Aging Plan

Developed by the Senior Resource Center of Haywood County

2017-2020
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Developed by:
The Senior Resource Center
of Haywood County
This community report is published by the Senior Resource Center of Haywood County in collaboration with its Governing Council.

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TABLE OF CONTENTS

EXECUTIVE SUMMARY
MISSION/VISION/VALUES
COMMUNITY PROFILE
WHERE WE ARE/ DEMOGRAPHIC AND FISCAL IMPERATIVE
AGING PLAN/GOALS AND OBJECTIVES
SURVEY RESULTS
EXECUTIVE SUMMARY:

Our oldest citizens have left their imprint on Haywood County. The county our children and grandchildren live in will bear the mark of this current generation. We must make it a county that values the contributions that seniors have made and values the contributions they have yet to make.

Our plan looks to the future while respecting the past. It is a plan rooted in respect – one that encourages the active participation of seniors in the life of this county. It is a plan that recognizes that supporting seniors means supporting their families and caregivers. It is a plan that focuses on helping our citizens be healthier, more engaged, and safe within in their communities.

In the development of this aging plan, we went to those who best understand the needs of seniors – seniors themselves. A survey was developed and approved by the Governing Council of the Senior Resource Center then distributed to senior groups across the county. Every effort was made to ensure that survey participants were included from across a broad economic and educational spectrum.

Our survey results indicate that seniors are more knowledgeable regarding programs and services than they have been in the past. This is most likely due to the work that resulted in response to the former aging plan, “Better Together... A Plan for the Rest of our Lives”. While we are happy to see results of that work, we also realize that we must continue developing a broad awareness of available programs and services not only among seniors but among the community at large.

When asked to list the number one priority in terms of aging well, the overwhelming response (92%) related to remaining healthy and active. Lifestyle choices are critical in pursuit of this goal. While genes can lead to disease, cardiologist Donald Lloyd-Jones writes, “for most people, a healthy lifestyle trumps inherited risk.” The choices we make and the lifestyle we lead
play a huge role in our overall health. Our daily habits -- such as what we eat, how active we are, and whether or not we smoke -- strongly relate to the delay of chronic illnesses. While we cannot control our genes, we can control our lifestyle. Delaying a chronic illness by even one year can save thousands of dollars in health care costs. In today’s economic environment we cannot count on government dollars to increase aging services. We must be proactive and delay the need for those services in order to make the best use of the funds that are available. Older adults who practice a healthy lifestyle, take advantage of health promotion and disease prevention services and continue to engage with the community are more likely to remain independent. To that end, our aging plan focuses on efforts to promote optimal health and functional independence.

Many elderly become more vulnerable to financial misstep and physical abuse. A caring community must protect older and vulnerable adults from mistreatment and safeguard their rights. By working collaboratively to prevent abuse, neglect and exploitation, preparing individuals to protect themselves, and fight fraud, we build a safer community for everyone.

History demonstrates that significant community building takes place only when community members are committed to investing themselves and their resources in the effort. To this end we will continue to bring a myriad of entities together, including nonprofits, government agencies and our citizens in order to pursue opportunities to pool resources, share information, and work collaboratively to make Haywood County a better place in which to age.

Our overarching plan provides a framework for addressing the needs of vulnerable seniors, while supporting active, healthy aging for the broader senior population. It is designed to enable seniors to live healthier, happier and safer lives in their homes and communities.
MISSION STATEMENT:

It is the mission of the Senior Resource Center of Haywood County to work collaboratively with other agencies, non-profits and government entities to ensure that Haywood County seniors age well and remain as independent as possible. We do this by:

- Connecting seniors to needed information, services and programs
- Providing opportunities for socialization
- Offering a well-rounded curriculum to encourage life-long learning.

In summary: Education, services, fun

VISION STATEMENT:

Our vision is to be known in the state as Haywood County’s lead agency in the field of aging.

OUR VALUES:

We believe in:

- Providing high quality, client-centered services
- Creating strong community partnerships to find innovative solutions to aging needs
- Empowering and equipping seniors to utilize their gifts for the betterment of the community
- Creating a “senior-friendly community” that is beneficial to all community members
- Helping all seniors remain as independent as possible throughout life’s journey
COMMUNITY PROFILE

Haywood County is a rural mountainous area in Western North Carolina. It is surrounded by Tennessee to its north, Madison Buncombe and Henderson Counties on the east, Transylvania County on the south, and Swain and Jackson Counties on the west. A significant portion of the Great Smoky Mountains National Park and a smaller portion of the Pisgah National Forest are within the county boundaries. Incorporated towns in the county are Canton, Clyde, Maggie Valley and Waynesville, with Waynesville being the county seat. Major access routes are Interstate 40, US 19, 23-74 and 276.

Statistics from the U.S. Census indicate a population of 59,868 for Haywood County. The county’s population is older than that of the state and nation. In 2010, persons over the age of 75 accounted for 9% of the county’s population compared with 6% for the United States overall. In 2010, 21% of the county was over the age of 65 compared with 12.9% for the state of North Carolina. These figures reflect the county’s attraction as a retirement destination. Net migration, calculated as in-migration less out-migration, is estimated at 4,443 persons for the period 2010-2020 and 5,729 persons between 2020 and 2030.

The dependency ratio is a ratio composed of the population not in the labor force (those under age 15 and over 65), known as the dependent population, and the total population of economically productive age. In 2030, when all Baby Boomers will have already passed age 65, the older dependency ratio translates into fewer than three people of working age (20-64) to support every older person.

According to Census facts (2008-2012) 14.20% of the population lives in poverty.
WHERE WE BEGIN:

There is a clear advantage to devising an action plan for seniors in a county such as Haywood where so much is already being done.

In 2004, the Haywood County Aging Partnership submitted a grant to the Robert Wood Johnson Foundation’s Community Partnership for Older Adults program. Funding was utilized for a community-wide project, titled “Join the Journey”. Through that project, the Partnership reviewed trends and programs, identified issues and engaged citizens in thinking about the future and the kinds of action steps necessary to improve long term care and supportive services for older adults. This work resulted in a comprehensive community-wide strategic plan. A second round of funding from the foundation led to the implementation of the strategic plan. It was out of this work, that the Senior Resource Center evolved.

This new plan aims to continue the history of partnership and collaboration. It builds on decades’ worth of work to improve the quality of life for Haywood County’s senior population. The plan’s overarching goal is to provide a framework for addressing the needs of vulnerable seniors while promoting and supporting active, healthy aging for the broader senior population.

A DEMOGRAPHIC AND FISCAL IMPERATIVE:

Several imperatives have driven the creation of this aging plan. First is our belief that all citizens are entitled to be treated with dignity and respect. Second is our belief that community engagement is vital to successful aging outcomes and that harnessing the wisdom and gifts of senior adults will benefit everyone in the community. Furthermore, the demographic shift in combination with the limitations imposed by today’s economic environment clearly call for us to have a plan in place that delineates our goals and objectives as we move forward. North Carolina’s Aging Plan acknowledges that while “government can have important roles” it also has “limited resources to address all the needs of this growing population.”¹
AGING PLAN: 2017-2020

GOAL I: Empower older adults and their families to make informed decisions and easily access existing health and long-term care options, while working at the community systems level to provide community leaders and organizations with a centralized source of information related to the field of aging

Many programs and services are available to serve older adults and their caregivers; however, our survey indicated that many are not knowledgeable of these supports. Programs less well known included the choreworker program, Project Lifesaver, Respite care, 2-1-1, ombudsman, and minor home repair. 94% of respondents knew of the Senior Resource Center, 92% knew about the Information and Assistance Program, 81% of those surveyed were aware of the Volunteer Center, 84% were familiar with the Nutrition sites (congregate meals), 95% knew about the Senior Centers, 87% of those surveyed were familiar with Health and Human Services, 86% knew about home delivered meals, 92% were familiar with the public transportation system, and 90% knew about senior games. Other programs and services were less well known; thus, education and dissemination of information remain a priority.

Objective 1. Educate the public on the availability of services that foster independence, provide respite to caregivers, and help families plan for future long term care needs.

Strategies:

- Conduct outreach and inform Medicare Beneficiaries regarding benefits aimed at preventing disease and promoting wellness, such as the Low-Income Subsidy (LIS) and Medicare Savings Programs (MSP)
  (Track number of seminars, number or attendees, number we assist with enrollment)

- Promote SHIIP
  (Track # of clients served and amount of money saved by clients)
• Provide caregiver training to professionals such as CNAs, and family caregivers to strengthen their capacity to provide care
  (Track # of training sessions, # of attendees)

• Meet with clients one-on-one to explain various respite and long-term care options in our area; generate referrals as appropriate.
  (Track number of clients served and complete follow-up to determine if services were accessed)

• Stress the importance of preparing for latter years. Offer a seminar by an attorney specializing in elder care law. Address issues such as advance directives, long term care insurance, reverse mortgages, estate planning, financial independence etc.
  (Track number of attendees)

• Make better use of the government channel to disseminate information
  (Track number of times the channel is utilized)

• Keep abreast of aging trends and demographic data; make this information available to community leaders, organizations, and government entities

• Change our focus from “aged” to “aging” and broaden services to individuals of any age with aging-related needs and questions. This will enable us to assist adults of all ages to plan more effectively to live their older years with health, independence and purpose.

**Objective 2. Streamline access to long-term care services and supports to facilitate informed decision-making.**

**Strategies:**

• Offer additional services and programs periodically such as Advance Directive sessions, health screenings, etc.
  (Track the number of people served through these sessions)

• Provide permanent space to at least one new program/service in the next year.
Objective 3. Include diverse cultures and abilities in all aspects of the aging and adult services network.

Strategies:

- Increase outreach to the Hispanic/Latino Population
  (Track # of materials translated to Spanish and means of dissemination)

- Collaborate with key agencies and organizations supporting persons with disabilities to raise awareness about physical, sensory, and intellectual disabilities affecting older adults.
  (Track: Offer at least one “Dementia reality experience” each year and track # of participants)

GOAL II: Develop a Wellness Program to promote wellness and safety of older adults, disabled individuals and caregivers.

Our survey asked individuals to list what they felt to be the number one priority in terms of aging well. The answers fell within three main categories: Good health/remaining active, finances, and respite/caregiving. 92% of the responses fell into the good/health/remaining active category.

North Carolina’s aging plan states, “As North Carolina plans for the future, we face significant budgetary challenges to keep at-risk older adults and persons with disabilities in their homes and communities”. The Home and Community Care Block Grant (HCCBG) provides a common funding stream for a system of eighteen home and community-based services for older adults age 60 and older. Those funds are funneled down from the state to the counties, including Haywood County. “In 2015 the North Carolina General Assembly passed a recurring reduction of $969,599 in the HCCBG” funds.

Faced with today’s fiscal austerity and demographic imperatives, we realize there are many more needs than there are services and programs to meet those needs; therefore, we must approach the situation from a different perspective. If we cannot provide more services, we must try to keep our citizens healthier in order to delay the need for services; thus, the need
to promote optimal health and independence is critical. Older adults who practice healthy behaviors, take advantage of disease prevention services and continue to remain active and socially engaged are more likely to remain independent. If an individual can delay the onset of chronic illness or disability by even one year, thousands of dollars in health care costs can be saved.

**Objective 1.** Hire a Wellness Coordinator to develop and administer a plan to promote wellness of the Senior Resource Center’s staff and clients

Strategies:

- Write grants to secure funding for Wellness Coordinator position.  
  (Track number of grants written)

- Pursue future (sustainable) funding from the county, hospital and other potential funders  
  (Track number of funding requests submitted)

**Objective 2:** Develop a Wellness Plan (with measurable goals) that includes the following: Access to evidence-based health promotion and disease prevention programs, promotion of good nutrition, promotion of brain health, safety promotion, opportunities for socialization and life-long learning

**Objective 3:** Implementation of a Wellness Program

Strategies:

- Work toward the goals and objectives outlined in the wellness plan.  
  (Track the number of goals and objectives that are met)

- Collaborate with local health professionals to promote wellness  
  (Track the number of collaborative efforts)
• Broaden our focus to include middle-aged adults interested in aging well, because we recognize that the experience of aging is greatly affected by decisions about health and lifestyle made in younger years

• Encourage individuals to take on more personal responsibility for the quality of their older life through effective life planning in their younger years as funding for aging services tightens

GOAL III: Work to prevent abuse, neglect and exploitation of vulnerable older adults

Objective 1. Expand awareness of elder abuse and neglect

Strategies:

  • Participate in the Elder Abuse Prevention walk  
    (Track the number of participants each year)

  • Collaborate with Area Agency on Aging’s elder abuse prevention efforts as appropriate

Objective 2. Educate consumers and professionals regarding fraud and scams

Strategies:

  • Offer a seminar, led by someone from the Attorney General’s Office  
    (Track the number of attendees)

  • Educate Medicare beneficiaries on the possibility of Medicare fraud and how to protect, detect and report Medicare fraud.  
    (Track the number of presentations and number of attendees)
• Collaborate with local law enforcement to educate seniors regarding how to protect themselves from fraud and scams
  (Track the number of presentations and number of attendees)

GOAL IV: Facilitate communities and older adults working together to plan and prepare for the future

Objective 1: Promote volunteerism and other active engagement

Strategies:

• Offer Senior Leadership Classes.
  (Track # of participants and how many go on to volunteer in the community)

• Increase the number of Foster Grandparent and Senior Companion volunteers
  (Track the number of volunteers)

• Connect prospective volunteers and community services/programs together through the Volunteer Center and the Senior Leadership Program.

• Offer continuing educational opportunities to leadership graduates
  (Track the number of leadership meetings held, speakers and topics)

Objective 2: Continue to partner with county and municipal government officials to promote senior-friendly communities

Strategies:

• Ensure that county and municipalities are represented on the Governing Council

• Support and encourage government leaders who advocate for seniors
  (Track the number of letters to the editor, attendance at Board of Commissioner meetings, number of thank you letters, etc.)
## SURVEY RESULTS

128 Surveys were completed

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>Percentage of those surveyed who know about service</th>
<th>Percentage who do not know about service</th>
<th>The number who have used the service</th>
<th>The number who were satisfied/dissatisfied with the service</th>
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<tbody>
<tr>
<td>Respite care</td>
<td>59%</td>
<td>41%</td>
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<tr>
<td>Home Health Care</td>
<td>83%</td>
<td>17%</td>
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<td>Sr. Resource Center</td>
<td>94%</td>
<td>6%</td>
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<td>14</td>
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<tr>
<td>Info &amp; Assistance</td>
<td>92%</td>
<td>8%</td>
<td>15</td>
<td>11</td>
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<tr>
<td>Caregiver List</td>
<td>72%</td>
<td>28%</td>
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<td>Boomerang Brain Gym</td>
<td>71%</td>
<td>29%</td>
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<td>Foster Grandparent</td>
<td>79%</td>
<td>21%</td>
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<td>Choreworker</td>
<td>42%</td>
<td>58%</td>
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<td>Senior Companion</td>
<td>71%</td>
<td>29%</td>
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<td>Lifelong learning/Creative Living</td>
<td>66%</td>
<td>34%</td>
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<td>6</td>
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<tr>
<td>Volunteer Center</td>
<td>81%</td>
<td>19%</td>
<td>9</td>
<td>8</td>
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<tr>
<td>SHIIP</td>
<td>72%</td>
<td>28%</td>
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<td>14</td>
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<tr>
<td>2-1-1</td>
<td>50%</td>
<td>50%</td>
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<tr>
<td>Senior Leadership</td>
<td>61%</td>
<td>39%</td>
<td>11</td>
<td>9</td>
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<tr>
<td>Phone Assurance</td>
<td>61%</td>
<td>39%</td>
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<tr>
<td>Sr. Nutrition (Cong. Meals)</td>
<td>84%</td>
<td>16%</td>
<td>20</td>
<td>15</td>
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<td>SERVICE</td>
<td>Percentage of those surveyed who know about service</td>
<td>Percentage who do not know about service</td>
<td>The number who have used the service</td>
<td>The number who were satisfied/dissatisfied with the service</td>
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<td>------------------------------------</td>
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<tr>
<td>Senior Centers</td>
<td>95%</td>
<td>5%</td>
<td>22</td>
<td>18</td>
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<tr>
<td>Health &amp; Human Services</td>
<td>87%</td>
<td>13%</td>
<td>11</td>
<td>8</td>
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<tr>
<td>Adult Day Care</td>
<td>81%</td>
<td>19%</td>
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<td>5</td>
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<td>Adult Protective Services</td>
<td>81%</td>
<td>19%</td>
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<tr>
<td>Home Del. Meals (MOW)</td>
<td>86%</td>
<td>14%</td>
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<tr>
<td>Ombudsman</td>
<td>59%</td>
<td>41%</td>
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<td>Nursing Homes</td>
<td>82%</td>
<td>18%</td>
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<tr>
<td>Rest Homes</td>
<td>80%</td>
<td>20%</td>
<td>9</td>
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<tr>
<td>Public Transportation</td>
<td>92%</td>
<td>8%</td>
<td>19</td>
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<tr>
<td>In-home aid</td>
<td>78%</td>
<td>22%</td>
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<td>Hospice</td>
<td>89%</td>
<td>11%</td>
<td>16</td>
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<td>Case Mgt. Services</td>
<td>66%</td>
<td>34%</td>
<td>5</td>
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<tr>
<td>Financial Assistance</td>
<td>64%</td>
<td>36%</td>
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<tr>
<td>Alzheimer-specific Services</td>
<td>72%</td>
<td>28%</td>
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<td>AIDS Services</td>
<td>54%</td>
<td>46%</td>
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<td>Alcohol &amp; Substance Abuse</td>
<td>75%</td>
<td>25%</td>
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<tr>
<td>Mental Health Services</td>
<td>80%</td>
<td>20%</td>
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<td>5</td>
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<tr>
<td>Minor Home Repair</td>
<td>55%</td>
<td>45%</td>
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<tr>
<td>Health Screening Clinics</td>
<td>74%</td>
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<tr>
<td>SERVICE</td>
<td>Percentage of those surveyed who know about service</td>
<td>Percentage who do not know about service</td>
<td>The number who have used the service</td>
<td>The number who were satisfied/dissatisfied with the service</td>
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<tr>
<td>Specialized Elderly Housing</td>
<td>68%</td>
<td>32%</td>
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<tr>
<td>Veterans Services</td>
<td>76%</td>
<td>24%</td>
<td>8</td>
<td>5</td>
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<tr>
<td>Emergency Response (Lifeline)</td>
<td>73%</td>
<td>27%</td>
<td>7</td>
<td>3</td>
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<tr>
<td>Legal Aid</td>
<td>74%</td>
<td>26%</td>
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<tr>
<td>Support Groups</td>
<td>75%</td>
<td>25%</td>
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<tr>
<td>Project Lifesaver</td>
<td>47%</td>
<td>53%</td>
<td>5</td>
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<tr>
<td>Parks &amp; Rec</td>
<td>87%</td>
<td>13%</td>
<td>21</td>
<td>16</td>
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<tr>
<td>Happy Wanderers</td>
<td>65%</td>
<td>35%</td>
<td>10</td>
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<tr>
<td>Senior Games</td>
<td>90%</td>
<td>10%</td>
<td>18</td>
<td>14</td>
</tr>
</tbody>
</table>

Three questions followed the survey and provided important information that helped direct the aging plan.

1. What two programs do you believe are most important to seniors?
   There were 165 responses with 40 different categories listed. 12 categories related to caregiving/respite, 10 related to health, and 8 related to socialization/activities. Remaining categories included veteran services, financial assistance, legal aid, transportation, housing, foster grandparents, volunteer services and information and assistance.

2. What program do you believe is lacking in Haywood County?
There were 32 responses, 20 categories. The most common responses related to transportation with the emphasis being on free transportation to medical appointments and transportation other than public. The next most cited category was in-home care, then financial assistance and house cleaning.

3. List your number one priority in terms of aging well.
There were 87 responses, 92% of which related to health and/or remaining active. Respite/caregiving garnered 4 responses and 2 responses related to finances.