Upper Coastal Plain

aaa℠

Assistance. Advocacy. Answers on Aging.

Serving Edgecombe, Halifax, Nash,
Northampton and Wilson Counties

**REGIONAL AGING SERVICES PLAN
JULY 1, 2020 - JUNE 30, 2024**

UPPER COASTAL PLAIN COUNCIL OF GOVERNMENTS AREA AGENCY ON AGING:

WHERE OPPORTUNITIES FOR AGING ABOUND

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I. NARRATIVE

1. Executive Summary: UCPCOGAAA - Where Opportunities for Aging Abound

The Upper Coastal Plain Council of Governments Area Agency on Aging (UCPCOGAAA) is an organization working within a federal mandate to inform, advocate, and plan for community services on behalf of older adults. The Area Agency on Aging is part of the National Network set in place by the Older Americans Act of 1965.

The Area Agency on Aging staff works with advisory committees in each county to study the needs of older adults and plan for services to meet those needs. The service goal is to enable older adults age 60 and older to live independently in their own homes.

The Area Agency on Aging is a service of the Upper Coastal Plain Council of Governments, a regional planning organization which serves 39 municipal governments and five county governments. Members include Edgecombe, Halifax, Nash, Northampton, and Wilson counties and many municipalities within those counties.

The Upper Coastal Plain Council of Governments region is largely rural and spans 2,707 square miles within the five counties. We have a large aging services network that consists of approximately 30 funded partners. There are currently eight senior centers in the region that average anywhere from 300 to just over 1000 unduplicated participants per year.

AAA Vision: Our vision is to be the compass for aging services throughout Region L by providing advocacy, training, and leadership on aging issues.

AAA Mission: The mission of the Area Agency on Aging is to empower senior adults, family caregivers, and individuals with disabilities residing in Edgecombe, Halifax, Nash, Northampton and Wilson Counties to live independent, meaningful, healthy, and dignified lives through a comprehensive plan of services and linkages with community based programs.

   a. **Background:** The UCPCOGAAA is required by federal and state law to submit a Regional Area Plan every four years. The Plan provides important information regarding stakeholders and citizens as well as sets goals to benefit older adults and their caregivers in our region. Many of these goals will have value to individuals across their lifespan. This plan will be a guide and work plan that the Upper Coastal Plain Council of Governments Area Agency on Aging will follow for the next four years.

   To develop the Upper Coastal Plain Council of Governments Area Agency on Aging Regional Aging Plan, the AAA has examined services and the delivery systems in place within the five county region to determine ways in which improvements can be made to more effectively and efficiently meet the needs of our stakeholders.

   The Upper Coastal Plain Area Agency on Aging spent considerable time developing our Regional Aging Service Plan. A needs assessment survey was developed, distributed throughout the region, and input was carefully analyzed. Feedback was received from aging service providers, older adults, caregivers, government officials and many others. The NC

State Plan, existing County Plans in the region, data from the surveys and demographic data were used in the development of the plan.

The Regional Stakeholder survey was open from January 1, 2020 until April 20, 2020. It was emailed to all provider agencies and municipalities in the region and shared with any interested citizen in the region. The Regional Stakeholder survey received 125 responses. The breakdown from each county can be seen in the graph below.

In which county do you live? (Select all that apply)
125 out of 125 people answered this question (with multiple choice)

37.6%	Wilson County
20.8%	Nash County
18.4%	Edgecombe County
11.2%	Northampton County
8%	Halifax County
5.6%	Other
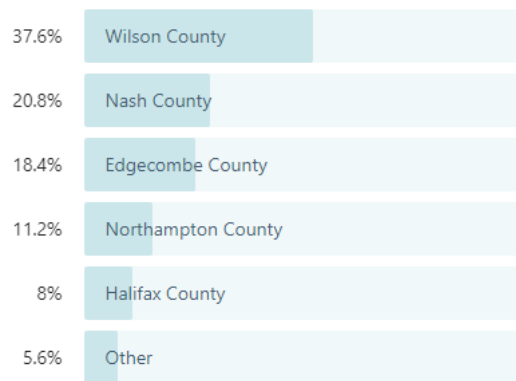
More than 50% of the respondents were older adults (age 60 or older).

What is your age?
125 out of 125 people answered this question

43.2%	18-59
16%	65-69
11.2%	75-79
10.4%	70-74
8.8%	63-64
5.6%	60-62
2.4%	80-84
1.6%	85-89
0.8%	90+
0%	Under 18
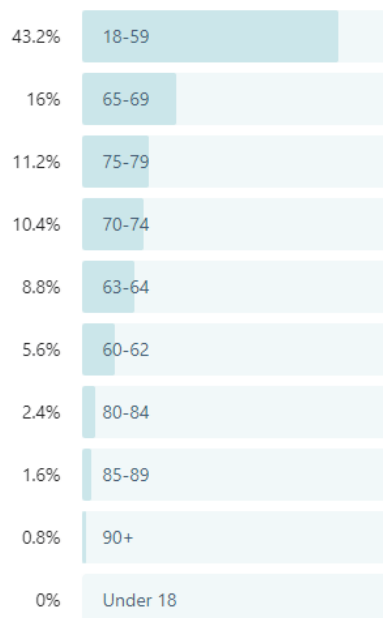
The top 5 needs identified in the region:

In regards to older adults (60+) and individuals with disabilities in your area, please select the TOP 5 current areas of need from the list below:

125 out of 125 people answered this question (with multiple choice)

48.8%	Prevention of Exploitation or Scams	61 responses
40%	Access to Transportation	50 responses
39.2%	Prevention of Depression and Loneliness	49 responses
34.4%	Access to Affordable Housing	43 responses
33.6%	Access to Affordable Medications	42 responses
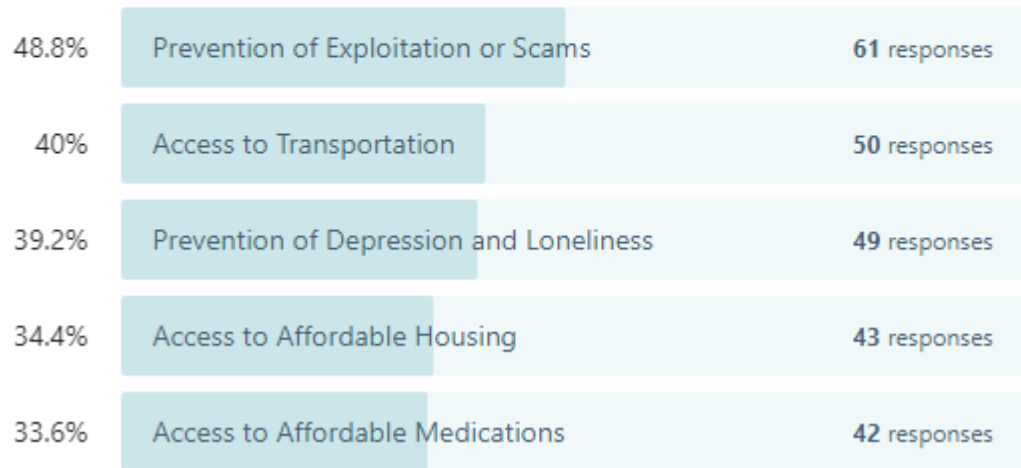
b. **Context:** According to the 2018, NCDHHS County Aging Profiles, the percentage of adults age 60 and older is 27% for Edgecombe County, 28% for Halifax County, 26% for Nash County, 31% for Northampton County, and 24% for Wilson County.

The 2018 County Aging Profiles, located in the appendix, present a more complete picture of the aging population in the region.

c. **Overview:** This plan focuses on the following:
- Safety and protection of vulnerable and older adults
- Quality of Life
- Communities that are well-informed about choices and opportunities
- A strong and seamless continuum of services and supports

2. Goals and Objectives, Strategies and Outcomes

Safety and Protection

Elder Abuse is a significant issue for older adults in Region L, just as it is in NC and across the nation. Approximately 1 in 10 Americans aged 60+ have experienced some form of elder abuse. Some estimates range as high as 5 million older adults who are abused each year. One study estimates that only 1 in 14 cases of elder abuse are reported to authorities and cases are less likely to be reported in rural areas.

Goal 1: Older North Carolinians will be safe from abuse, neglect, and exploitation, and have their rights protected.

Objective 1.1: Maximize collaboration, outreach, and training to stop or prevent abuse, neglect, and exploitation

Strategy:

Partner with citizens, community organizations, law enforcements, healthcare personnel, and long-term care facilities to develop a taskforce to educate and reduce the occurrences of Elder Abuse

Measure(s):

Continue development and implementation efforts on Elder Abuse taskforce in each of the 5 counties served by UCPCOG

Strategy:

Continue to use Elder Abuse Prevention Funds to educate consumers and professionals

Measure(s):

Provide long-term care staff in-services trainings and community education focused on elder abuse, neglect, and exploitation through the Long-Term Care Ombudsman Program

Hold at least one public Elder Abuse Awareness Event annually

Strategy:

Continue to educate Medicare beneficiaries on the importance of Medicare fraud, including how to protect, detect and report Medicare Fraud

Measure(s):

The Senior Medicare Patrol Program Coordinator will train Medicare/Medicaid beneficiaries and family caregivers, distribute program materials, and provide updated information to beneficiaries regarding Medicare and Health Care Fraud and Abuse

Strategy:

Continue to support the efforts of the North Carolina Partnership to Address Adult Abuse

Measure(s):

Maintain an annual membership with voting privileges to the North Carolina Partnership to Address Adult Abuse

Participate in the Partnership to Address Adult Abuse meetings and conferences

Strategy:

Increase awareness of exploitation, substance use and misuse (with a focus on opioids), and the connection between them through training and outreach

Measure(s):

Participate in regional initiatives to address substance use and misuse

Invite speakers to the regional aging conference who can bring awareness to substance misuse and Adverse Childhood Experiences (ACEs) and the impact ACEs have on the mental health of older adults and caregivers

Strategy:

Encourage communities to participate in programs related to Dementia care; to include, Dementia Capable NC initiatives.

Measure(s):

FCSP Specialist will provide Dementia Friends training to interested stakeholders.

FCSP Specialist will continue to follow and report on communities participating in Dementia Capable initiatives.

Objective 1.2: Strengthen emergency preparedness and response for older adults and people with disabilities

Strategy:

Be an active partner with the Division of Aging and Adult services as they partner with the N.C. Emergency Management State Response Team (SERT) to represent the interests of seniors and persons with disabilities in our region

Measure(s):

Participate and provide local feedback to the Division of Aging and Adult Services regarding state-sponsored Emergency Operations Center drills/exercises and actual emergencies

The AAA will seek resources to aid in recovery when disabled and older adults are impacted in our region.

Objective 1.3: Long-term care residents and adults under guardianship, and those who care for and support the residents will understand and be better equipped to assist and empower their rights through training and outreach.

Strategy:

Encourage the inclusion of the Resident's Bill of Rights in the admissions documents given to residents and/or their legal representatives and encourage a method to ensure that people read and understand the Resident's Bill of Rights within 72 hours of admission.

Measure(s):

Provide education to long-term care providers and resident's rights documents inclusive of regional ombudsman contact information to be distributed on admission.

Strategy:

Facilitate resident's rights trainings in community forums and long-term care settings.

Measure(s):

Regional Ombudsman will continue to facilitate resident's rights trainings in LTC facilities for staff, residents, and families. RLTCO will expand trainings to educate the

general population through collaborations with the faith-based community, civic organizations, non-profits, etc.

Strategy:

Continue building and fostering partnerships with legal service providers throughout the state to ensure underserved and underrepresented communities have access to information enabling them to make informed decisions.

Measure(s):

Work with Legal Aid to raise awareness and ensure services for underserved and underrepresented communities

Strategy:

Continue support of the Rethinking Guardianship Initiative to improve NC's system of rights and protections for individuals who need support and assistance with decision-making.

Measure(s):

RLTCO will participate in continuing education as it relates to guardianship. RLTCO will provide resources to residents in LTC settings who are seeking to have their rights restored.

Expected Outcomes:

- The Area Agency on Aging will increase knowledge and awareness related to upholding the right of residents in long-term care facilities in the region.
- The AAA will increase knowledge and awareness of organizations and the community in the region concerning reporting of abuse, neglect, and exploitation of older adults.
- Knowledge and Awareness concerning emergency preparedness activities, information and procedures will increase within the region because of the AAA's efforts in this area.

Quality of Life

All five of the region's counties have the same number one cause of death for people age 65 and over, diseases of the heart. Edgecombe County has the largest percentage at 24%, followed by Nash, Northampton, and Wilson at 23% and Halifax at 22%. There is much we can do to improve the quality of life for older adults in the region by offering information and programs that will create opportunities for older adults and their families to lead active and healthy lives.

Goal 2: Create opportunities for older adults and their families to lead active and healthy lives.

Objective 2.1: Expand access to and increase participation in evidence-based health promotion and disease prevention programs

Strategy:

Partner with a variety of agencies and facilities in the region to provide Matter of Balance (MOB), as well as Living Healthy workshops. The Living Healthy workshops will

include: Chronic Disease Self-Management, Diabetes Self-Management and Chronic Pain Self-Management programs.

Measure(s):

Provide at least 10 evidence-based health promotions workshops per fiscal year
The Evidence Based Health Promotions Disease Prevention (EBHPDP) Coordinator will continue to recruit, and train lay leaders to expand capacity in the region for all evidence-based programs currently offered by the AAA

The Evidence Based Health Promotions Disease Prevention (EBHPDP) Coordinator will work towards certification for at least one new evidence-based program to offer within the region

Encourage Medicare Beneficiaries to utilize their Annual Medicare preventive coverage to prevent and detect chronic diseases timely

Strategy:

Increase accurate and successful referrals for nutrition services, such as SNAP, food banks, and congregate meals

Measure(s):

Encourage use of NCCARE360 for all aging network providers

AAA team will use NCCARE360 to make and track referrals

Objective 2.2: Promote engagement in health and wellness programs and initiatives

Strategy:

Support local participation in N.C. Senior Games and "Adaptive Events."

Measure(s):

Participate in local planning meetings for senior games

LTC Ombudsman will continue to organize and facilitate "Adaptive Events"

Promote N.C. Senior Games and "Adaptive Events" on AAA Social Media pages & websites

Strategy:

Encourage participation at all Senior Centers throughout the region by providing information and referrals to their wellness programs and initiatives.

Measure(s):

Provide ongoing referrals to senior centers and educate partners on the benefits of senior center participation

Partner with Senior Centers to provide Evidence Based Health Promotions Workshops

Strategy:

Address food insecurity in older adults

Measure(s):

Continue to partner with the UCPCOG Planning and Development Services department to work on regional local food initiatives

Provide opportunities for SCSEP participants to learn more about and register for Supplemental Nutritional Assistance Program benefits during job clubs

Encourage HCCBG Nutrition providers to provide opportunities for participants to learn more about and register for Supplemental Nutritional Assistance Program benefits

Objective 2.3: Promote financial independence in older adults

Strategy:

Provide job training opportunities for 55+

Measure(s):

Provision of the Senior Community Service Employment Program. The AAA will comply with all performance standards for the program each fiscal year and emphasis will be placed on increasing effectiveness with each of the performance standards

Strategy:

Educate older adults on health care fraud and abuse

Measure(s):

The Senior Medicare Patrol (SMP) Program Coordinator will train Medicare/Medicaid beneficiaries and family caregivers, distribute program materials, and provide updated information to beneficiaries regarding Medicare and Healthcare Fraud and Abuse

Strategy:

Educate older adults on financial exploitation

Measure(s):

LTC Ombudsman will include financial exploitation as a topic during the annual RegionaL Aging Conference

The Senior Community Service Employment Program will include financial exploitation as a job club topic annually

The FCSP Specialist will include financial exploitation materials with new caregiver packets.

Objective 2.4: Long-Term Care (LTC) settings will allow residents to live in minimally restrictive environments while protecting their rights.

Strategy:

Implement local and national best practice initiatives that empower residents to exercise autonomy over their lives in long-term care settings.

Measure(s):

RLTCO will continue to network with other advocates across the nation to gather best practices and blitz written material with this information. RLTCO will seek and attend conferences and workshops that highlight these initiatives.

Strategy:

Share with other LTC settings the work of those facilities that have exceled in their efforts to promote resident-centered and -focused practices.

Measure(s):

RLTCO will provide quarterly information of best practices of other facilities. RLTCO will encourage all SNFs to apply for grants through the Civil Money Penalty fund for resident programs.

Strategy:

Work with the NC Division of Health Benefits, the Transition to Community Initiatives and state hospital staff to provide training for family and public guardians to ensure that Medicaid recipients in LTC residences are aware of, and have access to, independent living options in the community.

Measure(s):

Provide resource lists to families and public guardians for housing options, caregiver services, home health agencies, family care homes, etc.

Expected Outcomes:

- Awareness, knowledge, and utilization of community-based services and supports for older adults within the region will increase because of these strategies.
- There will be increased utilization of local senior centers as well as an increased knowledge of what resources are available at senior centers throughout the region and the state.
- There will be an increase in participation in evidence-based health promotion and disease prevention programs within the region resulting in less social isolation and better health outcomes for older adults.

Well Informed Communities

Many times, we hear, "if I had only known" or "I did not know there was a service that provided…" While it is important for the Area Agency on Aging to oversee and provide various services, it is just as important to ensure that the communities we serve are aware of what is available to them. Thus, the AAA is committed to using technology such as NCCARE360 and Facebook, as well as other methods, to keep older adults and their families informed.

<u>Goal 3:</u> Support and encourage older adults of all backgrounds and their support systems to access information that helps them make informed choices about support services at home or in the community.

Objective 3.1: Older adults and caregivers will understand available resources and exercise options to choose and manage caregiver staff

Strategy:

Provide public education and awareness of the needs of family caregivers

Measure(s):

Conduct outreach to healthcare providers in the region and provide support group Information and FCSP brochures to share with patients and their caregivers

Share FCSP information with Senior Community Services Employment Program participants inform them of how to get help with caregiving challenges

Provide respite vouchers through the Family Caregiver Support Program (FCSP) and train caregivers to utilize vouchers to truly get a break for themselves

Strategy:

Expand public awareness regarding the benefits of Senior Centers and their role in the community

Measure(s):

Provide ongoing referrals to senior centers and educate stakeholders on the benefits of senior center participation

Encourage participation at all Senior Centers throughout the region by providing information
and referrals to their wellness programs and initiatives

Share Senior Center information on AAA social media pages and websites

Strategy:

Increase awareness of opioid addiction among older adults and adults with disabilities

Measure(s):

Participate in the "Lock Your Meds" campaign

Participate in local substance use coalitions to ensure disabled and older adults have a voice at the table

Objective 3.2: Foster equity and inclusion by educating and supporting underserved and underrepresented populations and their community networks

Strategy:

Continue to promote a more dementia capable region

Measure(s):

The Family Caregiver Support Program Specialist will complete the dementia-capability training program provided by the Division of Aging and Adult Services

The Family Caregiver Support Program Specialist will work with our planning department to identify opportunities to support development of dementia capable communities

The Family Caregiver Support Program Specialist will continue to partner with the Wilson Forward initiative and support efforts to develop a more dementia capable county

The Family Caregiver Support Program Specialist will work to identify and partner with other initiatives to support efforts to develop more dementia capable communities

Strategy:
Continue to expand training and educational opportunities to the aging network on the unique needs of the aging lesbian, gay, bisexual, and transgender (LGBTQ) community

Measure(s):
Incorporate at least one education session regarding LGBTQ issues during the RegionaL Aging Conference

Once they have received training during the NC Regional LTC Ombudsman quarterly meeting in February 2020, Ombudsman will Promote one Pride in Care NC to skilled nursing facilities in Region L over the next three years

Ombudsman will utilize Pride in Care NC training materials (in-service, resident and/or family council, CAC training)

Strategy:
Direct outreach efforts to people with low English proficiency

Measure(s):
Distribute AAA program materials at various ethnic stores, churches and cultural events held throughout the region: to include the City of Rocky Mount - International Festival of Cultures, Hispanic Churches, local Hispanic owned stores, etc.

Strategy:
Increase outreach efforts to people who are deaf and blind

Measure(s):
Reestablish/strengthen a relationship/partnership with the Eastern North Carolina School for the Deaf and partner to develop an outreach program for older adults with hearing difficulties and deafness

Reestablish/strengthen a relationship/partnership with the Services for the Blind to develop an outreach program for older adults with vision impairment

Objective 3.3: Promote flexibility in publicly funded services and supports to allow older adults and their caregivers more opportunities to choose how and where they receive services

Strategy:

Continue supporting the Senior Tar Heel Legislature (STHL) in its promotion of citizen involvement and advocacy concerning aging issues

Measure(s):

Provide training on various aging related topics during Regional Aging Advisory Committee meetings as well as HCCBG training sessions in which STHL are invited to participate

Hold an Advocacy Event in which STHL are invited to share their legislative priorities with local and state officials

Strategy:

Continue to Educate providers, older adults, and their caregivers on the benefits of consumer-directed options

Measure(s):

Continue to educate HCCBG committees on HCCBG consumer-directed options during HCCBG committee planning meetings

Continue to educate HCCBG Providers on HCCBG consumer-directed options during provider training meetings

Continue to educate the Regional Aging Advisory Committee (RAAC) during regular meetings

Continue to provide technical assistance to the three counties currently providing Consumer Directed services and seek to expand into the last two counties

Strategy:

Continue to encourage and advocate for the integration of person-centered philosophy into service delivery

Measure(s):

Ombudsman will continue to advocate for person centeredness as they are advocating for residents' rights

All AAA team members will utilize a person-centered approach in dealing with participants

Person Centered training opportunities will be distributed to the aging network in the region as often as they are available

Strategy:

The AAA staff will support a No Wrong Door access system for long-term services and supports for all populations and all payers

Measure(s):

The AAA team will participate in local collaborative efforts that support a No Wrong Door access system for long-term services and supports for all populations and all payers and will utilize NCCARE360 for referrals to the extent possible

Expected Outcomes:

- Communities will have a better understanding of how Opioid and Substance Use Disorders impact older adults, caregivers, and their families within the region.
- Professional and family caregivers will be supported via training and technical assistance to aid them in their positions as caregivers.
- There will be in increased awareness and access to resources for underserved and underrepresented populations within the older adult community within the region.

Strong and Seamless Continuum of Services

All five counties in the region already have more people over the age of 60 than under the age of 17 and individuals in need of AAA services far outnumber the number of people who can be served with current funding levels. The AAA must work to strengthen service capacity as we continue working towards our mission to empower senior adults, family caregivers, and individuals with disabilities residing in Edgecombe, Halifax, Nash, Northampton, and Wilson Counties to live independent, meaningful, healthy, and dignified lives through a comprehensive plan of services and linkages with community-based programs.

Goal 4: AAA will lead efforts to strengthen service delivery and capacity by engaging community partners to increase and leverage resources.

Objective 4.1: Maintain and expand the availability of community-based services and supports

Strategy:
Continue efforts to diversify funding available to provider agencies by utilizing COMPASS, a 501(C)3 at the regional level, to aid in leveraging new funding sources

Measure(s):
Seek grant funds to develop programs that will be utilized to purchase services through funded partners (provider agencies); thus, allowing these agencies to strengthen the service provision of funded partners

Strategy:
Participate in regional and local initiatives to develop expanded transportation options

Measure(s):
Participate in North Carolina Public Transportation Association calls and trainings

Collaborate with local transit providers

Provide technical assistance to the five County HCCBG Committees regarding transportation options and solutions

Strategy:
Ensure continued supports for persons with dementia and their caregivers who are living at home

Measure(s):

Continue to partner with the Project Caregiver Alternatives to Running on Empty (CARE) Family Consultant for our region

Advocate for increased funding for Project CARE and for increased funding for respite care services

Continue to partner and coordinate with all providers of respite services to utilize respite funding most effectively and efficiently within the region

Strategy:

Support local efforts to bring more affordable housing options to the region

Measure(s):

Work with the UCPCOG planning department and regional municipalities to support development of affordable housing for seniors

Work with COMPASS on the Five Points Tiny House project, as well as, other projects around the region

Advocate for affordable housing for seniors

Objective 4.2: Increase the business acumen of the AAA and the Aging Network in Region L

Strategy:

Promote improved business capacity and acumen of the local aging provider network

Measure(s):

Provide pertinent information and training during quarterly HCCBG provider meetings and Host Agency trainings

Provide ongoing technical assistance to regional stakeholders regarding business acumen

Provide updates on nc4a initiatives to bring additional funding to the AAA Network in NC to all regional stakeholders and inform them of the benefits to the network and how they can participate in each initiative

Strategy: Promote improved broadband capacity and usage in the region

Measure(s):

Encourage adoption of broadband usage among older adults and their caregivers for telehealth and other important services

Participate on the UCPCOG Broadband Taskforce

Incorporate at least one workshop regarding broadband into the RegionaL Aging Conference

Strategy: Obtain accreditation for Diabetes Education and bill Medicare for workshops
Measure(s):
Work with UNC Asheville to complete training, accreditation process, and establish a billing process for Medicare reimbursement

Expected Outcomes:

- Local communities will have a better understanding of the needs of a growing older adult population and prioritize them effectively.
- OAA funding will be fully utilized to provide the greatest positive impact possible within the region.
- The aging network within the region will be better informed and able to seek out and take advantage of diverse funding opportunities.

3. Quality Management

The Area Agency on Aging assesses community providers in accordance with Section 308 of the NC AAA Policies and Procedures Manual and uses this process to ensure compliant and quality services are provided to older adults and their families within the region. The AAA monitors HCCBG and non-HCCBG services.

The Assistant Aging Program Director is responsible for monitoring all but Family Caregiver Services. Additionally, the Assistant Aging Program Director is responsible for audit reviews, audit-finding resolutions, and financial monitoring. The Family Caregiver Program Specialist is responsible for monitoring Family Caregiver providers.

A Risk Based Monitoring approach is used to determine the intensity and frequency of Programmatic and Fiscal reviews. The Aging Program Director, Assistant Aging Program Director, and a staff person from the UCPCOG Finance Department meets on an annual basis, prior to September 1st of each year, to determine the level of risk for each service provider. The DHHS Internal Control Questionnaire, risk evaluation matrix, and risk assessment form are used to assist in determining the level of risk as high, moderate, or low and the assessment plan is completed accordingly.

In addition, the Assistant Aging Program Director compiles and analyzes monthly Provider Expenditure Analysis reports and offers technical assistance to providers as needed. The AAA Director and Assistant Director oversee provider expenditures and work with HCCBG committees to reach the goal of 100% expenditure of HCCBG/FCSP funds in the most efficient and effective way.

4. Conclusion

The Upper Coastal Plain Council of Governments Area Agency on Aging is dedicated to meeting the diverse and continuously multiplying needs of our region's growing and diverse aging population. The goals outlined in this plan provide the vision and guidance for moving our region forward in this age of opportunity. To reach the goals outlined in this plan, we must work cohesively with regional and

local agencies, our state and federal funders, as well as the volunteers who serve on our various committees and groups. The Area Agency on Aging, our local service providers, and older adults continue to face increasing economic challenges. Continuing to provide programs and services to the growing number of seniors in our region is a challenge with the limited funding and resources available. Our best results will be achieved when we work together, creatively and with determination to face these challenges. We will need to constantly improve collaboration, more effectively target, and secure available resources, and emphasize accountability for ourselves and provider agencies for greater results. The goals can only be achieved with the support and strength of the many and varied stakeholders of the entire region.

Addendum: COVID-19 Response

Goal: The Area Agency on Aging will adapt to the ever-changing environment of COVID-19 to continue responding to the needs of disabled and older adults in an effective and meaningful way.

Measures:

- The AAA will keep stakeholders informed by continuing to share information regarding COVID-19 in a timely manner via Facebook, email, phone calls, contributing to the COG newsletter, brochures in doctors' offices and more.
- The AAA will follow all policies and procedures put into place by the Upper Coastal Plains Council of Governments to protect our health and the health of those we encounter.
- We will continue to provide hygiene kits to older adults in need of items such as toilet tissue, hand sanitizer, hand soap. disinfectant, etc.
- We will continue to provide emergency meals for qualifying individuals.
- We will partner with Eastpoint and Therapeutic Alternatives (GAST) to host a free webinar on crisis, anxiety and stress disorders, caregiver awareness skills, or another helpful mental health topic(s) for caregivers and older adults in the region.
- We will host digital literacy opportunities for SCESP participants and other older adults in the region to promote higher adoption rates of technology by our target audiences.
- During a provider meeting, we will interview a provider who has recently been accredited to bill Medicare and Medicaid for services and have them discuss helpful hints and tips, "Things I wish I had known" for others who may be interested. They can share how this will help serve more people and bring in more funding to assist in the COVID-19 response efforts.
- We will expand the provider video tutorial selection to include quality management during COVID-19, record keeping, communication, what to expect in the new year.
- We will host online Provider Meetings.
- We will host virtual outreach events to discuss various aging services and supports.
- Elder Abuse Awareness: A virtual awareness campaign will be launched utilizing the COG and AAA social media pages. Facts, statistics, testimonials, news stories, etc. will be shared to all viewers. The AAA staff will launch a virtual Pledge to wear purple initiative explaining the reasons and why it is important to them.
- Virtual Advocacy: Two pressing topics in the long-term care world are stimulus payments and the ability to communicate with family and loved ones. The regional ombudsman will compile educational tools to be distributed to residents as well as facility staff informing them of resident's rights and resources. RLTCO will also share postcards with contact info with all facilities/residents.
- CAC Program Development: Regional Ombudsman will send monthly newsletter style updates to all CAC members to provide information and keep them abreast of things as it relates to program changes and COVID-19. RLTCO will do this until the new sense of normal has been established. RLTCO will continue the development of training materials for new CAC members orientation and for old members to remain complaint with the new ombudsman program rules.

- SCSEP participants will be required to take at least one Living Healthy Workshop via smaller, social distanced settings or via technology. They will also be encouraged to become Lay Leaders if that will assist with their individual employment goals.
- The Coordinator will Increase awareness of opioids in SCSEP participants by including it as a component of at least one Job Club per year.
- Conduct smaller group or virtual Job Clubs for participants and Host Agencies.
- Work with the SCSEP participants one-on-one while they are on Emergency Sick Leave to provide training that would ensure that they are still learning while on break from their Host Agencies.
- Encourage SCSEP participants to utilize their local senior center as they reopen. Senior centers will also be utilized as a hub for smaller groups for smaller groups for Job Clubs, Living Healthy workshops, technology, etc.
- Educate SCSEP participants about Elder Abuse with activities provided by the Area Agency on Aging and others.
- Learn more about implementing virtual workshops for CDSMP, DSMP and CPSMP. Create an informational video to use for outreach regarding the workshops and post it on our Facebook and website. If there is interest, provide both in person workshops, as permitted, and virtual workshops.
- Poll caregivers to gauge interest in virtual support groups.
- Advertise and promote a virtual support group for the entire region.
- Work with SMP/MIPPA/SHIIP Coordinator to educate caregivers, using technology, regarding these programs.
- Email or mail educational information to our Grandparents Raising Grandchildren participants monthly.
- Address social isolation in caregivers and care recipients with Dementia by use of robotic animals and other assistive technologies.
- Provide educational packages regarding MIPPA and scams to homebound residents through the Home Delivered Meals Programs.

Appendix A - Region L Demographics:

Edgecombe

Aging profile, 2018

| Ages | 2018 | | 2038 | | % Change |
	#	%	#	%	(2018-2038)
Total	52,724		49,953		-5.3%
0-17	12,109	23%	10,685	21%	-11.8%
18-44	15,733	30%	16,545	33%	5.2%
45-59	10,519	20%	8,245	17%	-21.6%
60+	14,363	27%	14,478	29%	0.8%
65+	10,346	20%	11,865	24%	14.7%
85+	1,178	2%	1,944	4%	65.0%

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

Projected Growth by Age Groups (2018-2038)

Age Group	Growth
65-74	-16%
75-84	59%
85+	65%
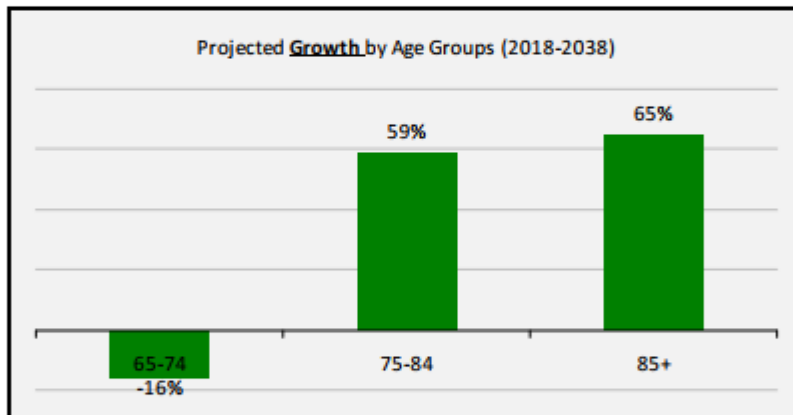
Population 65 and Over

Race/Ethnicity	County	County(%)	NC	NC(%)
White alone	4,772	48.7%	1,257,535	80.0%
Black or African American alone	4,878	49.8%	259,284	16.5%
American Indian and Alaska Native alone	22	0.2%	14,827	0.9%
Asian alone	0	0.0%	20,960	1.3%
Some other race	43	0.4%	7,340	0.5%
Two or more races	74	0.8%	10,694	0.7%
Hispanic or Latino (of any race)	125	1.3%	30,448	1.9%
White alone (Not Hispanic or Latino)	4,702	48.0%	1,236,725	78.7%

Characteristics of people 65 and over	County	County (%)	NC	NC (%)
Speak English less than "very well"	76	0.8%	35,493	2.3%
Veterans	1,275	13.0%	298,320	19.0%
In group quarters	298	3.0%	44,118	2.8%
Living alone	2,932	30.0%	416,121	26.5%
In labor force	1,488	15.2%	257,355	16.4%
High school graduate, GED, or alternative	3,392	34.7%	489,751	31.2%
Less than high school graduate	2,926	29.9%	274,841	17.5%
With one or more disabilities	3,616	38.0%	548,116	35.8%
Below 100% poverty level	1,316	13.8%	141,318	9.2%
In 100%-199% poverty level	2,985	31.4%	336,013	22.0%

Grandparents....	County	NC
Grandparents (age 30+) responsible for grandchildren under 18 years	586	94,631
Grandparents (age 60+) responsible for grandchildren under 18 years	257	38,541

Top five leading causes of death, age 65 and over

Rank	Cause	# of deaths	% of total deaths
1	Diseases of the heart	126	24
2	Cancer	99	19
3	Cerebrovascular disease	63	12
4	Chronic lower respiratory diseases	26	5
5	Septicemia	17	3

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

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, 2018

US Census Bureau. American Community Survey, 2014-2018, five year estimates.

North Carolina Population Change

Age	2018 #	2018 %	2038 #	2038 %	% Change 2018-2038
Total	10,389,148		12,799,658		23%
60+	2,312,272	22%	3,396,057	27%	47%
65+	1,676,545	16%	2,696,529	21%	61%
85+	186,059	2%	397,328	3%	114%

NC growth by age groups 2018- 2038

65-74(35%)   75-84(94%)   85+(114%)

Halifax

Aging profile, 2018

| Ages | 2018 | | 2038 | | % Change |
	#	%	#	%	(2018-2038)
Total	51,552		44,399		-13.9%
0-17	10,929	21%	9,469	21%	-13.4%
18-44	15,584	30%	13,363	30%	-14.3%
45-59	10,755	21%	7,834	18%	-27.2%
60+	14,284	28%	13,733	31%	-3.9%
65+	10,482	20%	11,492	26%	9.6%
85+	1,283	2%	1,795	4%	39.9%

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

Projected **Growth** by Age Groups (2018-2038)

	65-74	75-84	85+
	-13%	40%	40%
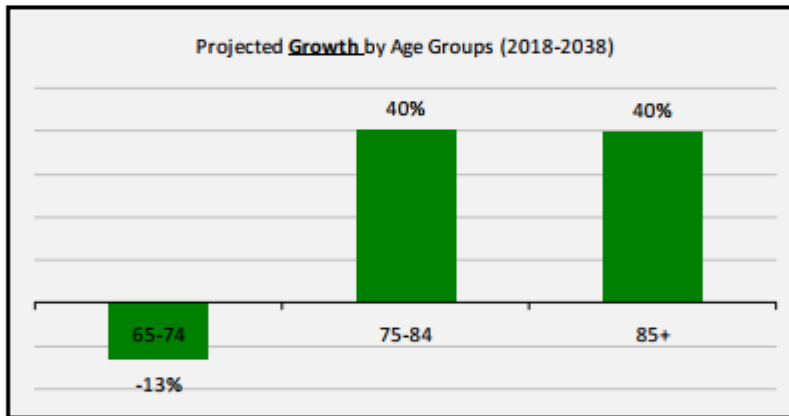
Population 65 and Over

Race/Ethnicity	County	County(%)	NC	NC(%)
White alone	5,065	50.1%	1,257,535	80.0%
Black or African American alone	4,604	45.6%	259,284	16.5%
American Indian and Alaska Native alone	255	2.5%	14,827	0.9%
Asian alone	49	0.5%	20,960	1.3%
Some other race	0	0.0%	7,340	0.5%
Two or more races	130	1.3%	10,694	0.7%
Hispanic or Latino (of any race)	106	1.0%	30,448	1.9%
White alone (Not Hispanic or Latino)	4,981	49.3%	1,236,725	78.7%

Characteristics of people 65 and over	County	County (%)	NC	NC (%)
Speak English less than "very well"	38	0.4%	35,493	2.3%
Veterans	1,304	12.9%	298,320	19.0%
In group quarters	385	3.8%	44,118	2.8%
Living alone	3,095	30.6%	416,121	26.5%
In labor force	1,288	12.7%	257,355	16.4%
High school graduate, GED, or alternative	3,601	35.6%	489,751	31.2%
Less than high school graduate	3,516	34.8%	274,841	17.5%
With one or more disabilities	4,057	41.7%	548,116	35.8%
Below 100% poverty level	1,678	17.2%	141,318	9.2%
In 100%-199% poverty level	2,969	30.5%	336,013	22.0%

Grandparents....	County	NC
Grandparents (age 30+) responsible for grandchildren under 18 years	881	94,631
Grandparents (age 60+) responsible for grandchildren under 18 years	433	38,541

Top five leading causes of death, age 65 and over

Rank	Cause	# of deaths	% of total deaths
1	Diseases of the heart	105	22
2	Cancer	99	21
3	Cerebrovascular disease	34	7
4	Alzheimer's disease	27	6
5	Chronic lower respiratory diseases	26	5

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

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, 2018

US Census Bureau. American Community Survey, 2014-2018, five year estimates.

North Carolina Population Change

Age	2018 #	2018 %	2038 #	2038 %	% Change 2018-2038
Total	10,389,148		12,799,658		23%
60+	2,312,272	22%	3,396,057	27%	47%
65+	1,676,545	16%	2,696,529	21%	61%
85+	186,059	2%	397,328	3%	114%

NC growth by age groups 2018- 2038

65-74(35%)   75-84(94%)   85+(114%)

Nash

Aging profile, 2018

Ages	2018		2038		% Change (2018-2038)
	#	%	#	%	
Total	95,327		97,562		2.3%
0-17	20,159	21%	20,671	21%	2.5%
18-44	30,483	32%	30,573	31%	0.3%
45-59	20,299	21%	17,243	18%	-15.1%
60+	24,386	26%	29,075	30%	19.2%
65+	17,616	18%	23,690	24%	34.5%
85+	1,926	2%	3,592	4%	86.5%

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

Projected **Growth** by Age Groups (2018-2038)

- 65-74: 4%
- 75-84: 81%
- 85+: 87%
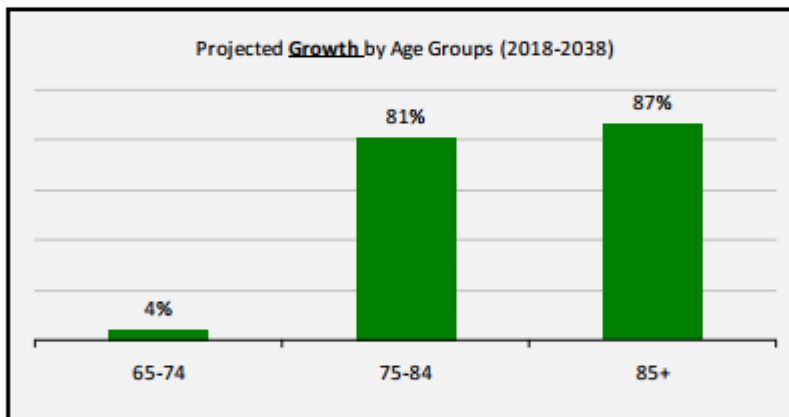
Population 65 and Over

Race/Ethnicity	County	County(%)	NC	NC(%)
White alone	11,049	67.8%	1,257,535	80.0%
Black or African American alone	4,899	30.1%	259,284	16.5%
American Indian and Alaska Native alone	92	0.6%	14,827	0.9%
Asian alone	100	0.6%	20,960	1.3%
Some other race	49	0.3%	7,340	0.5%
Two or more races	105	0.6%	10,694	0.7%
Hispanic or Latino (of any race)	143	0.9%	30,448	1.9%
White alone (Not Hispanic or Latino)	10,970	67.3%	1,236,725	78.7%

Characteristics of people 65 and over	County	County (%)	NC	NC (%)
Speak English less than "very well"	85	0.5%	35,493	2.3%
Veterans	2,772	17.0%	298,320	19.0%
In group quarters	429	2.6%	44,118	2.8%
Living alone	4,993	30.6%	416,121	26.5%
In labor force	2,792	17.1%	257,355	16.4%
High school graduate, GED, or alternative	5,593	34.3%	489,751	31.2%
Less than high school graduate	3,909	24.0%	274,841	17.5%
With one or more disabilities	6,670	42.0%	548,116	35.8%
Below 100% poverty level	1,991	12.5%	141,318	9.2%
In 100%-199% poverty level	3,766	23.7%	336,013	22.0%

Grandparents....	County	NC
Grandparents (age 30+) responsible for grandchildren under 18 years	1,544	94,631
Grandparents (age 60+) responsible for grandchildren under 18 years	760	38,541

Top five leading causes of death, age 65 and over

Rank	Cause	# of deaths	% of total deaths
1	Diseases of the heart	176	23
2	Cancer	156	21
3	Cerebrovascular disease	56	7
4	Chronic lower respiratory diseases	51	7
5	Alzheimer's disease	42	6

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

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, 2018

US Census Bureau. American Community Survey, 2014-2018, five year estimates.

North Carolina Population Change

| Age	2018 #	2018 %	2038 #	2038 %	% Change 2018-2038
Total	10,389,148		12,799,658		23%
60+	2,312,272	22%	3,396,057	27%	47%
65+	1,676,545	16%	2,696,529	21%	61%
85+	186,059	2%	397,328	3%	114%

NC growth by age groups 2018- 2038
65-74(35%)   75-84(94%)   85+(114%)

Northampton

Aging profile, 2018

Ages	2018		2038		% Change (2018-2038)
	#	%	#	%	
Total	20,618		16,852		-18.3%
0-17	3,763	18%	3,163	19%	-15.9%
18-44	6,620	32%	5,200	31%	-21.5%
45-59	3,887	19%	3,821	23%	-1.7%
60+	6,348	31%	4,668	28%	-26.5%
65+	4,809	23%	3,995	24%	-16.9%
85+	747	4%	947	6%	26.8%

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

Projected **Growth** by Age Groups (2018-2038)

65-74: -41% 75-84: 1% 85+: 27%
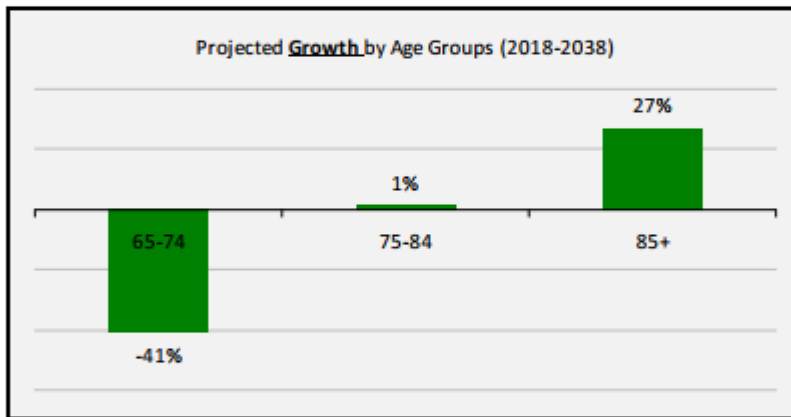
Population 65 and Over

Race/Ethnicity	County	County(%)	NC	NC(%)
White alone	2,416	49.3%	1,257,535	80.0%
Black or African American alone	2,429	49.6%	259,284	16.5%
American Indian and Alaska Native alone	30	0.6%	14,827	0.9%
Asian alone	4	0.1%	20,960	1.3%
Some other race	0	0.0%	7,340	0.5%
Two or more races	22	0.4%	10,694	0.7%
Hispanic or Latino (of any race)	7	0.1%	30,448	1.9%
White alone (Not Hispanic or Latino)	2,411	49.2%	1,236,725	78.7%

Characteristics of people 65 and over	County	County (%)	NC	NC (%)
Speak English less than "very well"	34	0.7%	35,493	2.3%
Veterans	759	15.5%	298,320	19.0%
In group quarters	253	5.2%	44,118	2.8%
Living alone	1,274	26.0%	416,121	26.5%
In labor force	784	16.0%	257,355	16.4%
High school graduate, GED, or alternative	1,676	34.2%	489,751	31.2%
Less than high school graduate	1,498	30.6%	274,841	17.5%
With one or more disabilities	1,849	39.8%	548,116	35.8%
Below 100% poverty level	662	14.2%	141,318	9.2%
In 100%-199% poverty level	1,599	34.4%	336,013	22.0%

Grandparents....

	County	NC
Grandparents (age 30+) responsible for grandchildren under 18 years	311	94,631
Grandparents (age 60+) responsible for grandchildren under 18 years	130	38,541

Top five leading causes of death, age 65 and over

Rank	Cause	# of deaths	% of total deaths
1	Diseases of the heart	46	23
2	Cancer	32	16
3	Diabetes mellitus	15	7
4	Chronic lower respiratory diseases	13	6
5	Alzheimer's disease	12	6

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

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, 2018

US Census Bureau. American Community Survey, 2014-2018, five year estimates.

North Carolina Population Change

	2018		2038		% Change
Age	#	%	#	%	2018-2038
Total	10,389,148		12,799,658		23%
60+	2,312,272	22%	3,396,057	27%	47%
65+	1,676,545	16%	2,696,529	21%	61%
85+	186,059	2%	397,328	3%	114%

NC growth by age groups 2018- 2038

65-74(35%)　　75-84(94%)　　85+(114%)

Wilson

Aging profile, 2018

Ages	2018 #	%	2038 #	%	% Change (2018-2038)
Total	81,949		92,569		13.0%
0-17	18,639	23%	19,295	21%	3.5%
18-44	27,426	33%	29,820	32%	8.7%
45-59	15,984	20%	17,290	19%	8.2%
60+	19,900	24%	26,164	28%	31.5%
65+	14,524	18%	21,011	23%	44.7%
85+	1,658	2%	3,213	4%	93.8%

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

Projected Growth by Age Groups (2018-2038)

Age Group	Growth
65-74	20%
75-84	75%
85+	94%
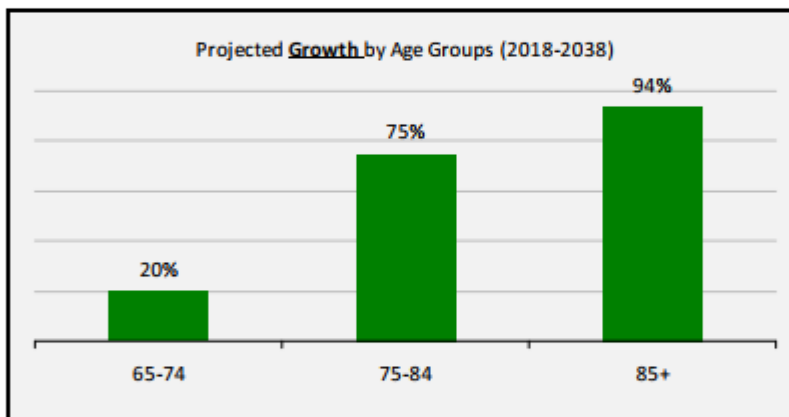
Population 65 and Over

Race/Ethnicity	County	County(%)	NC	NC(%)
White alone	8,979	65.0%	1,257,535	80.0%
Black or African American alone	4,670	33.8%	259,284	16.5%
American Indian and Alaska Native alone	4	0.0%	14,827	0.9%
Asian alone	37	0.3%	20,960	1.3%
Some other race	73	0.5%	7,340	0.5%
Two or more races	45	0.3%	10,694	0.7%
Hispanic or Latino (of any race)	130	0.9%	30,448	1.9%
White alone (Not Hispanic or Latino)	8,875	64.3%	1,236,725	78.7%

Characteristics of people 65 and over	County	County (%)	NC	NC (%)
Speak English less than "very well"	81	0.6%	35,493	2.3%
Veterans	2,353	17.0%	298,320	19.0%
In group quarters	620	4.5%	44,118	2.8%
Living alone	4,280	31.0%	416,121	26.5%
In labor force	2,308	16.7%	257,355	16.4%
High school graduate, GED, or alternative	4,562	33.0%	489,751	31.2%
Less than high school graduate	3,831	27.7%	274,841	17.5%
With one or more disabilities	4,991	37.8%	548,116	35.8%
Below 100% poverty level	1,592	12.1%	141,318	9.2%
In 100%-199% poverty level	3,129	23.7%	336,013	22.0%

Grandparents....	County	NC
Grandparents (age 30+) responsible for grandchildren under 18 years	959	94,631
Grandparents (age 60+) responsible for grandchildren under 18 years	382	38,541

Top five leading causes of death, age 65 and over

Rank	Cause	# of deaths	% of total deaths
1	Diseases of the heart	161	23
2	Cancer	132	19
3	Chronic lower respiratory diseases	50	7
4	Alzheimer's disease	43	6
5	Cerebrovascular disease	41	6

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

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, 2018

US Census Bureau. American Community Survey, 2014-2018, five year estimates.

North Carolina Population Change

	2018		2038		% Change
Age	#	%	#	%	2018-2038
Total	10,389,148		12,799,658		23%
60+	2,312,272	22%	3,396,057	27%	47%
65+	1,676,545	16%	2,696,529	21%	61%
85+	186,059	2%	397,328	3%	114%

NC growth by age groups 2018- 2038
65-74(35%)   75-84(94%)   85+(114%)