specialist in the Chronic Disease and Injury Section of the North Carolina Division of Public Health and Audrey Edmisten, RD, LDN, MPH, healthy aging specialist in the North Carolina Division of Aging and Adult Services.

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