DEERFIELD CENA

2024 Community Engagement Needs Assessment

Deerfield CHARITABLE FOUNDATION

SUBMITTED BY HOLLERAN

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COMMUNITY ENGAGEMENT RESEARCH & CONSULTING

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COMMUNITY ENGAGEMENT NEEDS ASSESSMENT OVERVIEW

I. Introduction

Deerfield Charitable Foundation and Deerfield Episcopal Retirement Community (Deerfield) is dedicated to improving the lives of older adults living in Buncombe County, North Carolina by serving them outside their established walls. As part of their ongoing commitment to this population, Deerfield initiated a Community Engagement Needs Assessment (CENA) to evaluate the health and social service needs of older adults. The CENA was conducted from November 2023 to March 2024 and assesses key indicators of health and well-being by reviewing secondary data and collecting and analyzing primary data from key informants in the county. This report is compiled as follows. An overview of the Deerfield organization as well as the methodology used to create the CENA is presented first. This is followed by a summary of key health and social issues identified in the report as well as an Older Adult Community Report Card. Detailed findings and conclusions are then provided from both the secondary and primary data.

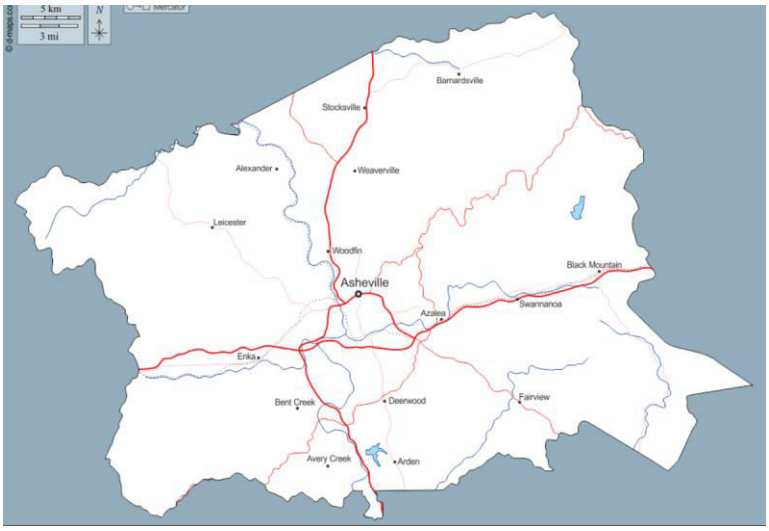
II. Organization Overview

Founded in 2019, Deerfield Charitable Foundation exists to support the charitable activities of Deerfield Episcopal Retirement Community. Deerfield Charitable Foundation's mission is to support Deerfield Episcopal Retirement Community to share their resources with the residents across Western North Carolina and to support projects initiated by non-profit organizations, particularly those that support the needs of older adults. Deerfield Episcopal Retirement Community is faith-based, non-profit, open to all and provides a continuum of services to empower residents to live life to the fullest. Deerfield enriches the lives of those who work and live at Deerfield and is committed to being a leader in the field of aging services.

Deerfield is located in Asheville, Buncombe County, North Carolina which is in the western most portion of the state at the confluence of the French Broad and Swannanoa rivers. The city is a mecca for culture, arts and natural beauty. Tucked between the Blue Ridge and Smoky Mountains, its rolling hills offer a host of attractions, adventures and cultural venues. Asheville is also the county seat of Buncombe County.

III. Service Area Overview

For purposes of this CENA, service area is defined as Buncombe County. This is the location of Deerfield Episcopal Retirement Community and where the population of older adults it services lives. The map below depicts the county with major roadways, cities, and towns. The map of North Carolina shows the location of Buncombe County in the western portion of the state.



IV. Methodology

The CENA is comprised of both quantitative and qualitative research components. A brief synopsis of the research components is included below with further details provided throughout the document.

- A Secondary Data Profile uses existing local-level data with state and national comparisons of demographic, health, and social data, also known as "secondary data." The secondary data specifically focuses on the older adult population in Buncombe County. Specific data sources depicting population and household statistics, education, and economic measures, morbidity and mortality rates, incidence rates, and other health and social statistics for older adults in Buncombe County were used. The most recent data were used whenever possible. The data were compiled and compared to state and national level data, where applicable and available.

- Key Informant Online Surveys were distributed to a total of 344 key informants between January and February 2024. Ninety individuals responded for a 26.2% response rate. The largest percentage of informants is affiliated with the disabled (67.8%). Thirty-five percent of respondents and their agencies serve 65+ older adults. Key informants were invited to participate in a survey focused on older adults to gather a combination of quantitative ratings and qualitative feedback through closed and open-ended questions. Questions focused on pressing issues and services, the availability of support and healthcare services, the perception of Buncombe County as "age-friendly" as it relates to housing, employment, transportation, emergency support, communication, and social activities as well as suggestions to improve the lives of older adults. Key informants are defined as community

stakeholders with expert knowledge about the needs of older adults, including participants from social service providers, long-term care/aging service providers, public and private healthcare organizations and associations, educational institutions, non-profit organizations, and other community agencies.

V. Social Determinants of Health

The CENA recognizes that an individual's health is influenced by numerous factors including a range of personal, social, economic, and environmental factors known as social determinants of health. These indicators reach beyond the boundaries of traditional healthcare into public health sectors and can be important allies in improving population health. Addressing social determinants of health is important for improving health outcomes and reducing disparities. Research demonstrates that lower educational attainment, poverty, and race/ethnicity are risk factors for certain health conditions.

The U.S. Department of Health and Human Services Healthy People 2030, addresses conditions in the environment in which people are born, live, learn, work, play, worship, and age. The conditions affect a wide range of health, function, and quality-of-life outcomes and risks. Healthy People 2030 groups these social determinants of health into 5 domains; economic stability, education access and quality, healthcare access and quality, neighborhood and the built environment and social and community context. These domains are addressed in the primary and secondary data collected and analyzed for this report.

VI. Research Partner

Deerfield contracted with Holleran, an independent research and consulting firm located in Wrightsville, Pennsylvania, to conduct research in support of the CENA. Holleran has over 30 years of experience in conducting public health research and community needs assessments. The firm provided the following assistance:

- Collected and interpreted data from secondary data sources
- Created, deployed, collected, analyzed, and interpreted data from key informant surveys and
- Prepared the CENA report.

VII. Community Representation

Community engagement and feedback were an integral part of the CENA process. Deerfield sought community input through key informant surveys with community leaders and partners. Social service and healthcare professionals, listed in Appendix D, shared knowledge and expertise about health and social issues facing older adults as well as insight about the community, including affordable housing, health and nutrition and social isolation among the elderly.

VIII. Research Limitations

As with all research efforts, there are some limitations related to this study's research methods that should be acknowledged. It should be noted that in some cases, local-level secondary data may be limited or dated. This is an inherent limitation with secondary data. The most recent data are used whenever possible. The age specific, older adult population sample used to generate the secondary data may be small or limited or unavailable causing additional limitations.

To ensure as much key informant survey participation as possible, Deerfield sought to include representatives of diverse and underserved populations. In addition, a letter from the organization's Director of Philanthropy was emailed to each informant requesting their participation. Holleran utilized all research tools at its disposal to complete the CENA. This report is based entirely on factual data from secondary and primary sources. In regard to the verbatim comments, in addition to the research team manually reading and compiling topics, Holleran also utilized Atlas.ti, a sentiment analysis, or opinion mining, tool. This tool enabled the research team to evaluate the voluminous comments made by key informants and highlight important comments and the attributed sentiment which supported the findings in this report. This technology uses artificial intelligence (AI) in the analysis process. Holleran's research team is constantly working to improve the accuracy and quality of our AI-generated content.

IX. Prioritization of Needs

Following the completion of the CENA research, the report findings will be presented to the Deerfield Charitable Foundation, residents of Deerfield Episcopal Retirement Community and community stakeholders and partners. Deerfield plans to prioritize these findings related to key health and social issues and develop a plan to work with community partners to address prioritized community health needs.

KEY HEALTH AND SOCIAL ISSUES FINDINGS

The following section provides key takeaways derived from the data highlights found throughout the report, as noted by the Holleran team. These have been compiled into the four most pertinent key health and social issues that older adults in Buncombe County are facing today. These issues are substantiated through the presentation of pertinent primary and secondary data. Throughout this section comments made by key informants that also support data findings are provided. At times, opportunities to improve the lives of older adults in the community are noted.

The four key health and social issues identified and described below are as follows.

- Aging in Place and Age-Friendly Community
- Affordable Housing and Income
- Navigation of Services and Access to Care
- Chronic Disease Management and Prevention

A helpful tool for reviewing the key findings is found immediately following this section in the Older Adult Community Report Card.

I. Aging in Place/Age-Friendly Community

Across the nation, more and more older adults and their families are searching for opportunities to safely age in place in their homes. Population data about older adults in Buncombe County reveal that the elderly population in Buncombe County is slightly older by median age (72.9 years) than in the state (72.8 years) and is the same as the nation. In 2041, it is predicted that a quarter of all individuals in the county will be 65+. A higher percentage of 65+ householders live alone (44.9%) than in the state and nation (both 42.8%) which is equivalent to 26,238 older adults in 2021. Buncombe County older adults are also more likely to never have been married (8.0%) than those in the state or the nation. It is generally perceived that living alone creates a higher risk for social isolation and warrants additional attention from members of the community. About 32% of older adults report having a disability which may complicate their efforts to manage in their own home. Older adults in Buncombe County are most affected by hearing (14.7%), ambulatory (13.1%) and living independently[1] (14.6%) disabilities. These disabilities may severely limit their ability to function well alone as well.

Forty-four percent of key informants surveyed believe that overall, the local community is age- friendly. While this is positive, more than half of key informants (51.1%) list social isolation as one of the top 5 key health issues facing older adults in the county. Additionally, the ability to age in place is listed as the third most pressing health issue (56.7% of key informants). Seeking home and community-based services to support aging in place is the top transition challenge according to informants. 66.7% of respondents recognize that the people they serve are currently dealing with this issue. A suggestion was made to help resolve this issue in Buncombe County. "Senior-friendly living 'zones' that have affordable housing, walking paths, basic services including a grocery store and primary

[1] The U.S. Census Bureau defines an independent living disability as being due to a physical, mental, or emotional problem, having difficulty doing errands alone such as visiting a doctor's office or shopping.

medical/mental health care, support systems, etc. so they could effectively age in place" would help alleviate the issue. A large majority disagreed with the statement that "affordable support services are available for older people to remain at home and age in place". This includes home modification services including repair and lawn services as these are perceived to be the top support service missing in the county. One key informant commented that "Better types of housing options for aging in place including match programs, information on ADU (accessible dwelling units), construction and financing options, and more resources to suggest modifications/support for aging in place" are needed. Also, safe and well-maintained greenspaces and a wide variety of community activities for a diverse older adult population are reported to be unavailable. On a positive note, almost 60% perceive there to be flexible volunteer opportunities for older people in the county.

Whether family and friends are not involved or involved as much as possible, formal caregivers are often necessary for older adults to successfully age in place at home. 58.9% of key informants rank caregiving service provision to aging relatives as a significant transition decision/challenge faced by older adults. A survey respondent commented, "We talk about 'aging in place' as if that could possibly happen without a small army of support staff, be they paid caregivers, willing family or friends, and/or community volunteers."

Caregiving is a difficult task and without support, these critical individuals may be less likely to perform this function. Support services to caregivers are perceived as lacking in the community by 60.9% of respondents. "The current shortage of in-home care professionals prevents people from aging in place by low or inconsistent availability and overall costs. This leads to unintended elder abuse/neglect." In general, home healthcare services were reported as lacking by half of the respondents (50.0%). Adult day care programs/centers can provide some relief to caregivers. However, these programs are said to be lacking by 67.9% of key informants and entirely missing by almost 5.0% of them. There is "too much social isolation in this age group due to lack of facilities where they can go for activities, socialization, meals, exercises for mind and body to stay active." "Adult day care services are vital to allowing people to age in place thus reducing the need and expense of placement in a facility." Without critical support services, older adults have a higher risk of placement in a residential setting. 45.6% of key informants know of clients who are moving to a personal care, assisted living or nursing home.

Food and nutrition are key factors in maintaining older adults at home, particularly those who live alone. The food environment index measures the proximity of one's home to a grocery store as well as food insecurity (not having access to a reliable source of healthy food). The Food Environment Index in Buncombe County (7.0) (all ages) is better when compared to North Carolina (6.5) but worse than the National Benchmark of 8.7. However, in Buncombe County, 14% of people were reported to be without a reliable source of food which is worse when compared to the state (12%) and the nation (8%). Confirming this, nutrition programs and meal preparation and delivery services are perceived to be lacking by 36.0% of respondents.

Vulnerability to crime is another critical issue facing older adults, particularly those who live alone. The property crime rate (2.472.4 per 100,000) is higher in Buncombe County than in the state and the nation. The violent crime rate was found to be higher than in the U.S., but substantially lower than in North Carolina in 2022.

Improving the ability of older adults to age in place in Buncombe County may be a "one stop shop" for services and healthcare. More than three-quarters of respondents (77.5%) think that a one-stop-shop for aging services is needed. One key informant summarized what services should be included in this concept. "A one stop shop would include adult day care and adult day health, caregiver support, financial and legal services, mental and behavioral counseling, medication management, healthcare services, nutrition, exercise, opportunities for socialization, classes and education of all sorts geared to the interests of older adults (a diverse group), technology education, information and resource referral and connection, transportation, and a child care center to focus on intergenerational connections and reduce ageism." On the other hand, another commented that a one-stop shop would only be effective if it was accessible to all older adults. A regional strategy is perceived to be needed. "I believe that a one-stop shop makes sense theoretically; however, with such a large county and so many rural areas, I believe that a one-stop shop would be a burden for most." "Since transportation/mobility are a huge issue in the rural mountainous regions, taking those services to people might be key."

Overall, key informants ranked adult day programs and care centers and caregiver support among the services that are most lacking in the county. "Activities to promote connection and alleviate social isolation as well as congregate meals" are important. "Unfortunately, many people move to this area for the retirement lifestyle but do not bring with them the social support that is needed to age in place. It is incredibly sad to see so many people struggle in the last years of their lives with loneliness, isolation and failing mental/physical health. Many have nowhere to turn."

II. Affordable Housing and Income

As older adults struggle to maintain a sustainable household income, it is important to recognize the need for affordable housing options in Buncombe County. According to the U.S. Census, 56.7% of older adults who rent their homes in Buncombe County are spending more than 30% of their household income on rent. This is higher than in North Carolina (50.6%) or the nation (54.5%). Thirty percent of a household's total income is considered the cut off beyond which housing costs are a burden and it is difficult to avoid financial hardship. It should also be noted that in many communities in the United States, there is a need for both government subsidized affordable housing and housing that is affordable for individuals whose incomes are higher than the subsidized housing income limits. Additionally, the U.S. Department of Housing and Urban Development defines severe housing problems as occupied household units that have at least one of the following issues: overcrowding (>1 occupant per room), high housing costs (monthly housing costs >50% of monthly income) or lack of adequate kitchen or plumbing facilities. In Buncombe County, 14.2% of the population (all ages) lived with severe housing problems in 2019. Fortunately, between 2013 and 2019, the county saw a small 0.29% decrease in this indicator. The Healthy NC State Target in 2030 is 14.0%.

Key Informants identified affordable housing as the most pressing health issue facing older adults in the community. One commented, "Housing that is appropriate for older adults: universally designed, (and) affordable for lower as well as for middle income households is a key issue." "A big need is more affordable housing with access to a green area and that would provide transportation to classes at OLLI and community events." Only 8.2% of respondents agree that there is a variety of affordable housing options available in the area for older people. "Older individuals applying for housing assistance in the

county encounter prolonged waiting times."

Federal poverty guidelines provide additional insight into financial challenges. The guidelines are used nationwide to represent the dollar amount below which a household has insufficient income to meet basic needs. In Buncombe County, 10.1% of older adults have an income at 100% to 149% of the federal poverty level. Living below 100% of the poverty line worsens are the population ages. For households with members aged 65 to 74, 8.0% were below the poverty level in 2020. For households 75+, 10.5% were below 100% of the poverty level. Almost 7% of older adults in Buncombe County rely on Food Stamp/SNAP Benefits, however this figure is lower than the state (9.5%) and the nation (9.0%). Living in poverty and lacking adequate housing is a critical factor in poor health, and a severe problem for many older adults. "Older adults on fixed incomes usually have no provision for in-home care, nursing, or assisted living payments." Also, the vulnerable (frail and low income) are disrespected and sometimes overlooked."

The 2022 Elder Index is built around everyday expenses encountered by older adults aged 65 and older and is designed to be a realistic benchmark of income adequacy that reflects regional and local variations in cost of living. The index measures the income that older adults need to live independently. In order to live independently, Buncombe County renters are shown to require a higher income ($32,736) than the national average. This is equivalent to 104% of what the benchmark is for older adults across the nation. "There is plenty of support for affluent retirees, but the same supportive services are miserably lacking for those with lower incomes." This reaffirms the difficulties that older adult renter households have ~~in~~ affording basic expenses in Buncombe County.

According to the U.S. Census, just over half of households 65 years and older (53.1%) have retirement income. For older workers, an anticipated decrease in income upon retirement may delay their decision to retire. Income change was ranked as the fourth most challenging transition by 45.6% of key informants. The percentage of those 65+ remaining in the labor force is 16.8%.

Respondents confirm the affordability issues faced by older adults in the county, particularly as it relates to the high cost of healthcare. A high percentage of respondents (73.3%) indicate that the inability to pay out-of-pocket expenses (co-pays, prescriptions etc.) is the most significant barrier to receiving adequate healthcare. Low-cost medical care including dental, vision and hearing are cited as one of the top 5 missing healthcare services (57.0%). Medication support and assistance is perceived to be a missing healthcare service by 53.5% of key informants. A respondent discussed the difficulty of affording insurance for some seniors. "Medicare premiums are not insignificant for most people, and the costs of 'Medigap' (for the 20% of costs that Medicare doesn't cover) and Plan D (for prescription drugs) plans can be prohibitive." "Services that fall outside of what insurance companies will pay for are in some cases bankrupting our most vulnerable elders." Furthermore, it may not just be the low-income older adult that is impacted by healthcare costs. One key informant noted that Certified Community Health Workers (and other services) are designed to reach low-income seniors, however, "the middle class is in a bind - access and affordability are very limited."

III. Navigation of Services/Access to Care

Much of the secondary data and responses from key informants point to the difficulty that older adults face when attempting to access support and healthcare services. Positively, a very small percentage (0.1%) of those aged 65+ are uninsured in Buncombe County. A large majority (98.3%) of the county's population have Medicare coverage alone or in combination with another insurance plan. Eleven percent of older adults have Medicaid, or some other means tested public coverage either alone or in combination with another plan. Health coverage through the VA for Buncombe County veterans and/or their families is held by 9.9% of older adults, a higher percentage than in the state (8.5%) and the nation (7.4%). Yet, 35.6% of key informants selected the lack of health insurance coverage as a significant barrier to county seniors receiving healthcare services. This seems inconsistent with the quantitative data about health insurance coverage. One respondent shed light on some insurance issues making it difficult for older adults. "Many seniors are lulled into Medicare Advantage plans due to promises of low to no premiums and other package goodies, but then find it difficult to find medical specialists who participate in the plans to treat them when something serious comes along. "

Healthcare provider density is an important measure of overall healthcare access. The ratio of population to primary care and mental health providers is better than in the state and nation. There are more people per dentist than in the U.S. (but not in North Carolina). Although most provider density ratios seem positive, over 50% of key informants identified geriatricians/gerontologists as well as behavioral health and mental health services and counseling as lacking. "Gerontologists and memory care specialists are lacking in most rural communities." Others mentioned that cardiologists, oncologists, and neurologists with interest in neurodegenerative disorders are missing in the county. The U.S. Health Resources and Services Administration designated Buncombe County as a non-rural medically underserved area (MUA) in 1994 and the county remains so today. The provider ratios and the MUA designation are evident in the number of preventable hospital stays determined for Medicare enrollees in 2020. According to the data, 2,110 hospitalizations may have been preventable if older adults were better able to access healthcare. Furthermore, County Health Rankings finds that in Buncombe County, 7,800 years of life were lost (also known as premature deaths) among people under age 75. In recent years, the trend has worsened in the county.

The lack of available provider appointments is also a barrier to accessing healthcare. Although there may be relatively good ratios of primary care providers as well as dentists and counselors, these providers may not be taking new patients or appointments may not be available when needed or for many months. "It takes 4 to 5 months to make an appointment with a new specialist, and some specialties are simply not taking new patients, e.g. neurologists, sleep doctors." Thirty percent of key informants chose time limitations such as long wait times, limited office hours and/or time off from work as a significant barrier. "Some medical services/appointments are difficult to get in a timely fashion. Some don't accept Medicare and for many there are no openings." Almost half said that there are a lack of providers who accept Medicaid. 53.3% and 47.8% of respondents respectively also noted that older adults in Buncombe County frequently have cognitive and/or physical limitations which may prevent them from seeking and receiving healthcare. Cognitive limitations as a barrier to accessing healthcare was selected by over half of key informants.

One of the most significant barriers to accessing needed healthcare according to 72.2% of key informants is the inability to navigate healthcare systems. Case management services are perceived to be lacking as a support service by 61.6% of all respondents. "The community lacks an adequate number of affordable care managers/navigators to assist elderly through all the complex needs of their health issues." Professional case managers and/or care navigators may be very helpful in guiding seniors through the complex healthcare system, particularly when family members are non-existent. "It seems to me if an older person has children and family to navigate the health system, the government bureaucracy, (then) they have a chance. Those that are missing this do not usually maintain a lifestyle that meets their needs." Several informants suggested that better coordination of aging services in general, a frequently updated referral system and "continuity of case management by a well-organized health system" would help make Buncombe County become a better place to live for older adults. Fortunately, many comments were made which are related to the many good intentioned organizations coming together to regularly brainstorm solutions to challenges.

Transportation can be a serious issue in terms of accessing critical health and social support services for some older households in the county. Key informants list transportation/walkability in the top 5 most pressing issues facing older adults. They also list specialized transportation as lacking. "The lack of a comprehensive transportation system is also a problem for the community on the whole, but especially for older adults who do not want to drive or don't have a car." Lack of transportation was ranked as the third most significant barrier that keeps older adults from accessing services. In the county, which is considered to be "spread out", it is perceived that social support organizations are not conveniently located in order that "seniors and caregivers can adequately and quickly access support". In Buncombe County, 2,457 persons age 65+ are without a vehicle. This is 10.4% of the total 32,738 households aged 65 and over. According to the Social Vulnerability Index which measures challenges related to housing and transportation, Buncombe County's Statewide Housing Type and Transportation Score for 2020 is 0.6667 from a possible 0 (lowest vulnerability) to 1 (highest vulnerability). Buncombe County trails much of the other North Carolina counties, ranking 73 of 100. Key informants agree. "Transportation is a huge barrier- Mountain Mobility is often not dependable and is only for Medicaid covered transportation." "Transportation services, bus and affordable car services, are needed, especially in rural parts of the county."

Accessing key support and healthcare information online as well as more traditional outlets is also identified as an issue. One respondent noted that fewer people are attending church or belong to a civic organization; venues where education used to take place. Several others agreed, "Seniors need access to the internet and guidance in using electronic devices for healthcare and socialization reasons." It seems that "so often needs can be met, but older people don't know how to find or access whatever services are available."

IV. Chronic Disease Management and Prevention

When older adults cannot obtain necessary health services, issues can become more prevalent and severe, compounding chronic diseases and their management. The leading causes of death in the 65+ population in the county were identified. Interestingly, the top health conditions

typically associated with the leading causes of mortality such as cancer, chronic lower respiratory disease, stroke, Alzheimer's disease and diabetes are less likely to be the cause of death for Buncombe County residents when compared to the state and nation. For example, the mortality rate per 100,000 (aged 65+) for all cancer sites is lower in Buncombe County (825.7) than in the state (875.8) and the nation (855.4). This is favorable. however, older adults in the county are more likely to die from accidents/unintentional injuries and influenza and pneumonia than these more traditional causes. These less traditional causes of death may be more likely to be prevented with lifestyle changes.

For Medicare recipients, it is interesting to note that while most chronic conditions are experienced by fewer Buncombe County residents than in the state and nation, osteoporosis is found in far more county residents. Osteoporosis is a potentially preventable condition that may be positively impacted by health education and physical activity. Other preventable conditions include influenza and pneumonia. A slightly higher percentage of people in Buncombe County (all ages) received a flu vaccine according to County Health Rankings. One key informant remarked, "We make the needed vaccinations available for older adults." However, the percentage of those vaccinated (all ages) is 58% which leaves many people vulnerable to the flu, particularly older adults. Another common condition in older adults is diabetes. Positively there are fewer incidences of diabetes (all ages) in the county and only 1.1% of key informants identified obesity in older adults (which is frequently related) as a key health issue.

For cancers such as skin, breast and cervical in which routine screenings/prevention are available, the county seems to be behind the state and nation. Melanoma of the skin is responsible for more deaths in Buncombe County than elsewhere in the state and nation. The incidence rate of breast cancer (female) is also higher than the state and the nation. Woman ages 21 to 65 in the county also received fewer cervical cancer screenings in 2021 than the state and the nation. One key informant was able to comment on the availability of cancer screenings. "There is only one office in Asheville that offers colonoscopy services and appointments are very hard to get. This is but one example of a "mandatory" health screening for older adults that is inaccessible to people with resource limitations." In Buncombe County the age adjusted prevalence of colon cancer is 146.4 per 100,000, slightly higher than the state (145.3) but positively, less than the nation (156.5).

Other treatable or preventable conditions include tobacco and substance use. (This data is not available by county for older adults.) Smoking is detrimental to nearly every organ in the body and is often correlated with poorer health outcomes and chronic health conditions such as lung cancer, stroke, and heart disease. In North Carolina and Buncombe County, the percentage of adult smokers is 17%, somewhat higher than in the United States (15%). The data demonstrate that substance use is a far more significant issue in the county. Eighteen percent of residents in Buncombe County reported excessive drinking in 2021 which is relatively the same in the state (17%) and less than in the nation (19%). However, in 2019, the percentage of excessive drinking was 15.8% in the county, and it appears that this trend is worsening. Consequently, the percentage of alcohol impaired deaths is somewhat higher (29%) than the state (26%) and much higher than the nation (10%). Finally, drug overdose deaths (for all ages) are measured as the number of persons who die as a result of drug poisoning per 100,000 population.

This includes deaths from both medications and drugs. In 2020, 39 per 100,000 drug overdose deaths were reported for the county. In comparison, 24 per 100,000 were reported for the state. In the nation, the counties that perform the best for this indicator reported 11 per 100,000. The Healthy NC 2030 target is 18 per 100,000 people. According to 43.5% of key informants, substance abuse services are lacking in the community.

Despite these issues, overall, older adults appear to be physically healthier in Buncombe County than in North Carolina and the United States. Buncombe County residents (all ages) reported experiencing on average, 2.8 poor physical health days in the past 30 days. This is less than in the state (3.0 days) but slightly higher than the national benchmark (2.7). An examination of Medicare data shows that with the exception of "0 to 1 chronic condition", the percentage of Medicare beneficiaries in Buncombe County with any given number of chronic conditions is much lower when compared to North Carolina and the nation. For more specific chronic physical conditions, the percentage of Medicare beneficiaries with the condition in the county is lower than in the state and the nation and this is favorable. A lower percentage of Medicare beneficiaries in the county (10.7%) have Alzheimer's Disease than in the state (11.7%) and nation (11.9%). However, one key informant said, "We feel there are not enough resources for Senior Adults with Dementia/Memory Challenges." Also, 53.3% of key informants selected cognitive limitations as the fifth most significant barrier to accessing support and healthcare services.

Importantly, for some behavioral/mental health conditions, older adults in Buncombe County are far more affected than those in North Carolina or the United States. These include depression, substance abuse, schizophrenia, and other psychoses. As it relates to depression, 20.5% of Medicare beneficiaries in the county (11,979 recipients) have been diagnosed with this condition as compared to 16.7% in the state and 16.0% in the nation. 2.2% of county Medicare beneficiaries have substance abuse disorders, more than in North Carolina or the U.S., which equates to approximately 1,285 older adults in Buncombe County. A slightly higher percentage of county recipients are diagnosed with schizophrenia or other psychosis (1.9%) than in the state (1.6%) and the nation (1.7%). Many factors influence mental health including social isolation, lack of familial and social support systems, poor nutrition, and behavioral risk factors such as drinking and other substance use. Individuals (all ages) experienced 4.5 poor mental health days in the past 30 days, higher than the state (4.1) and the national benchmark (4.0). This, in conjunction with the aforementioned perception that gerontologists, neurologists and behavioral and mental health counselors are perceived to be lacking in the county, may be adding to the higher-than-average mental health diagnoses.

Healthy People 2030 which has set an objective to "increase the proportion of older adults with physical or cognitive health problems who get physical activity" as a way to improve these chronic conditions. Physical activity is associated with greater health and longevity. A community's health and overall quality of life can be affected by access to exercise opportunities. This may be measured as the proportion of residents who live reasonably close to a physical activity location. The percentage of residents who have access to exercise opportunities is the same in Buncombe County and North Carolina. However, this percentage (75%) is much worse than the National Benchmark (90%) and the Healthy NC State Target in 2030 which is 92%. Separately, 18% of county adults reported participating in no physical activity outside of work. Yet, the percentage of the Buncombe County population that is

physically inactive is less than both the state and nation.

Quality of life in a community is also impacted by environmental factors such as air quality. Fine particulate matter, which is a measure of overall outdoor air quality, is worse in Buncombe County when compared to the National Benchmark and may impact the amount of outdoor activity that county residents enjoy.

Key informants addressed some issues related to chronic disease management. Positively, 54.8% perceive there to be a range of health and community support services offered for promoting and maintaining health. However, as mentioned in previous sections, affordability remains an issue as well as a lack of specialists. "Low-cost medical, dental, vision, memory care specialists and mental health services" are needed in the county. Over one-third (38.9%) of respondents identified dementia/memory challenges as one of the most pressing key health issues and 15.9% selected mental/behavioral health issues. A key informant suggested a comprehensive solution in the future to meeting the chronic, education and prevention needs of older adults. "Home delivered health services, remote health status monitoring and telehealth will need to play a much larger role."

Chronic disease management was only selected by 12.2% as a pressing issue. This may be because the chronic conditions typically seen in the elderly nationwide are less prevalent in the county. This study brings to light the health conditions that older adults in Buncombe County are facing. These conditions may in part be attributed to a lack of education or access to preventive medicine, vaccines, and treatment. It also appears that they may be related to environmental issues such as sun damage (melanoma), impaired driving, crime and gun violence (accidental/unintentional injuries) and lifestyle choices (vaccines, smoking and substance use). Based on these findings, it appears that morbidity (both physical and behavioral/mental health conditions) and mortality may be improved or even prevented among county residents. Many of the chronic conditions that older adults are living with (and dying from) in Buncombe County may be lessened or prevented by improved health education, lifestyle and environmental changes and access to health and social support services.

COMPARISON TO PREVIOUS STUDY

In 2017, a survey was conducted with Buncombe professionals called the Buncombe County Aging Plan Providers and Professionals Survey. Thirty-five percent of respondents were health, mental health and wellness professionals. About 27% of clients served by respondents were aged 65+. Similar in nature to the CENA Key Informant Survey, the 2017 survey questions were related to what the providers needed to service older adults, significant impediments to providing services, challenges preventing older adults from thriving, and age-friendly community characteristics. Many of the comments were consistent with what the key informants communicated in the CENA, demonstrating that some of the same issues continue to challenge the older adult population of Buncombe County. The needs and issues noted in 2017 include the following.

- transportation
- adult day care funding
- in home care workers
- affordable housing
- service and care coordination
- lack of primary and specialty care providers
- education about available resources and specifically dementia
- isolation and loneliness
- need for older adult mental health professionals
- greenways and parks
- high cost of living and low-income individuals and access to healthcare.

The 2017 study also raised some issues and needs that are not frequently mentioned in the CENA by key informants. This may indicate that some of these issues may have been resolved or they are not currently the most pressing ones or the focus of key informant's efforts today. The issues included the following.

- affordable respite care
- support/education groups
- services for those with severe mental or physical limitations and the intellectual/developmentally disabled
- a living wage for providers
- services to the rural, homebound and underserved
- an emergency shelter system and safe housing for older adults who have been abused
- lack of prioritization of older adults in policy and funding decisions
- mobility, public building accessibility
- older adult representatives in community life
- walking paths and sidewalks
- and intergenerational opportunities.

OLDER ADULT COMMUNITY REPORT CARD

DEERFIELD CENA
Community Engagement Needs Assessment

HOLLERAN
COMMUNITY ENGAGEMENT RESEARCH & CONSULTING

DOMAIN	INDICATOR	MEASURE	BUNCOMBE COUNTY	NORTH CAROLINA	U.S.
SOCIO-ECONOMIC FACTORS	LANGUAGE	Older adults who speak English less than "very well"	1.2%	2.4%	8.6%
	INCOME	Older adult population below 100% of the poverty level	8.8%	9.4%	9.6%
		Older adult households with Food Stamp/SNAP benefits	6.7%	9.5%	9.0%
		% of unemployed older adults	0.4%	0.6%	0.8%
	EDUCATION	% of bachelor's degree or higher in older adults	42.1%	27.9%	29.2%
	AFFORDABLE HOUSING	Older adult renters spending more than 30% of their income on housing	56.7%	50.6%	54.5%
		Older adult home owners spending more than 30% of their income on housing	18.8%	23.1%	25.3%
	SOCIAL SUPPORT	Older adults living alone	44.9%	42.8%	42.8%
		Most prevalent transition need cited by key informants: Seeking home and community-based services to support aging in place	66.7%		
	HEALTH CARE ACCESS	% of older adults uninsured or without health insurance coverage	0.1%	0.6%	0.8%
		Population to primary care physicians ratio	710:1	1,401:1	1,020:1*
		Population to mental health providers ratio	130:1	340:1	240:1*
		Population to dentist ratio	1,330:1	1,660:1	1,200:1*
		Preventable hospital stays per 1,000 Medicare enrollees	2,110	3,146	1,666*
		Most prevalent barrier to accessing care cited by key informants: Inability to pay out of pocket expenses (co-pays, prescriptions, etc.)	73.3%		
		Most needed/missing healthcare service in the community cited by key informants: low-cost medical care followed by geriatrician/gerontologist	9.3%		
		Most needed/lacking support service in the community cited by key informants: Community transportation services followed by Adult Day Programs/Adult Day Care Centers	67.4%		
	BUILT ENVIRONMENT	Key informants strongly disagree that there is a variety of appropriate, affordable housing available to older people	89.4%		
		Food environment index = food access and insecurity (ranking from 1 = worst to 10 = best)	7.0	6.5	8.7**
		Access to exercise opportunities	75%	75%	90%**

= Areas of Geatest Strength = Areas of Moderate Need = Areas of Greatest Need

*National benchmark represents the 90th percentile, i.e., only 10% better across the nation.
** This is a reverse coded measure in which the top performers are in the 90% percentile: in other words, the higher the measure, the better the performance.

DEERFIELD CENA
Community Engagement Needs Assessment

HOLLERAN
COMMUNITY ENGAGEMENT RESEARCH & CONSULTING

DOMAIN	INDICATOR	MEASURE	BUNCOMBE COUNTY	NORTH CAROLINA	U.S.
HEALTH CONDITIONS AND BEHAVIORS	PHYSICAL AND MENTAL HEALTH	Older adults reporting "fair" or "poor" overall health	11%	14%	11%*
		Poor physical health (average within past 30 days)	2.8	3.0	2.7*
		Poor mental health (average within past 30 days)	4.5	4.1	4.0*
		Older adults with any disability	31.6%	33.8%	33.4%
		Older adults who are overweight or obese	30%	34%	30%*
	TOBACCO USE/ SUBSTANCE USE	Older adults who are current smokers	15%	17%	15%*
		Excess drinking	18%	17%	15%*
		Alcohol-impaired driving deaths	29%	26%	10%*
		Drug overdose deaths per 100,000 population	39	24	11*
	PREVENTATIVE SCREENINGS	Population who received a seasonal flu vaccine in the past year	58%	55%	52%**
		Mammography screening among female enrollees, ages 65 to 74	45%	15%	49%
		Colo-rectal screenings 45 years and older	72.9%	70.0%	67.0%
		Overall cancer incidence rates per 100,000 in older adults	2,499.6	2,519.0	2,368.0
		Prevalence of 0 - 1 chronic conditions per 100,000 Medicare beneficiaries 65+	36.6%	28.1%	29.7%
	PREMATURE DEATH	Years of potential life lost (death before age 75) per 100,000 people	7,000	8,000	5,400*
	DEATH RATES	Overall cancer mortality rates per 100,000 in older adults	825.7	875.8	855.4
		Alzheimer's disease in older adults death rate per 100,000	186.7	294.2	254.3

= Areas of Geatest Strength = Areas of Moderate Need = Areas of Greatest Need

*National benchmark represents the 90th percentile, i.e., only 10% better across the nation.
** This is a reverse coded measure in which the top performers are in the 90% percentile: in other words, the higher the measure, the better the performance.

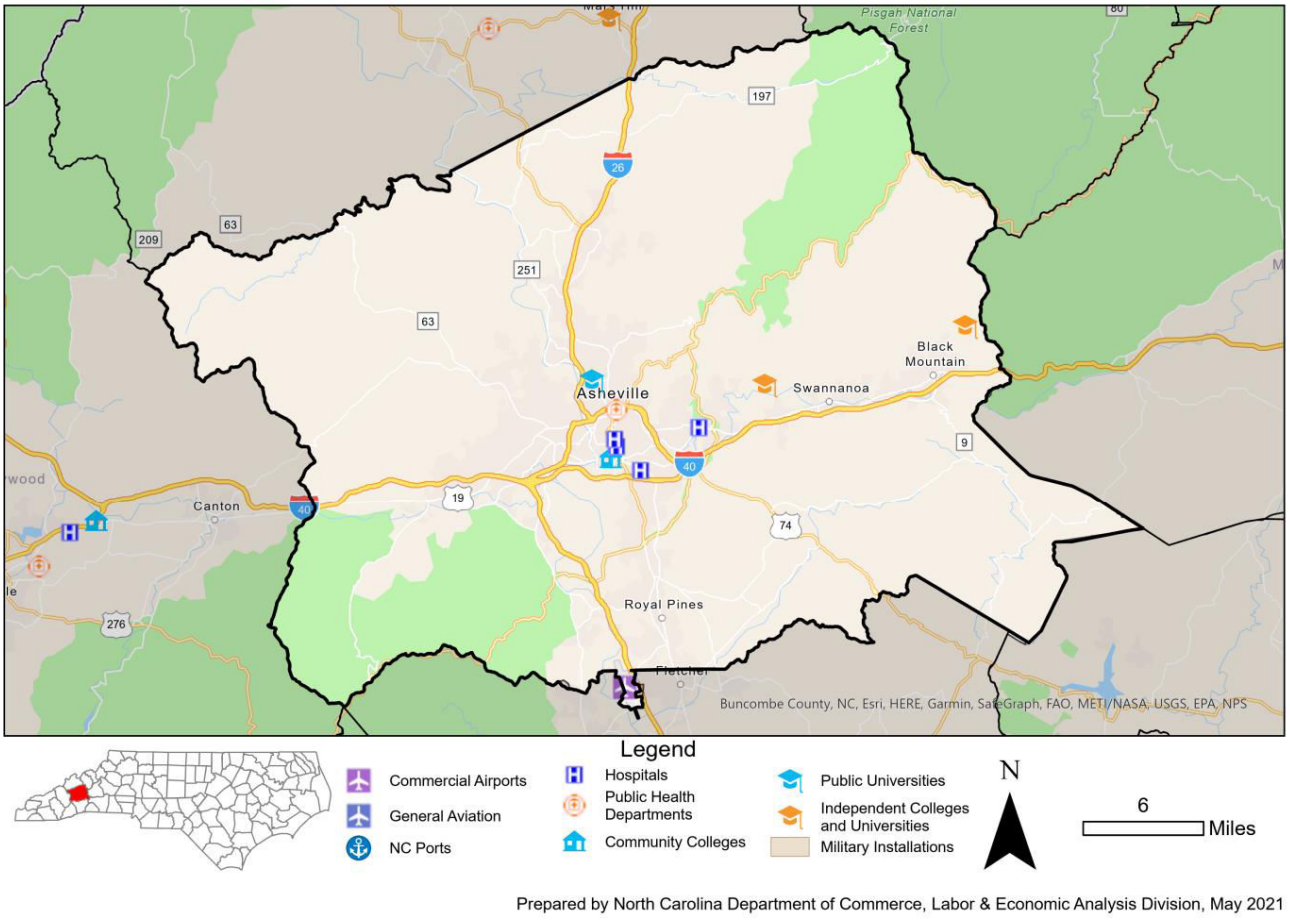
SECONDARY DATA PROFILE

COMMUNITY AND HOUSEHOLD DEMOGRAPHICS

Overall Population

One of 100 counties, Buncombe County is located in the Mountain region of Western North Carolina and its county seat is in Asheville. Nicknamed "Land of Sky", it encompasses a total area of 660 square miles including parts of the Great Craggy Mountains and the Blue Ridge Mountains. Interstate Highways 26, 40 and 240 crisscross the county, intersecting in Asheville.

Figure 1. Map of Buncombe County, North Carolina



The total population (all ages) of Buncombe County in 2021 was 266,981 and 51.8% of the population is female and 48.2% is male.

Table 1. Overall Population (2017 – 2021)

	United States	North Carolina	Buncombe County
Total population	329,725,481	10,367,022	266,981
Male	49.5%	48.9%	48.2%
Female	50.5%	51.1%	51.8%

Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates

Older Adult Population Estimates

According to North Carolina Aging Profiles, in 2021 ***Buncombe County ranked #7 in total population in North Carolina, however it ranked #5 in terms of residents 65 years and older.*** In the state in 2021, 45,841 individuals age 60+ moved from other states and from abroad to North Carolina. The number of individuals who relocated to Buncombe County was 1,662. The percentage of females is 56%, greater than in the general population (with males at 44%).

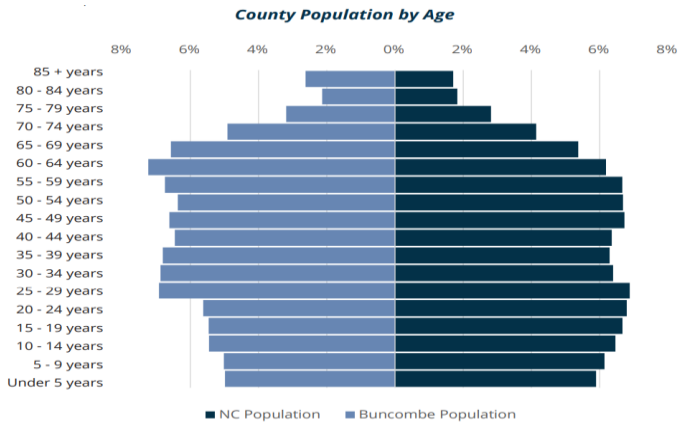
Table 2. Population 65 Years and Over (2017 – 2021)

	United States	North Carolina	Buncombe County
Total population	52,888,621	1,686,235	53,544
Male	49.0%	48.2%	44.0%
Female	51.0%	51.8%	56.0%
Median age (years)	**72.9**	**72.8**	**72.9**

Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates

The chart displays county population by age and demonstrates that the county's older population is greater than the same age cohorts in the state.

Figure 2. County population by age.



Source: Our People and Buncombe County Factbook, 2022

Projected Growth of Older Adults

The North Carolina Department of Health and Human Services projects that the percent of older adults in North Carolina and Buncombe County will increase significantly from 2021 to 2041, a period of 20 years. The 65+ population is projected to be 83,634 in Buncombe County, increasing by 38%. This is similar to North Carolina (39%). By contrast, the total county population (all ages) is expected to increase by much less (21%). ***In 2041, the population 65+ will comprise one-quarter (25%) of the total population.***

Table 3. Projected Population Change of Older Adults, 2021 to 2041

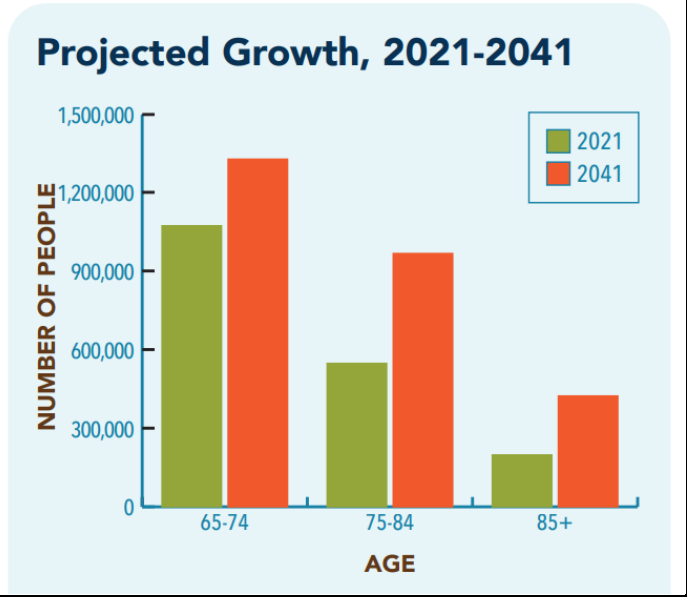
	North Carolina		Percentage Change 2021-2041	Buncombe County		Percentage Change 2021-2041
	2021	2041		2021	2041	
Total population	10,556,299	12,936,967	23%	271,454[1]	329,573	21%
60+ years	2,473,430	3,447,893	39%	76,814	106,117	38%
65+ years	1,817,132	2,715,844	50%	58,437	83,634	43%
85+ years	197,946	422,918	114%	7,004	15,236	118%

Source: 2021 North Carolina Aging Profiles

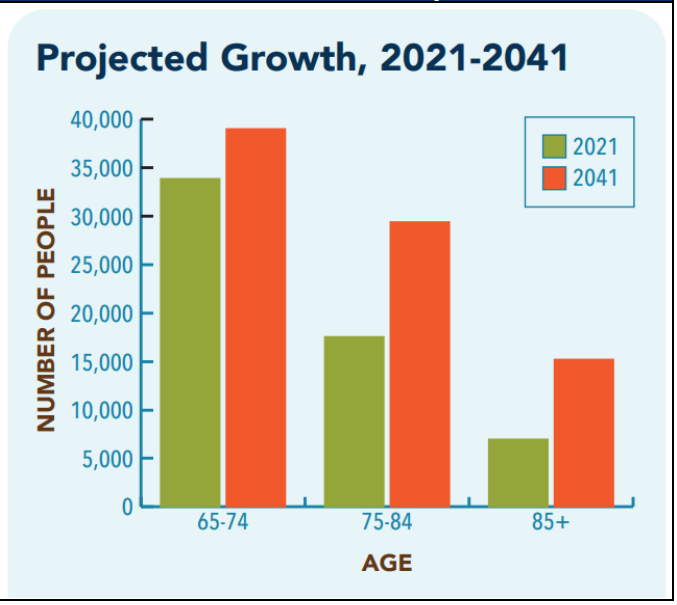
The age cohorts (65 to 74 years, 75 to 84 years and 85+ years) are further delineated in Figure 1. The age cohort 65 to 74 is the most populated in 2021 and 2041.

Figure 3. Project Growth for North Carolina and Buncombe County for Older Adult Cohorts

North Carolina



Buncombe County

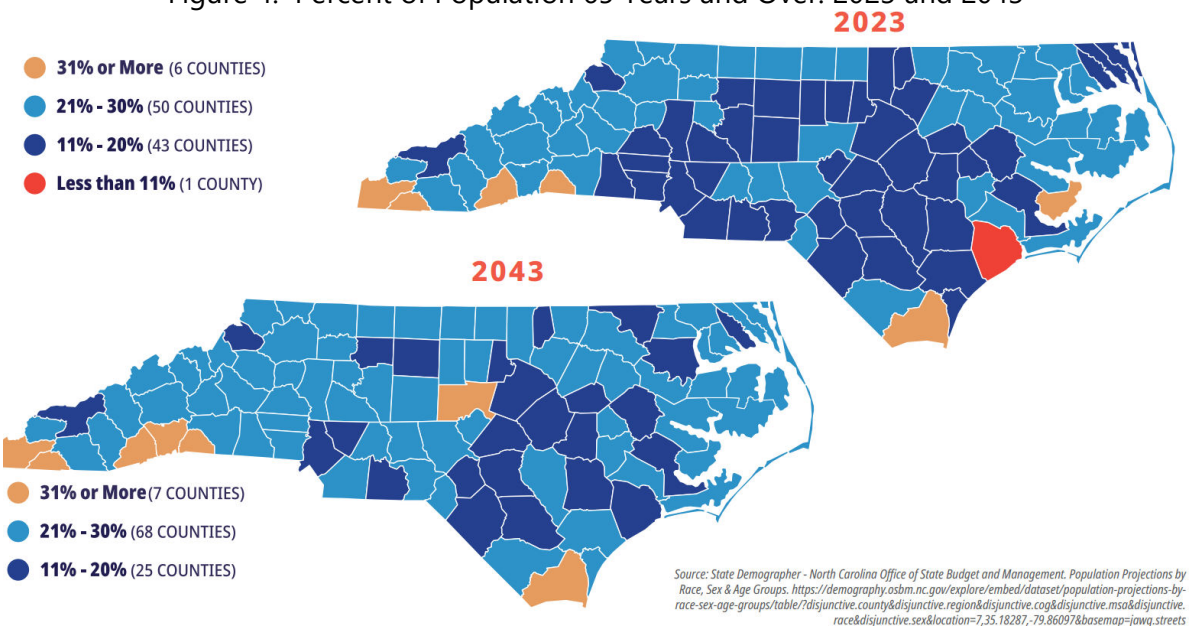


Source: 2021 North Carolina Aging Profiles

[1] This differs from the U.S. Census estimate in Table 1 which is a rolling 5-year estimate from the American Community Survey.

Buncombe County is similar to 49 other counties with 21% to 30% of its population 65 years or older now and in the future.

Figure 4. Percent of Population 65 Years and Over: 2023 and 2043



Source: NCIOM

Racial Composition among Older Adult Population

The older adult population aged 65 years and over in Buncombe County is predominantly White (92.9%). Older adult Black/African American population is greater for all ages (7.0%) than for the population 65+ (4.1%). The older adult racial composition in North Carolina and the United States has a greater percentage of Black/African Americans (16.9% and 9.2% respectively) than in the county. Other racial groups make up a much smaller portion of the total population. The percentage of Hispanic or Latino older adults (6.9%) are far less than in the state (9.8%) and the nation (18.4%).

Table 4. Race Alone or in Combination with One or More Other Races (All ages) (2017 – 2021)

	United States	North Carolina	Buncombe County
White	74.5%	70.5%	91.1%
Black or African American	14.3%	23.1%	7.0%
American Indian and Alaska Native	1.9%	2.1%	1.1%
Asian	6.9%	3.8%	1.7%
Native Hawaiian and Other Pacific Islander	0.4%	0.2%	0.3%
Some Other Race	9.4%	5.6%	3.7%
Hispanic or Latino[a] *(of any race)*	18.4%	9.8%	6.9%

Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates

[a] Hispanic/Latino residents can be of any race, for example, White Hispanic or Black/African American Hispanic

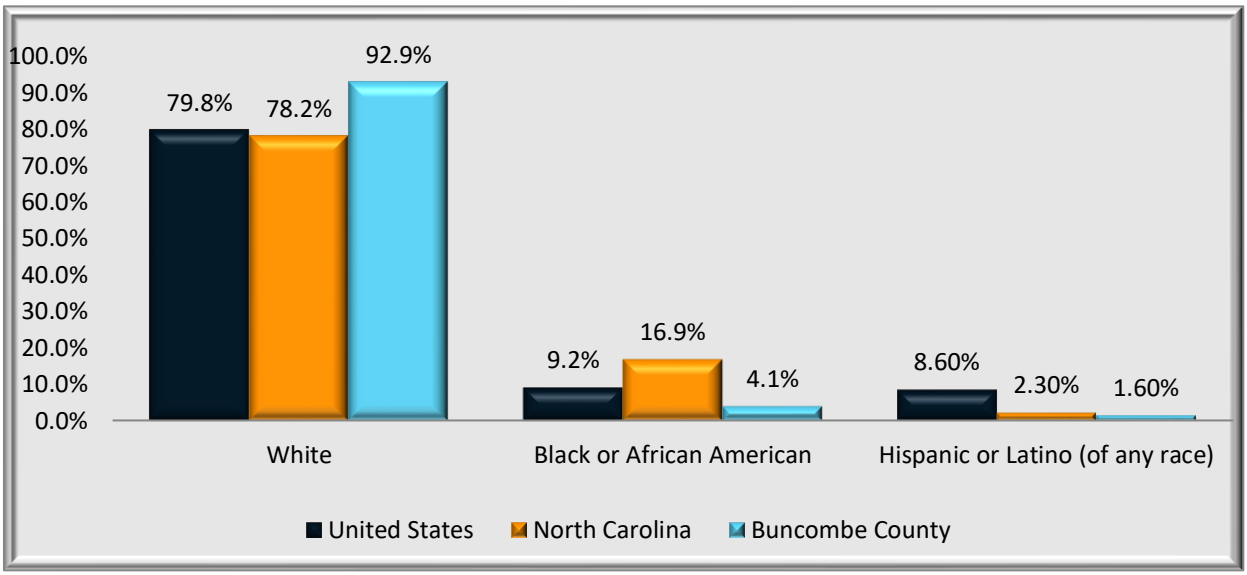
Table 5. Race and Hispanic or Latino Origin, Population Aged 65 Years and Over (2017 – 2021)

	United States	North Carolina	Buncombe County
White	79.8%	78.2%	92.9%
Black or African American	9.2%	16.9%	4.1%
American Indian and Alaska Native	0.5%	0.9%	0.2%
Asian	4.6%	1.5%	0.9%
Native Hawaiian and Other Pacific Islander	0.1%	0.0%	0.0%
Some Other Race	2.7%	1.0%	0.4%
Hispanic or Latino[a] *(of any race)*	8.6%	2.3%	1.6%

Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates

[a] Hispanic/Latino residents can be of any race, for example, White Hispanic or Black/African American Hispanic

Figure 5. Race and Hispanic or Latino Origin, Population Aged 65 Years and Over (2017 – 2021)



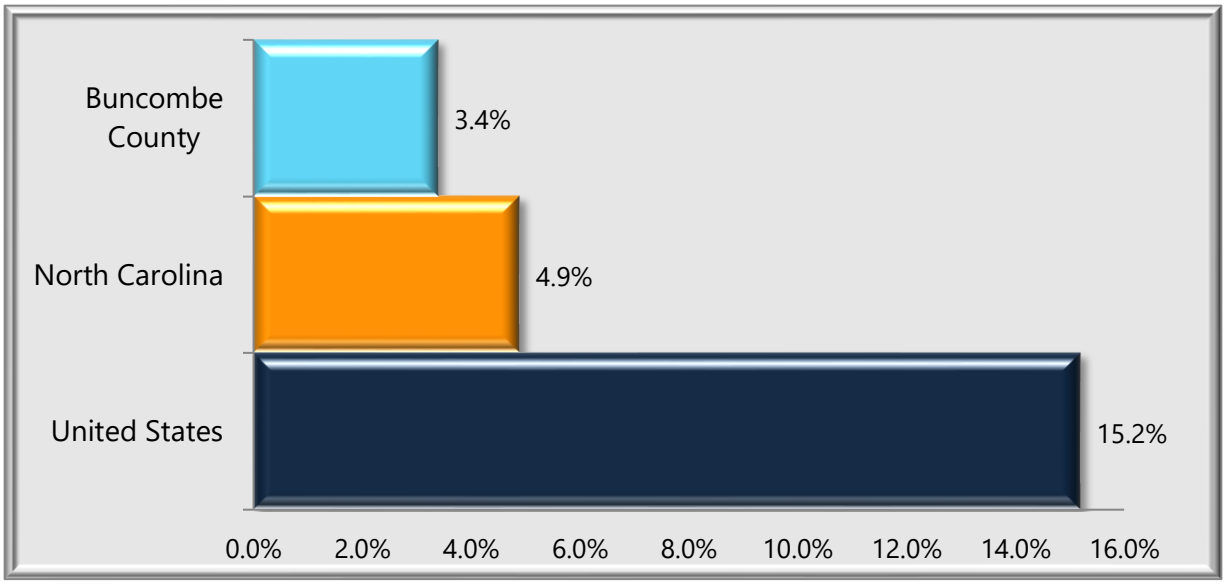
English is the primary language for more than 95% individuals 65 years and older in Buncombe County and North Carolina. This is true for far fewer people in the United Sates.

Table 6. Language Other than English Spoken at Home, Population 65 Years and Over (2017 - 2021)

	United States	North Carolina	Buncombe County
Spoken language other than English	15.2%	4.9%	3.4%
Speak English less than "very well"	8.6%	2.4%	1.2%

Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates

Figure 6. Percentage of spoken language other than English (2017-2021)



Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimate

Veteran Status

Just over 17% of older adults in Buncombe County and North Carolina are veterans.

Table 7. Veteran Population, Population 65 Years and Over (2017 - 2021)

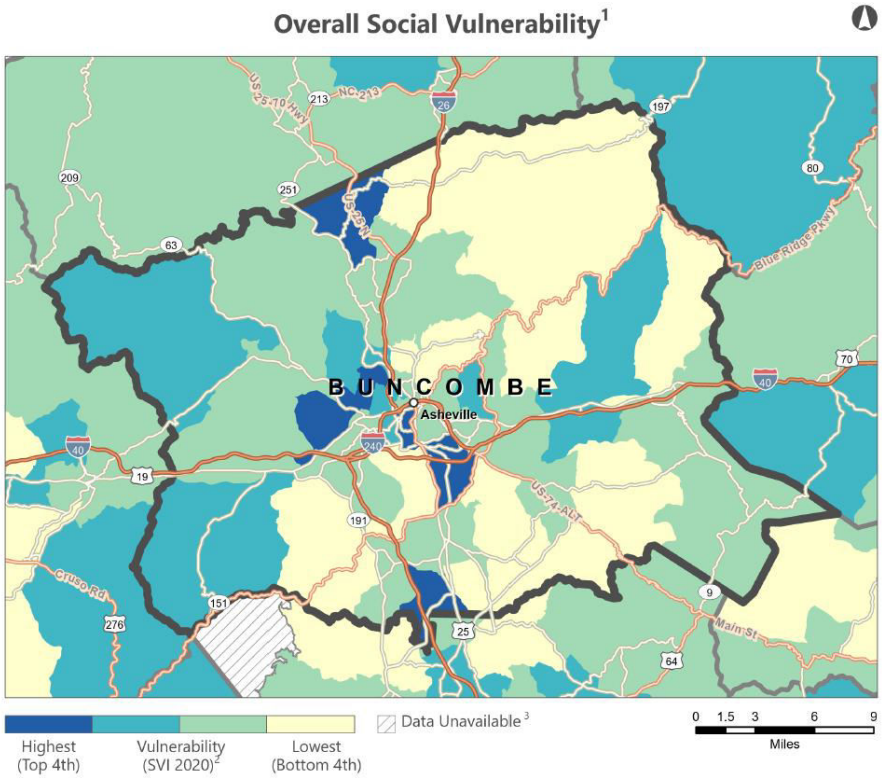
United States	North	Buncombe County
16.2%	17.1%	17.2%

Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates

Social Vulnerability

Social Vulnerability refers to the potential negative effects on communities caused by external stresses on human health. Such stresses include natural disasters or disease outbreaks. Reducing social vulnerability can decrease both human suffering and economic loss. The Centers for Disease Control's Social Vulnerability Index uses 16 U.S. Census variables to help local officials identify communities that may need support during or after disasters. The measurement of Overall Social Vulnerability for Buncombe County and areas of vulnerability are displayed in Figure 5. Areas of highest vulnerability tend to be located near Asheville.

Figure 7. Overall Social Vulnerability in Buncombe County (2020)



Source: CDC ATSDR Social Vulnerability Index, 2020

Disability Status

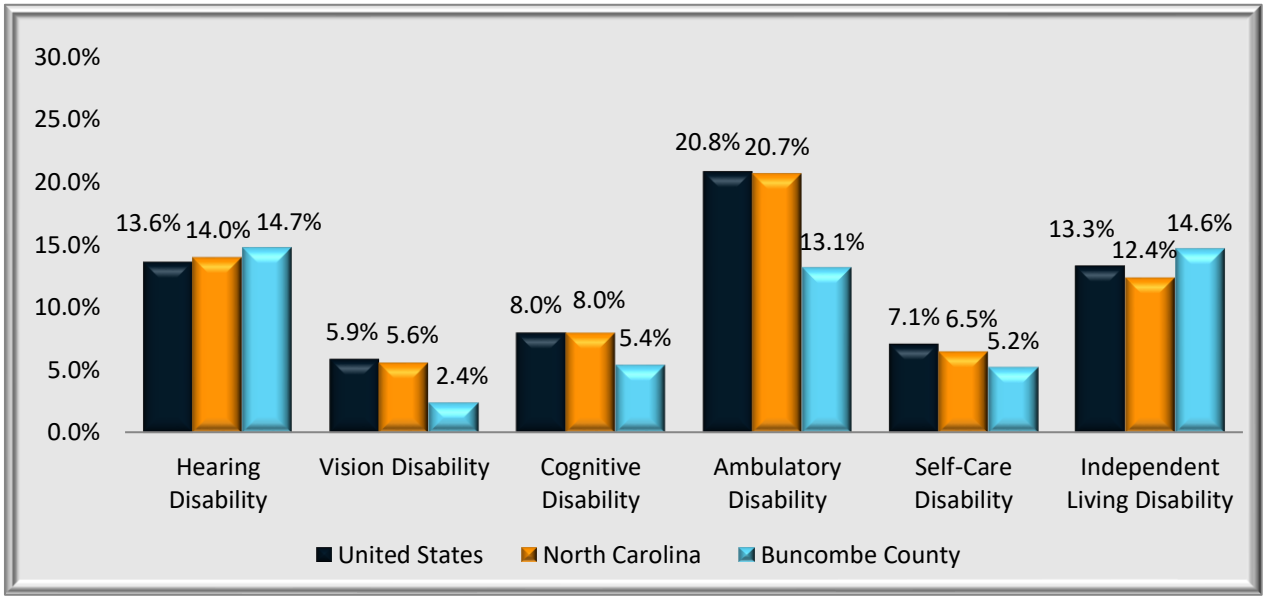
The percentage of disabled older adults in the county is 31.6%, somewhat lower than the state (33.8%) and the nation (33.4%). ***Older adults in Buncombe County are most affected by hearing, ambulatory and living independently disabilities.*** However, county older adults are far less affected by the ambulatory disability (13.1%) than those in the state (20.7%) and nation (20.8%). This is similar for vision disabilities.

Table 8. Disabled Population, Population 65 Years and Over (2017 – 2021)

	United States	North Carolina	Buncombe County
Population with a Disability	33.4%	33.8%	31.6%
Hearing Disability	13.6%	14.0%	14.7%
Vision Disability	5.9%	5.6%	2.4%
Cognitive Disability	8.0%	8.0%	5.4%
Ambulatory Disability	20.8%	20.7%	13.1%
Self-Care Disability	7.1%	6.5%	5.2%
Independent Living	13.3%	12.4%	14.6%

Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates

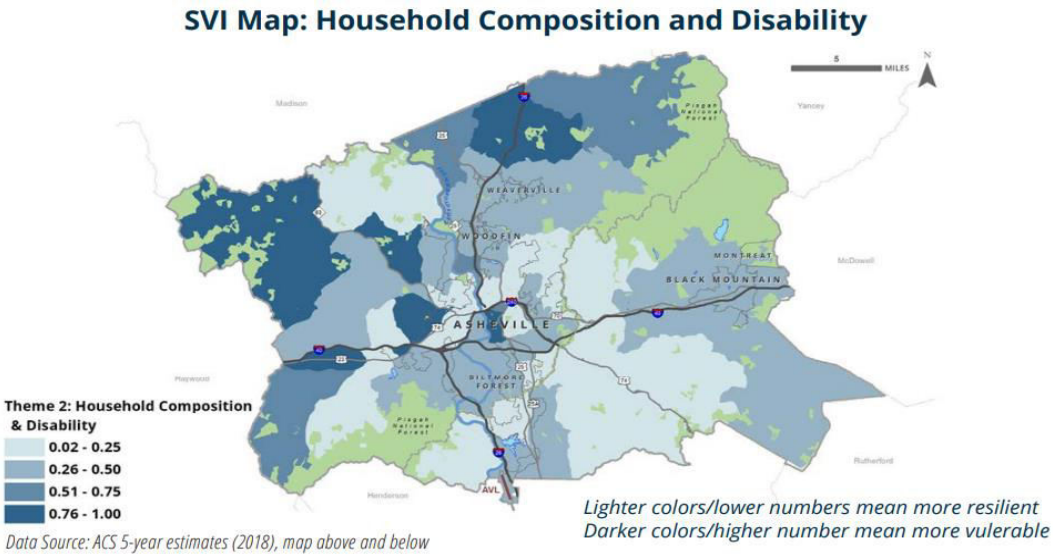
Figure 8. Disabilities by Type, Population 65 Years and Over (2017- 2021)



Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates

The Social Vulnerability Index for Buncombe County for Household Composition and Disability, created by the NC Institute for Public Health (UNC Gillings School of Global Public Health) displays high vulnerability in Census Tracts 9, 25.06 (west of Mimosa Drive) and north of Interstate 40 west of Asheville, and the western most part of the county just east of Canton, Census Tract 25.03. Data includes households older than 65 years and younger than 17 years and the population older than 5 years with a disability. ***Buncombe County ranks as the 4th least vulnerable county in the state.***

Figure 9. Social Vulnerability in Buncombe County for Household Composition and Disability



Source: Buncombe 2043: Our People and Buncombe County Factbook, 2022

Housing Tenure and Value and Severe Housing Problems

The majority of older adults in the county, state and nation own their residence (76.7%, 80.8% and 78.4% respectively). In addition, the median home value is highest ($278,000) in Buncombe County. ***However, for older adults who rent their home, the monthly rent is higher ($1,094) than in North Carolina ($819) or the United States ($937).***

A lower percentage of Buncombe older adult homeowners spend more than 30% of their income on their mortgage/owner costs than in the state and the nation. ***The percentage is higher for those 65+ spending 30% or more on rent. Almost one-quarter spend this much or more on rent each month.*** Thirty percent of a household's total income is considered the cut off for housing-cost burden and avoiding financial hardship.[2]

Table 9. Housing Tenure, Population 65 Years and Over (2017 - 2021)

	United States	North Carolina	Buncombe County
Older Adults Who Own Their Residence	78.4%	80.8%	76.7%
Older Adults Who Rent Their Residence	21.6%	19.2%	23.3%

Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates

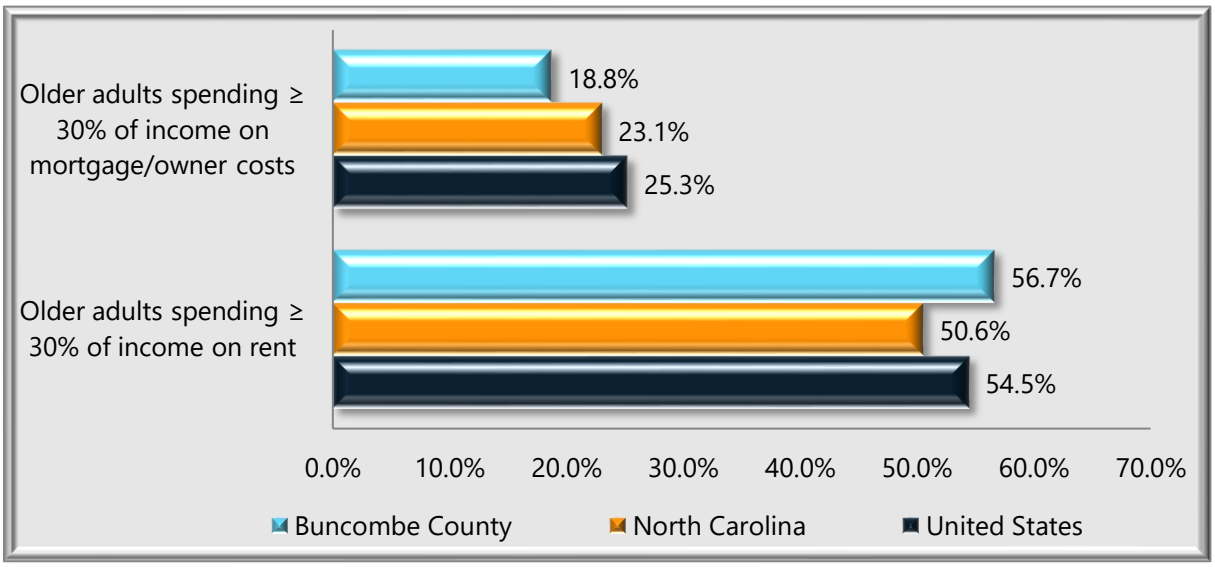
[2] The National Low Income Housing Commission states that a household is cost-burdened when it spends more than 30% of its income on rent and utilities and severely cost-burdened when it spends more than 50% of its income on these expenses.

Table 10. Housing Value and Costs, Population 65 Years and Over (2017 - 2021)

	United States	North Carolina	Buncombe County
Median Home Value	$231,600	$184,600	$278,400
Median Monthly Owner Costs With a Mortgage	$1,481	$1,224	$1,434
Median Monthly Owner Costs Without a Mortgage	$530	$426	$425
Median Rent	$937	$819	$1,094
Older adults spending 30% or more of income on mortgage/owner costs	25.3%	23.1%	18.8%
Older adults spending 30% or more of income on rent	54.5%	50.6%	56.7%

Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates

Figure 10. Housing costs greater than or equal to 30% of income, 2017 - 2021

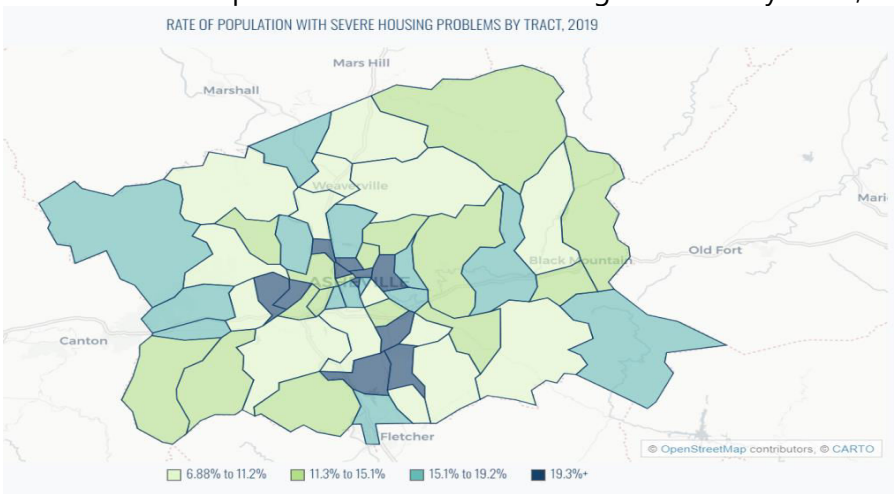


Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates

The U.S. Department of Housing and Urban Development defines severe housing problems as occupied household units that have at least one of the following issues: overcrowding (>1 occupant per room), high housing costs (monthly housing costs >50% of monthly income) or lack of adequate kitchen or plumbing facilities.

In Buncombe County, 14.2% of the population was living with severe housing problems in 2019. Between 2013 and 2019, the county saw a slight decrease (0.29%) in this indicator. The Healthy NC State Target in 2030 is 14.0%. In areas with the most severe problems, older adults are most certainly impacted.

Figure 11. Rate of Population with Severe Housing Problems by Track, 2019



Source: Healthy Communities NC, 2023

Household Status

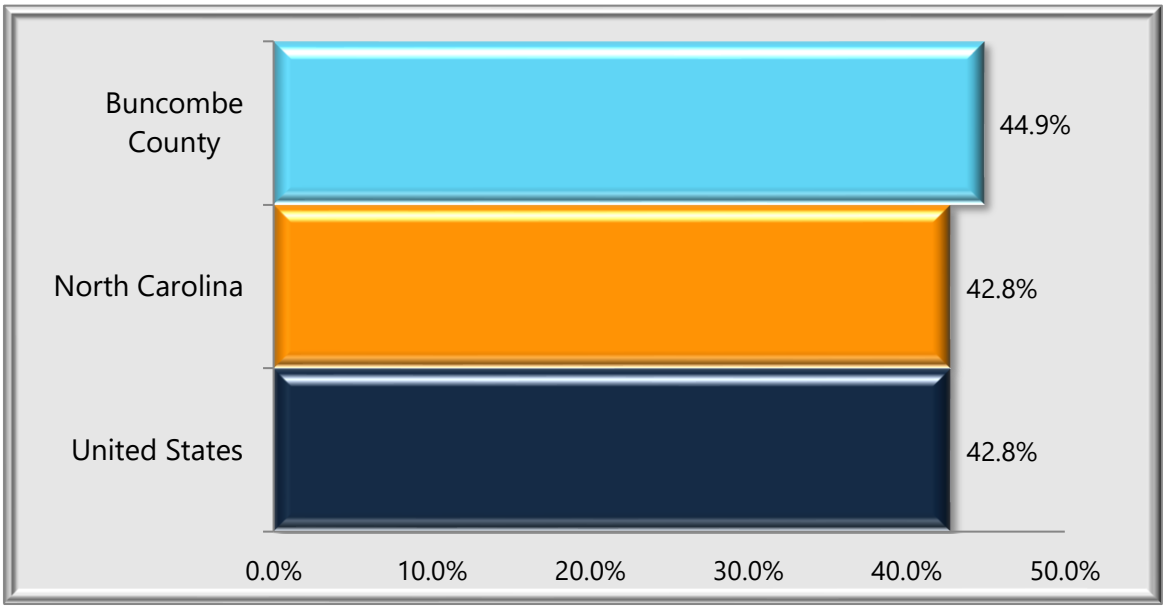
Households are identified as either family households or non-family households. In Buncombe County, almost half (49.2%) of older adults live in non-family households. This percentage is somewhat higher compared to the state (45.2%) and the nation (45.8***%). In addition, a somewhat higher percentage of 65+ householders live alone (44.9%) when compared to North Carolina and the United States (each is 42.8%). The percentage equates to more than 11,800 older adults living alone.*** Living alone generally entails a higher risk for social isolation and this may warrant attention.

Table 11. Households by Type, Population 65 Years and Over (2017 - 2021)

	United States	North Carolina	Buncombe County
Family Households	54.2%	54.8%	50.8%
Non-family Households	45.8%	45.2%	49.2%
Householder Living Alone	42.8%	42.8%	44.9%

Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates

Figure 12. Percentage of older adults living alone, 2017 - 2021



Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates

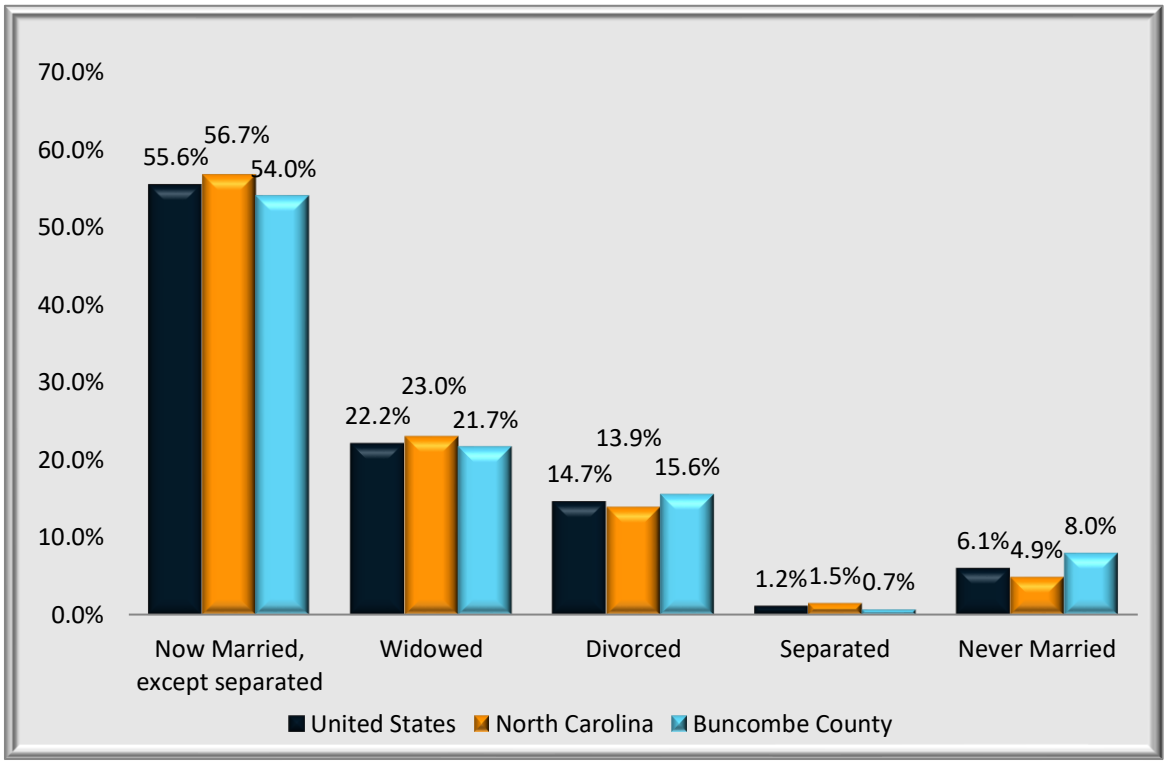
With regard to marital status, over half of older adults in the county (54.0%) are married, slightly less than the state (56.7%), and across the nation (55.6%). A higher percentage of older adults are divorced (15.6%) or never married (8.0%) in comparison to North Carolina and the U.S. These older adults may be living alone and may be socially isolated.

Table 12. Marital Status, Population 65 Years and Over (2017 - 2021)

	United States	North Carolina	Buncombe County
Now Married, except separated	55.6%	56.7%	54.0%
Widowed	22.2%	23.0%	21.7%
Divorced	14.7%	13.9%	15.6%
Separated	1.2%	1.5%	0.7%
Never Married	6.1%	4.9%	8.0%

Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates

Figure 13. Marital Status, Population 65 Years and Over (2017-2021)



Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year

In the county, fewer of those 65+ are living with their grandchildren (2.9%) than in the state (4.3%) and nation (5.1%) and only 0.7% of those are responsible for these children. In North Carolina and the United States, the percentages are somewhat higher.

Table 13. Population 65 Years and Over Responsible for Grandchildren Under 18 Years (2017 - 2021)

	United States	North Carolina	Buncombe County
Living with Grandchild(ren)	5.1%	4.3%	2.9%
Responsible for Grandchild(ren)	1.2%	1.3%	0.7%

Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates

Access to Transportation

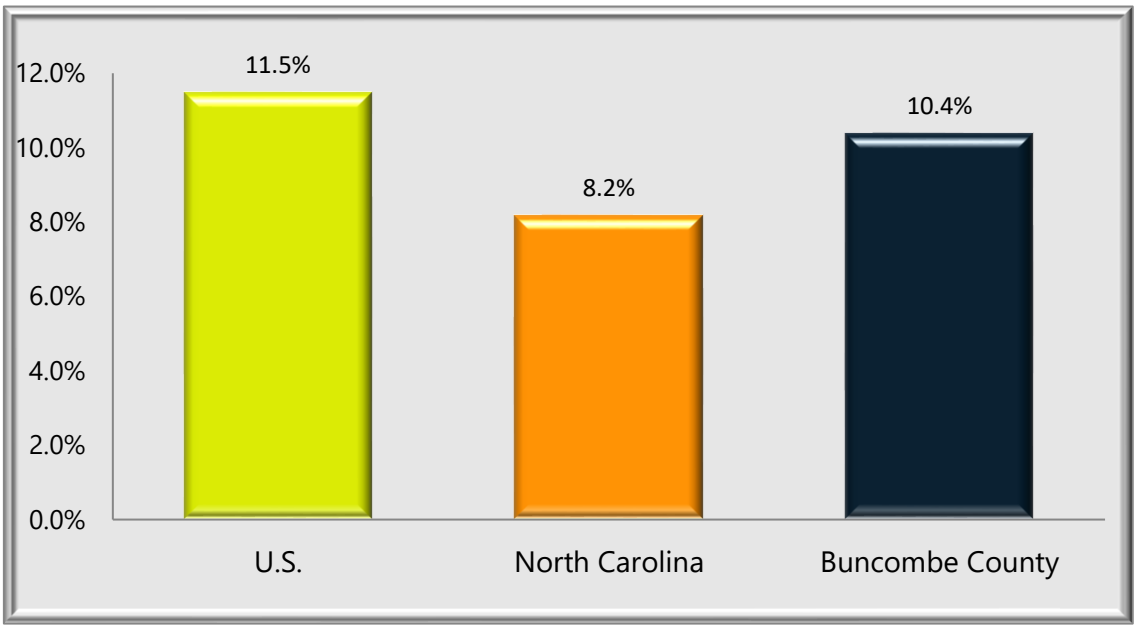
In Buncombe County, 2,457 persons age 65+ are without a vehicle. This is 10.4% of the total 32,738 homeowners and renters' households aged 65 and over. This can be an issue for some older households in terms of accessing food and other necessities such as medications, and other support and healthcare services for some older households.

Table 14. Percent of Households 65+ without a Vehicle (2017 – 2021)

United States	North Carolina	Buncombe County
11.5%	8.2%	10.4%

Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates

Figure 14. Percent of Households 65+ without a vehicle (2017-2021)

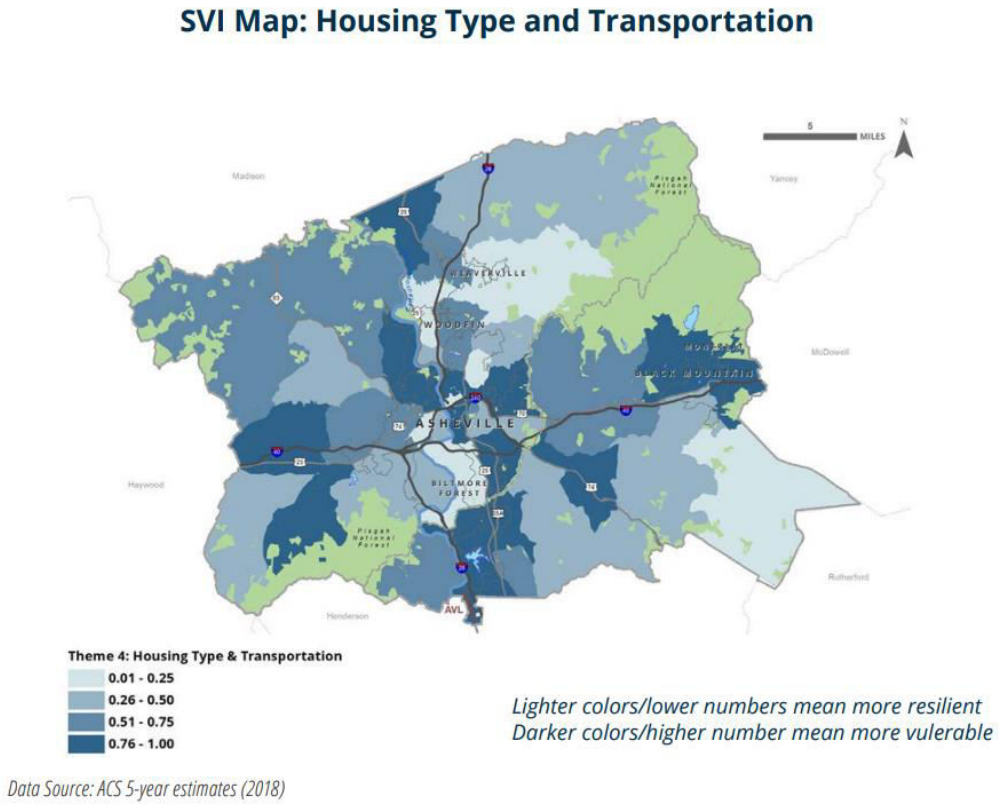


Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates

According to the Social Vulnerability Index for Buncombe County, the 2020 Statewide Housing Type and Transportation[3] Score is 0.6667 from a possible 0 (lowest vulnerability) to 1 (highest vulnerability). Buncombe County trails much of the other North Carolina counties, ranking 73 of 100. Large swaths of the county show vulnerability. These include census tracts west, south and northeast of Swannanoa, north of Black Mountain, the Emma Community, Census Tract 9 between Interstates 40 and 240 and Census Tract 28.03 on the edge of the county northwest of Weaverville.

[3] Challenges regarding housing and transportation are addressed by this score which includes the percentage of the population living in larger multi-family structures or mobile homes, overcrowded homes, households without access to a vehicle, or those living in institutions such as jails, nursing homes, college dorms, missions or shelters).

Figure 15. Social Vulnerability for housing and transportation



Source: Buncombe County 2043: Our People and Buncombe County Factbook, 2022

ECONOMY AND EDUCATION

Income and Earnings

Just under one-quarter of the population 65+ in Buncombe County had an annual income of $100,000 or more in 2021. This is a higher percentage (23.0%) than in North Carolina (18.2%) and the United States (22.1%). ***A slightly lower percentage of Buncombe County older adults earned less than $25,000 (26.7%) than in the state (27.2%). However this is a higher percentage than the nation (24.6%).***

Table 15. Household Earnings, Population 65 Years and Over (2017 - 2021)

	United States		North Carolina		Buncombe County	
Householder 65 years and over:	32,477,706	100.0%	1,058,592	100.0%	32,738	100.0%
Less than $10,000	1,840,436	5.7%	59,406	5.6%	1,666	5.1%
$10,000 to $14,999	2,048,820	6.3%	78,063	7.4%	2,654	8.1%
$15,000 to $19,999	2,078,164	6.4%	79,815	7.5%	2,762	8.4%
$20,000 to $24,999	1,998,704	6.2%	71,276	6.7%	1,666	5.1%
$25,000 to $29,999	1,917,134	5.9%	69,000	6.5%	1,684	5.1%
$30,000 to $34,999	1,712,624	5.3%	61,773	5.8%	1,721	5.3%
$35,000 to $39,999	1,618,181	5.0%	57,780	5.5%	1,596	4.9%
$40,000 to $44,999	1,497,337	4.6%	49,703	4.7%	1,558	4.8%
$45,000 to $49,999	1,386,057	4.3%	45,368	4.3%	1,383	4.2%
$50,000 to $59,999	2,530,905	7.8%	83,469	7.9%	2,448	7.5%
$60,000 to $74,999	3,085,861	9.5%	98,972	9.3%	3,015	9.2%
$75,000 to $99,999	3,613,382	11.1%	111,584	10.5%	3,060	9.3%
$100,000 to $124,999	2,307,299	7.1%	68,446	6.5%	2,409	7.4%
$125,000 to $149,999	1,450,477	4.5%	41,157	3.9%	1,646	5.0%
$150,000 to $199,999	1,553,030	4.8%	39,373	3.7%	1,728	5.3%
$200,000 or more	1,839,295	5.7%	43,407	4.1%	1,742	5.3%

Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates

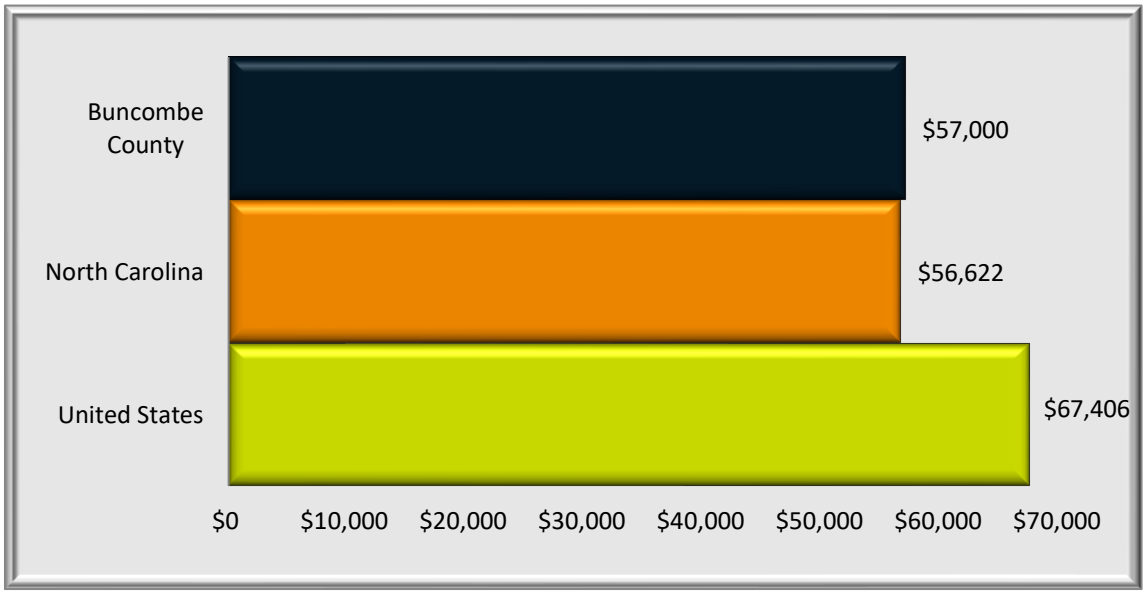
The following table depicts the percentage of older adult households earning an income and/or collecting from secondary sources, like Social Security or retirement savings. ***The mean earnings for those 65+ in the county was $57,000 in 2021, slightly higher than the state ($56,622) but much lower than in the nation as a whole ($67,406).*** In general, the percentage of those with some form of supplemental income (excluding Social Security) is less than both North Carolina and the United States. ***Almost 7% of older adults in Buncombe County rely on Food Stamp/SNAP Benefits, however this figure is lower than the state (9.5%) and the nation (9.0%). Just over half (53.1%) have retirement income.***

Table 16. Household Earnings, Population 65 Years and Over (2017 - 2021)

	United States	North Carolina	Buncombe County
Households with Earnings	38.2%	35.4%	32.8%
Mean Earnings	$67,406	$56,622	$57,000
Households with Social Security Income	88.7%	91.5%	91.1%
Mean Income	$22,934	$22,929	$22,535
Households with Supplemental Security	6.4%	5.4%	3.6%
Mean Income	$10,331	$10,192	$11,478
Households with Cash Public Assistance	1.9%	1.2%	0.9%
Mean Income	$3,326	$2,973	$5,022
Households with Retirement Income	54.6%	54.0%	53.1%
Mean Income	$31,446	$28,188	$32,968
Households with Food Stamp/SNAP Benefits	9.0%	9.5%	6.7%

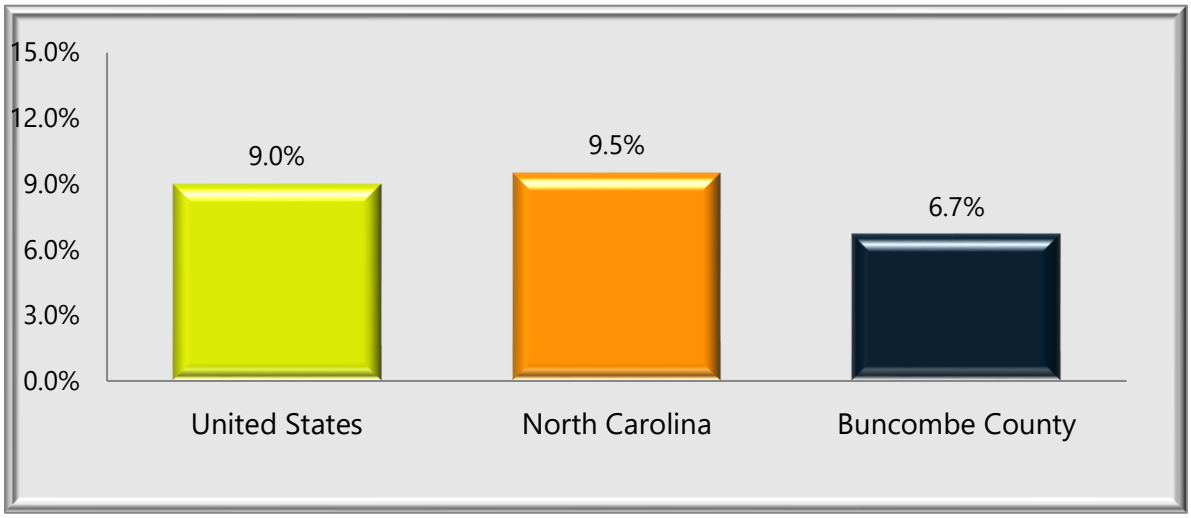
Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates

Figure 16. Population 65 years and over mean household earnings, 2017 - 2021



Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year

Figure 17. Percentage of 65+ Households Receiving Food Stamp/SNAP Benefits (2017 – 2021)



Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year

Poverty Status

The federal poverty level represents the dollar amount below which a household has insufficient income to meet minimal basic needs. The federal poverty level may also be reported as a percentage. Households that are below 100% of the poverty level have an income less than the amount deemed necessary to sustain basic needs. Households at 100% to 149% of the poverty level have an income 1.0 to 1.49 times the necessary amount.

Table 17. Health and Human Services Poverty Guidelines (2023)

Size of Family/ Household	48 Contiguous States and the District of Columbia 100% of Poverty Level
1	$14,580
2	$19,720
3	$24,860
4	$30,000
5	$35,140
6	$40,280
7	$45,420
8	$50,560
For each additional person after 8, add: $4,450	

Source: U.S. Department of Health and Human Services

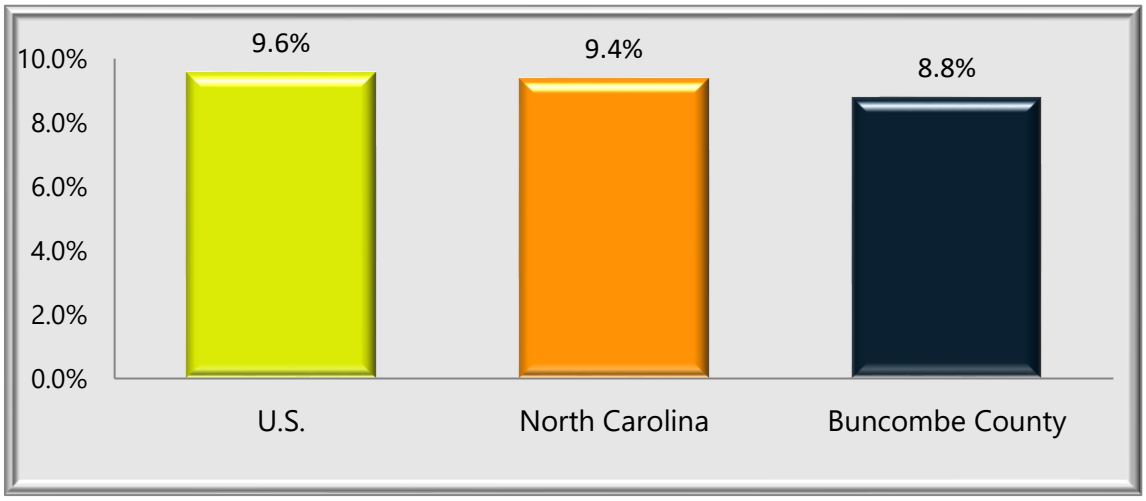
Fewer older adults in Buncombe County (8.8%) are below 100% of the Federal Poverty Level than in North Carolina (9.4%) and the United States (9.6%) in 2021. About the same percentage are between 100% and 149% of the Poverty Level in the county and the state, however, this percentage is greater than in the nation.

Table 18. Poverty Status in the Past 12 Months, Population 65 Years and Over (2017 - 2021)

	United States	North Carolina	Buncombe County
Population Below 100% of the Poverty Level	9.6%	9.4%	8.8%
Population At 100% to 149% of the Poverty Level	8.7%	10.3%	10.1%
Population At or Above 150% of the Poverty Level	81.8%	80.3%	81.0%

Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates

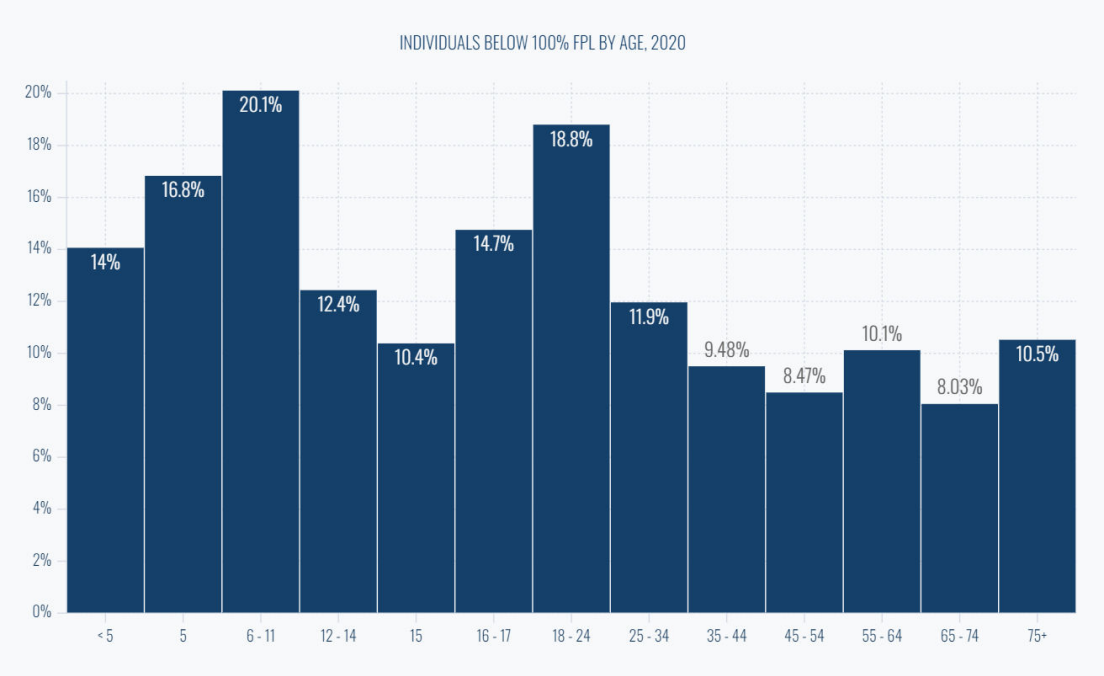
Figure 18. Population 65 and Over Below 100% of the Federal Poverty Level, 2017 - 2021



Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year

Healthy Communities NC reports that 8.03% of households aged 65 to 74 were below 100% of the poverty level in 2020. This worsens as the population in Buncombe County ages. ***For households 75+, 10.5% are below 100% of the poverty level.*** The Healthy NC State Target (2030) is 27% of the population.

Figure 19. Individuals Below the 100% of the Federal Poverty Level by Age Cohort (2020)

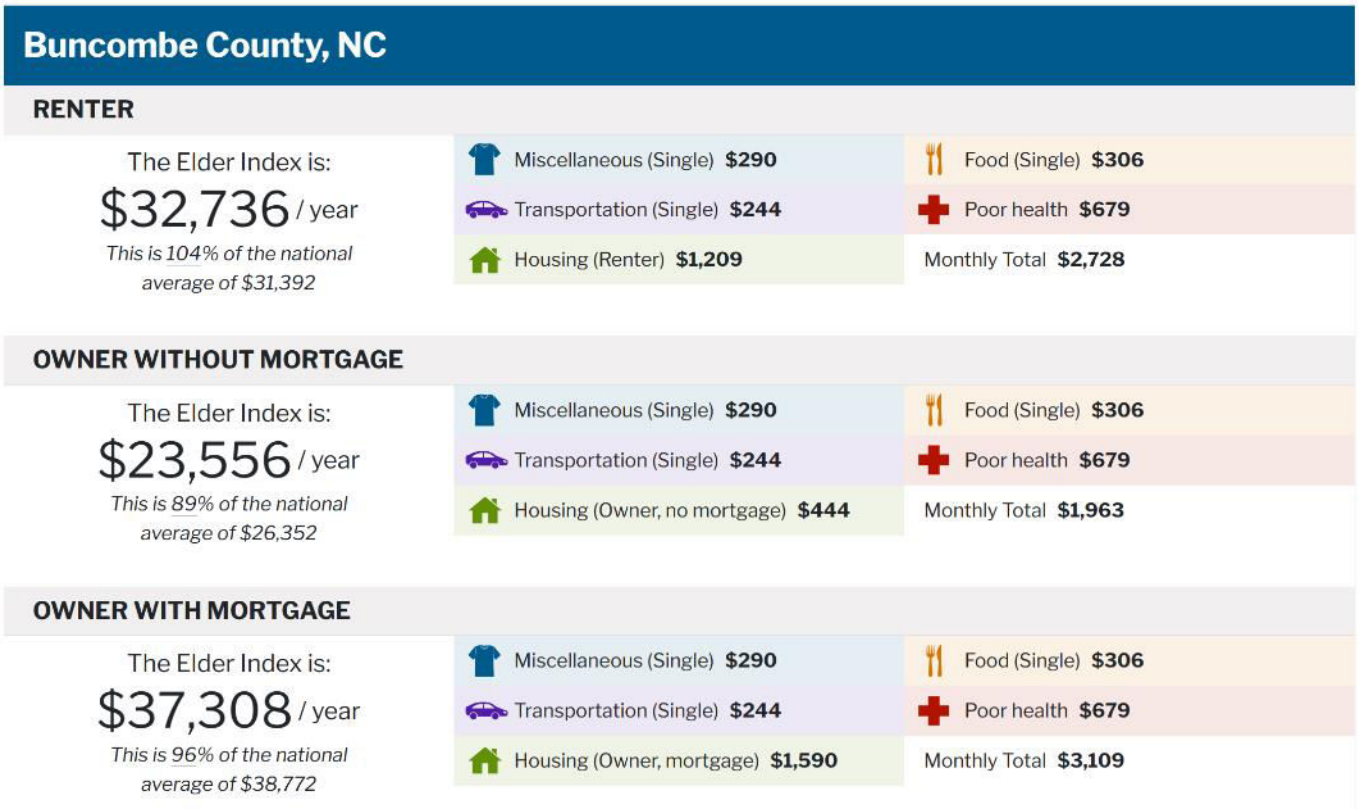


Source: Healthy Communities NC, 2023.

The 2022 Elder Index is built around everyday expenses encountered by older adults aged 65 and older and is designed to be a realistic benchmark of income adequacy that reflects regional and local variations in cost of living. This differs from the Federal Poverty Level which is a nation-wide average that does not account for age, location, or inflation variability in cost of living for most categories. The index measures the income that older adults need to live independently.

In order to live independently, Buncombe County renters are shown to require a higher income ($32,736) than in the nation. This is equivalent to 104% of the national average. Homeowners without a mortgage need only 89% ($23,556) of the national average and homeowners with a mortgage need 96% ($37,308), almost as much as the national average. Figure 18 provides a breakdown of the annual expenses by renter or homeowner.

Figure 20. Elder Index by Housing Tenure in Buncombe County (2022)

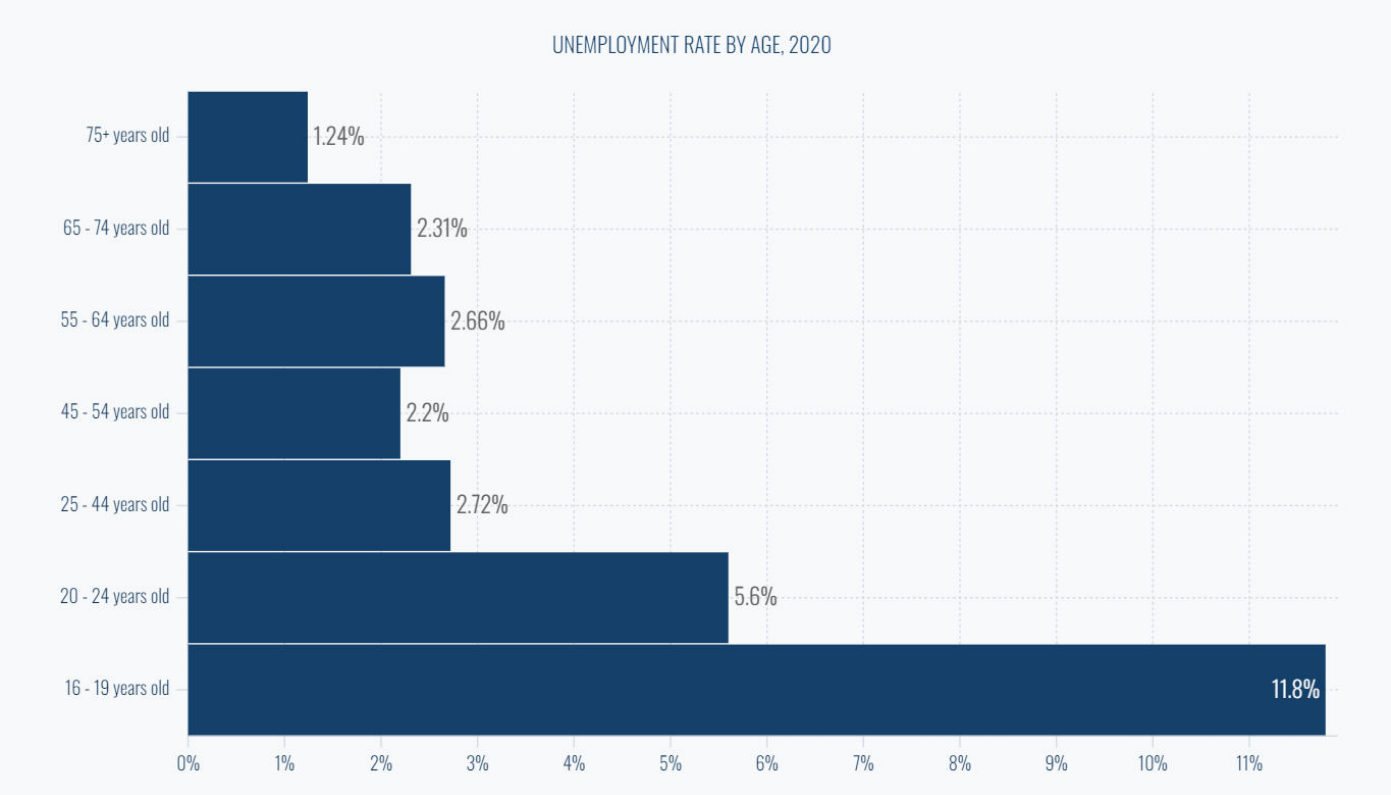


Source: The Elder Index, 2022

Employment

Healthy Communities NC reports that for Buncombe County in 2020, the unemployment rate among those 65 to 74 years of age was 2.31% and for those 75+ years old, it was 1.24%.

Figure 21. Unemployment Rate by Age in Buncombe County, 2020



Source: Healthy Communities NC, 2023

Data from the U.S. Census for 2021 estimates that the rate of unemployment among older adults decreased by 2021. ***Among older adults who are actively seeking employment, Buncombe County has a lower unemployment rate for older adults aged 65+ (0.4%) when compared to the state (0.6%) and the nation (0.8%).*** Over 83% of the 65+ population are not in the labor force, slightly higher than the state and nation. The percentage of those 65 years and over in the labor force is 16.8%.

Table 19. Employment Status, Population 65 Years and Over (2017 – 2021)

	United States	North Carolina	Buncombe County
In labor force	18.8%	17.6%	16.8%
Employed	18.0%	17.0%	16.4%
Unemployed	0.8%	0.6%	0.4%
Not in labor force	81.2%	82.4%	83.2%

Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates

Education

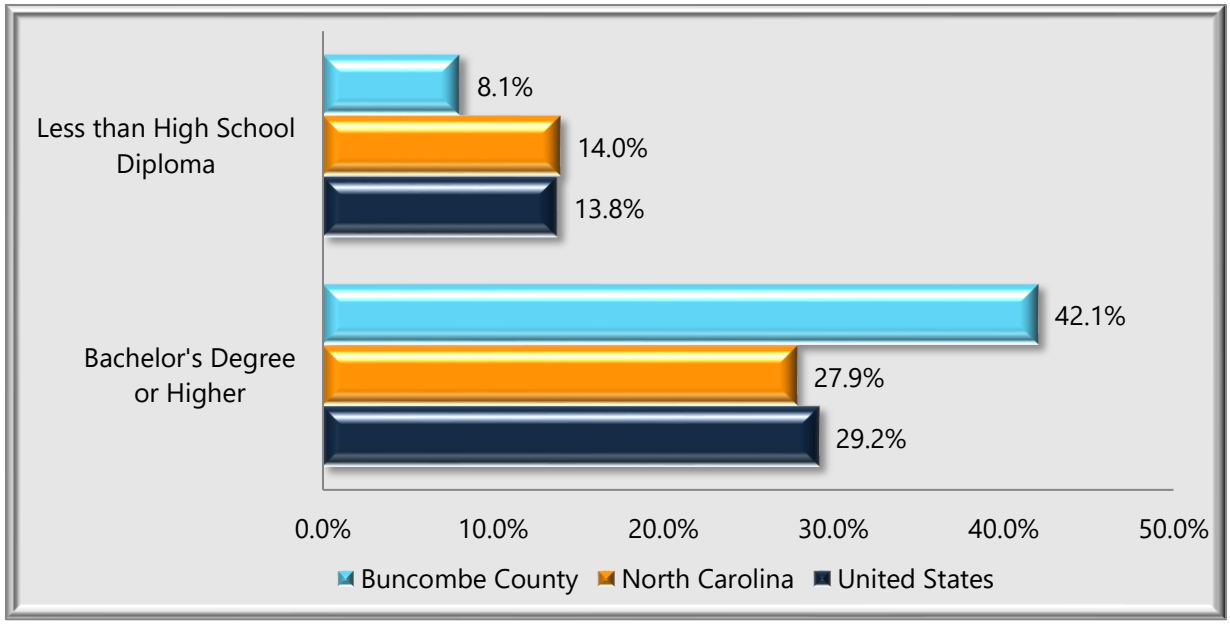
The population 65+ in Buncombe County is highly educated. ***The percentage of older adults with a bachelor's degree or higher in Buncombe County is substantially greater (42.1%) than in the state (27.9%) and the nation (29.2%).*** The percentage of Buncombe County older adults without a high school diploma is notably lower than the percentage of older adults in North Carolina and the United States.

Table 20. Highest Level of Educational Attainment, Population 65 Years and Over (2017 – 2021)

	United States	North Carolina	Buncombe County
Less than high school diploma	13.8%	14.0%	8.1%
High school graduate, GED, or alternative	30.4%	30.1%	26.3%
Some college or associate degree	26.6%	28.0%	23.5%
Bachelor's degree or higher	29.2%	27.9%	42.1%

Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates
*The percentage of educational attainment in each column totals 100%. Individuals are only included in the highest level of education attained.

Figure 22. Educational attainment, Population 65 years and over, 2017 - 2021



Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates

HEALTH CARE ACCESS

Health Insurance Coverage

Buncombe County older adults are less likely to be uninsured (0.1%) when compared to older adults in the state (0.6%) and the nation (0.8%). A large majority (98.3%) of the county's population 65 years and over have Medicare coverage alone or in combination with another insurance plan. Eleven percent of older adults have Medicaid, or some other means tested public coverage either alone or in combination with another plan. ***Health coverage through the VA for Buncombe County veterans and/or their families is held by 9.9% of older adults, a higher percentage than in the state (8.5%) and the nation (7.4%).***

According to the Kaiser Family Foundation, adults aged 65 and older, who are eligible for health care coverage through Medicare, are much less likely than younger age groups to say they have not gotten a test or treatment because of cost. However, a substantial portion of adults 65+ report difficulty paying for various aspects of health care, especially services not covered by Medicare, such as hearing services, dental and prescription drug costs. Over one in five adults (22%) in the nation say they currently owe money due to medical or dental bills. Medicare provides near universal coverage to seniors, but it has gaps that can leave beneficiaries with substantial out-of-pocket costs.

Table 21. Uninsured Population Aged 65 Years and Over (2017 - 2021)

United States	North Carolina	Buncombe County
0.8%	0.6%	0.1%

Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates

Table 22. Public Health Insurance Coverage Alone or in Combination, Population 65 Years and Over (2017 - 2021)

	United States	North Carolina	Buncombe County
Medicare coverage alone or in combination	95.6%	97.0%	98.3%
Medicaid/means-tested public coverage alone or in combination	13.5%	11.8%	11.0%
VA health care coverage alone or in combination	7.4%	8.5%	9.9%

Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates

Health Care Provider Access

Health care provider density or the provider to population ratio is a measure of overall health care access. ***In Buncombe County, the ratio of population to primary care providers is substantially better than in North Carolina and the National Benchmark. The ratio of population to dentists is also much better than the state, however it is worse than the nation. There are significantly more mental health providers available to the population than in North Carolina and the United States.***

The National Benchmark represents the 10th percentile, i.e., only 10% of locations are better. In other words, the lower the measure, the better the performance.

Table 23. Health Care Provider Density (2021)

	National Benchmark (10th Percentile)	North Carolina	Buncombe County
Population to Primary Care Physicians Ratio	1,020:1	1,401:1	710:1
Population to Dentist Ratio	1,200:1	1,660:1	1,330:1
Population to Mental Health Providers Ratio	240:1	340:1	130:1

Source: County Health Rankings, 2023

In Buncombe County 2,110 hospital stays per 100,000 people enrolled in Medicare. These may have been prevented by outpatient treatment. The county is getting better for this measure over time according to County Health Rankings.

Table 24. Preventable Hospital Stays (2020)

National Benchmark (10th Percentile)	North Carolina	Buncombe County
1,666	3,146	2,110

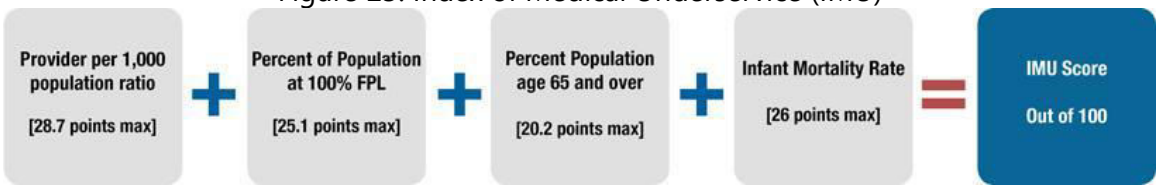
Source: County Health Rankings, 2023

Medically Underserved Areas (MUAs) detect geographic areas with a lack of access to primary care services. There is a shortage of primary care health services for residents within the specific geographic area. The designations are based on the Index of Medical Underservice (IMU), which is calculated based on four demographic and health indicators:

- Provider per 1,000 population ratio
- Percent of the population below the federal poverty level
- Percent of the population over age 65
- Infant mortality rate

The IMU scale can range from 0 to 100, where 0 represents the completely underserved. To qualify for a designation, the IMU score must be less than or equal to 62.0. ***Buncombe County was designated as a non-rural medically underserved area (MUA) in 1994 and remains so today.***

Figure 23. Index of Medical Underservice (IMU)



Source: Health Resources and Services Administration

Table 25. Medically Underserved Areas (MUA) in Buncombe County (2021)

	MUA ID	Designation Type	Index of Medical Underservice Score	Rural Status
Buncombe County	052	Medically Underserved Area	50.8	Non-Rural

Source: Health Resources and Services Administration

OLDER ADULT HEALTH INDICATORS

General Health Status

General self-rated health status (for all ages) provides a strong predictive measure for overall health outcomes. Adults in fair or poor physical or mental health are defined as having reported 14 or more days for which their mental or physical health was "not good" within the past 30 days. In the United States, the population 65+ reporting fair or poor overall health is 23.5% according to the CDC National Center for Health Statistics (and reported by County Health Rankings).

Data for Buncombe County is available for all ages and not older adults***. In Buncombe County, 11% of all residents report fair or poor health. This is less than for the population in North Carolina (14%) and similar to the National Benchmark (11%).*** The average number of poor physical health days (2.8) in the past 30 days is slightly lower in the county than in the state but higher than the National Benchmark. ***However, the average number of poor mental health days (4.5) in the county in the past month is higher than the state and the benchmark.***

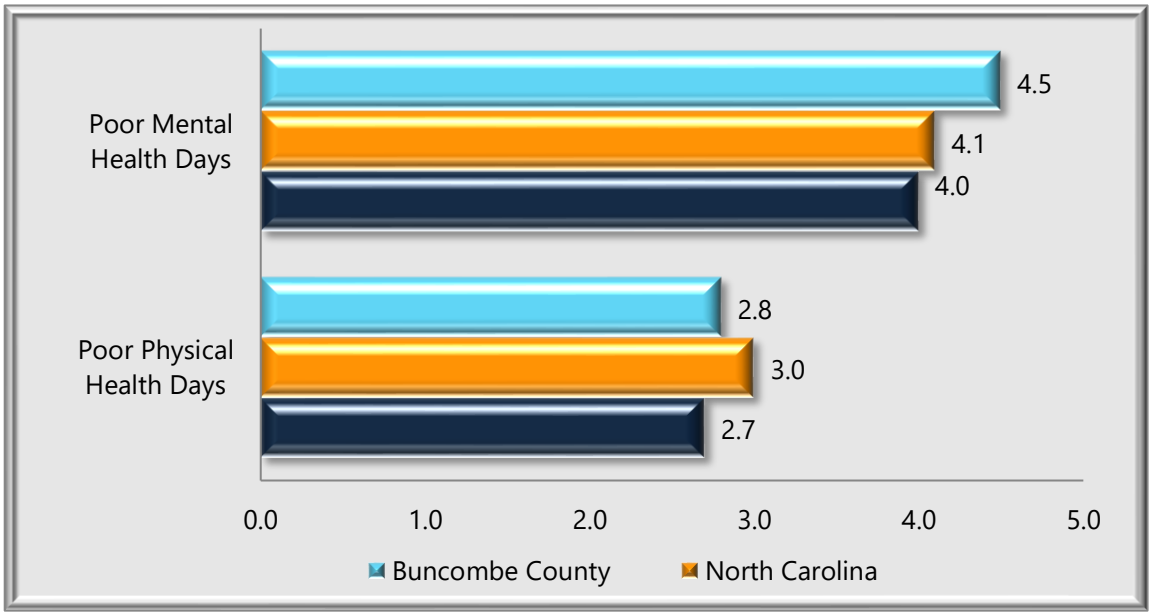
Table 26. Population with Poor Physical and Mental Health Days in the Past Month (2020)

	National Benchmark (10th Percentile)	North Carolina	Buncombe County
Poor or fair health	11%	14%	11%
Poor physical health days in past 30 days (Average number of days)	2.7	3.0	2.8
Poor mental health days in past 30 days (Average number of days)	4.0	4.1	4.5

Source: County Health Rankings, 2023

*National benchmark represents the top performers in the 10th percentile. In other words, the lower the measure, the better the performance.

Figure 24. Population with Poor Physical and Poor Mental Health Days



Source: County Health Rankings, 2023

Food Environment

The ability to maintain a healthy weight through diet and physical activity is influenced by both behavioral and environmental indicators. Environmental indicators include, but are not limited to, access to healthy foods and access to exercise opportunities.

The Food Environment Index measures overall food access based on 2 indicators, limited access to healthy foods and food insecurity. The index is based on a score of 0 (worst) to 10 (best). The first factor, limited access to healthy foods, measures the proportion of the population that is low income and does not live close to a grocery store. The second factor, food insecurity, measures the percentage of the population that does not have access to a reliable source of food during the past year.

The Food Environment Index in Buncombe County (7.0) is better when compared to the index in North Carolina (6.5) but worse when compared to the National Benchmark of 8.7. However, in Buncombe County 14% of people did not have a reliable source of food (food insecurity) which is worse when compared to the state (12%) and the nation (8%).

Table 27. Food Environment Index (2020)

National Benchmark (90th Percentile)*	North Carolina	Buncombe County
8.7	6.5	7.0

Source: County Health Rankings, 2023

*This is a reverse coded measure in which the top performers are in the 90% percentile: in other words, the higher the measure, the better the performance.

Table 28. Food Insecurity (2020)

National Benchmark (10th Percentile)	North Carolina	Buncombe County
8%	12%	14%

Source: County Health Rankings, 2023

In Buncombe County, 10% of people had low incomes and did not live close to a grocery store, limiting their ability to access healthy foods.

Table 29. Limited Access to Health Foods (2019)

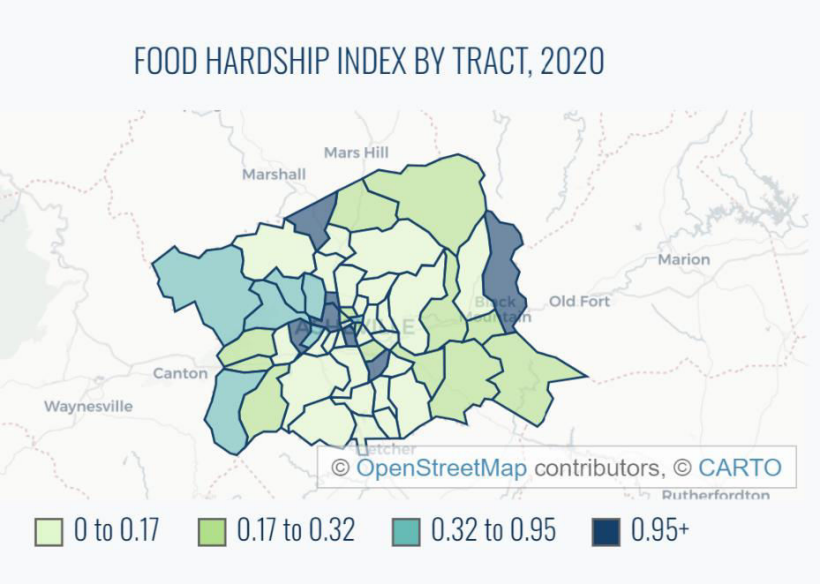
National Benchmark (10th Percentile)	North Carolina	Buncombe County
17%	8%	10%

Source: County Health Rankings, 2023

Healthy Communities NC measures Food Hardship Index[4] for all ages where the higher the measure, the more food hardship. In 2020, the Food Hardship Index for Buncombe County was 0.28. The Census tract with the highest Food Hardship Index was Tract 28.03 (0.99) and the tract with the lowest was Tract 16 (0.04).

[4] Because access to healthy food is a significant issue in the Cape Fear region, and because this indicator was only available at a county-level geography in County Health Rankings, Cape Fear Collective created a Food Hardship Index from a logistic regression model predicting USDA food desert status.

Figure 25. Food Hardship Index by Census Tract in 2020, Buncombe County



Source: Health Communities NC

Exercise and Physical Activity

A community's health and overall quality of life is also affected by access to exercise opportunities. The measure is based on the proportion of residents who live reasonably close to a physical activity location. Physical activity locations may include parks (local, state, and national) or facilities identified by the NAICS code 713940 (gyms, community centers, YMCAs, pools, etc.). In Buncombe County, North Carolina, 75% of people lived close (within half a mile) of a park or recreation facility or three miles from a recreational center in a rural area. ***The percentage of residents who have access to exercise opportunities is the same in Buncombe County and North Carolina. However, this percentage (75%) is much worse than the National Benchmark (90%).*** The Healthy NC State Target in 2030 is 92%.

Table 30. Access to Exercise Opportunities (2022)

National Benchmark (90th Percentile)	North Carolina	Buncombe County
90%	75%	75%

Source: County Health Rankings, 2023

In Buncombe County, 18% of adults reported participating in no physical activity outside of work. Healthy People 2030 Objective OA-01 is to "Increase the proportion of older adults with physical or cognitive health problems who get physical activity." A baseline of 41.3 percent (2018 national data) is recorded. The target is 51.0% for adults aged 65+. ***Positively, the percentage of the Buncombe County population that is physically inactive is less than both the state and nation.***

Table 31. Physically Inactive (2020)

National Benchmark (10th Percentile)	North Carolina	Buncombe County
19%	22%	18%

Source: County Health Rankings, 2023

Body Mass Index

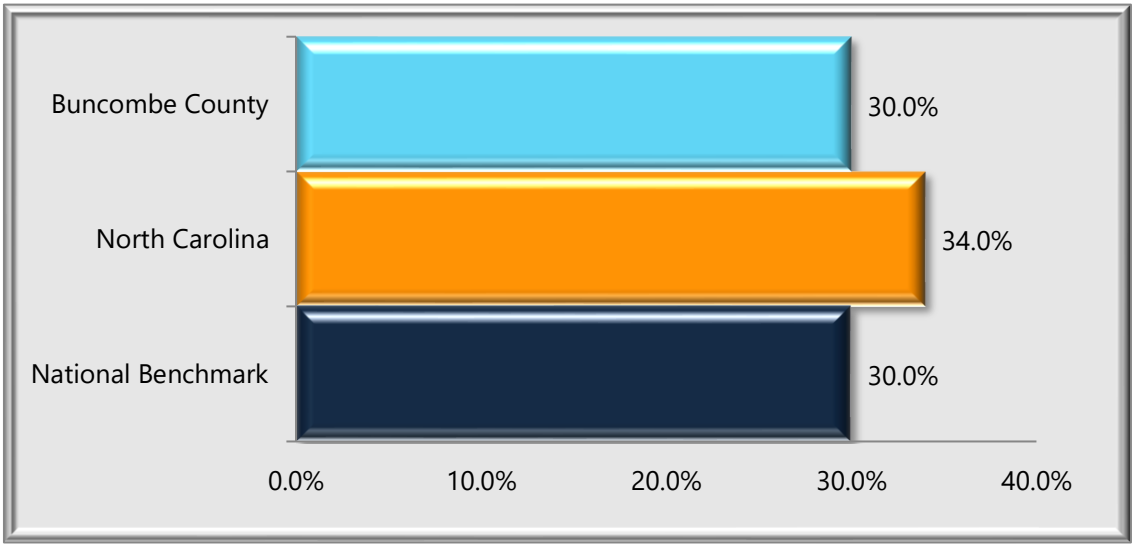
Body Mass Index (BMI) is a factor of diet and physical activity and is correlated with chronic health conditions. It is calculated based on the height and weight of an individual. The following table depicts the percentage of older adults with a BMI of 30 or greater. ***The BMI for Buncombe County residents falls below North Carolina (which is positive) and is similar to the National Benchmark.***

Table 32. Adult Overweight/Obesity with BMI of 30 or greater. (2020)

National Benchmark (10th Percentile)	North Carolina	Buncombe County
30%	34%	30%

Source: County Health Rankings, 2023

Figure 26. Older adult population overweight with BMI of 30 or greater, 2020



Source: County Health Rankings: 2023

Smoking

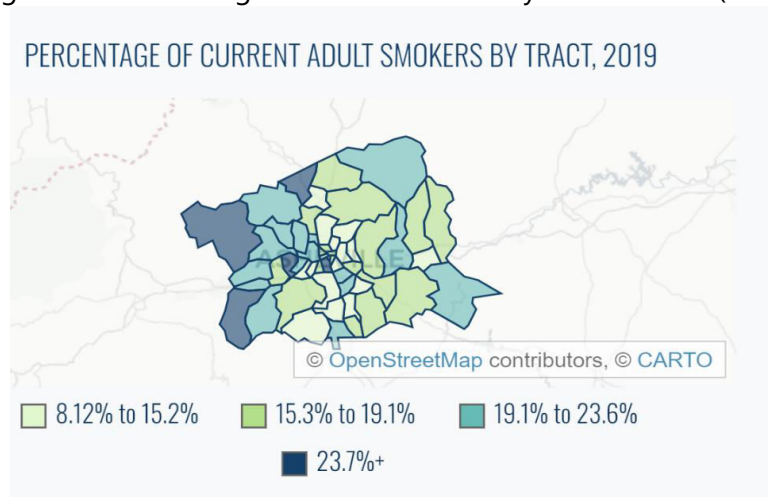
Smoking is detrimental to nearly every organ in the body and is often correlated with poorer health outcomes and chronic health conditions such as lung cancer, stroke and heart disease***. In North Carolina and Buncombe County, the percentage of adult smokers is 17%, slightly higher than in the United States (15%).*** Census tracts in Buncombe County for this indicator range from 8.12% to 26.8%.

Table 33. Adult Smoking (2020)

National Benchmark (10th Percentile)	North Carolina	Buncombe County
15%	17%	17%

Source: County Health Rankings, 2023

Figure 27. Percentage of Adult Smokers by Census Tract (2019)



Source: Healthy Communities NC, 2023.

Substance Abuse

Binge drinking is defined as having 5 or more drinks (men) or 4 or more drinks (women) on an occasion in the past 30 days. The Healthy NC State Target in 2030 is 12%.

Buncombe County (18%) is relatively the same in terms of the percentage of excess drinking in the state (17%) and the nation (19%). However, the percentage of alcohol impaired deaths is somewhat higher (29%) than the state (26%) and much higher than the nation (10%).

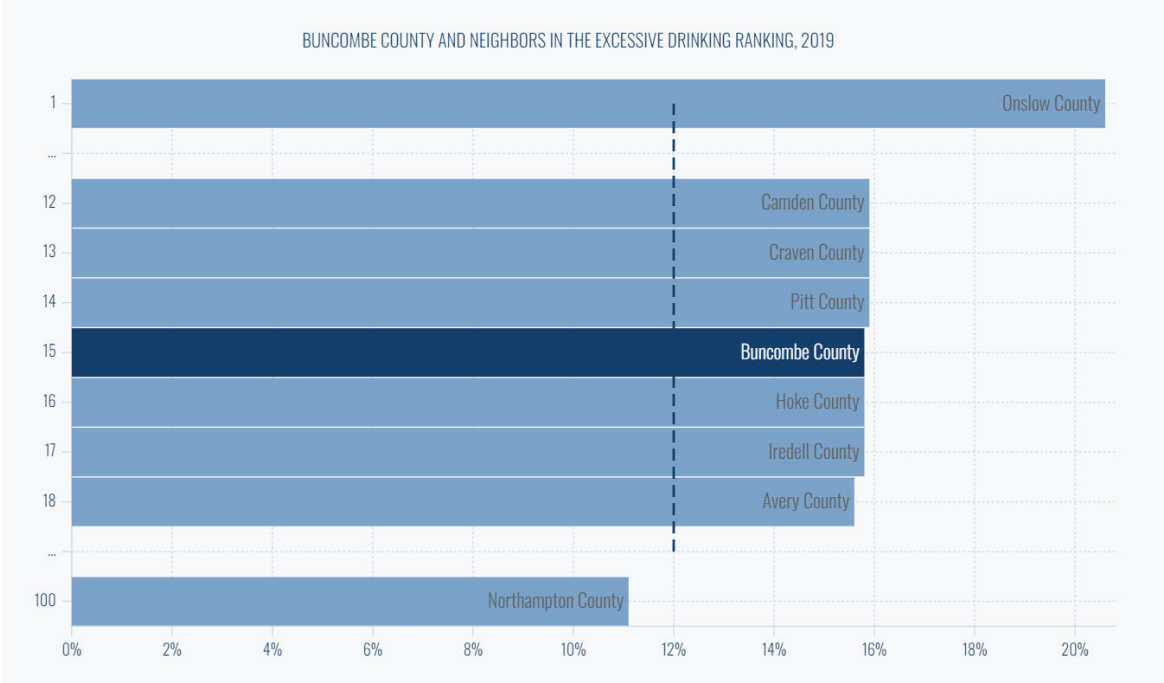
Table 34. Alcohol Misuse (2020)

	National Benchmark (10th Percentile)	North Carolina	Buncombe County
Excess Drinking	15%	17%	18%
Alcohol -Impaired Driving Deaths	10%	26%	29%

Source: County Health Rankings, 2023

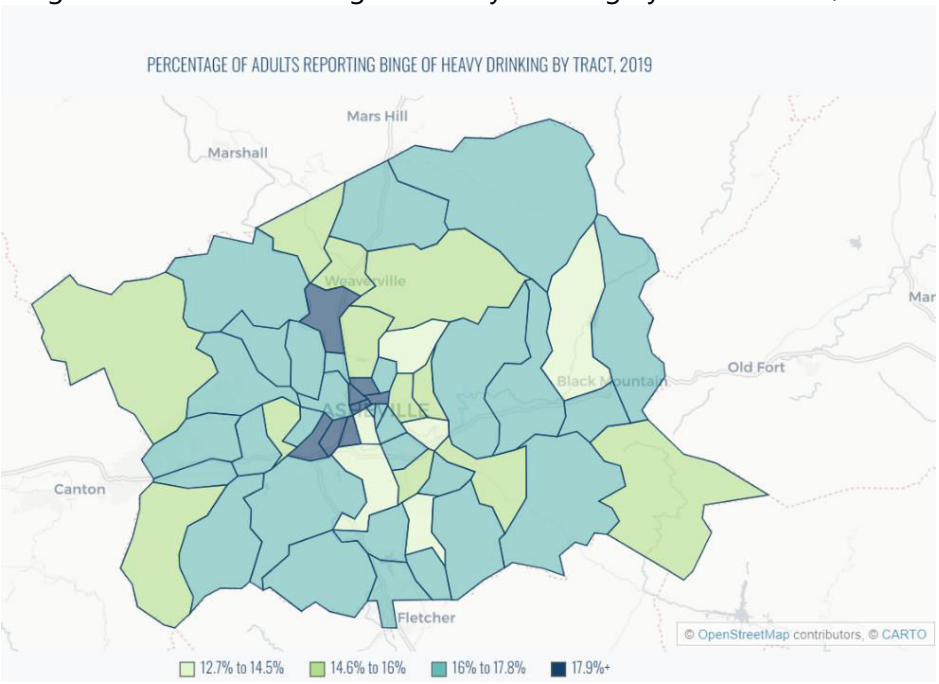
Figure 26 shows Buncombe County's position in the ranking of counties in North Carolina in terms of excessive drinking. The data are from 2019**. *The percentage of excessive drinking at that time was 15.8% for the county.*** The Census tract with the highest percentage is Tract 4 (20.7%) while the lowest was Tract 9 (12.7%).

Figure 28. Buncombe County in Relation to North Carolina Counties for Excessive Drinking (2019)



Source: Healthy Communities NC, 2023.

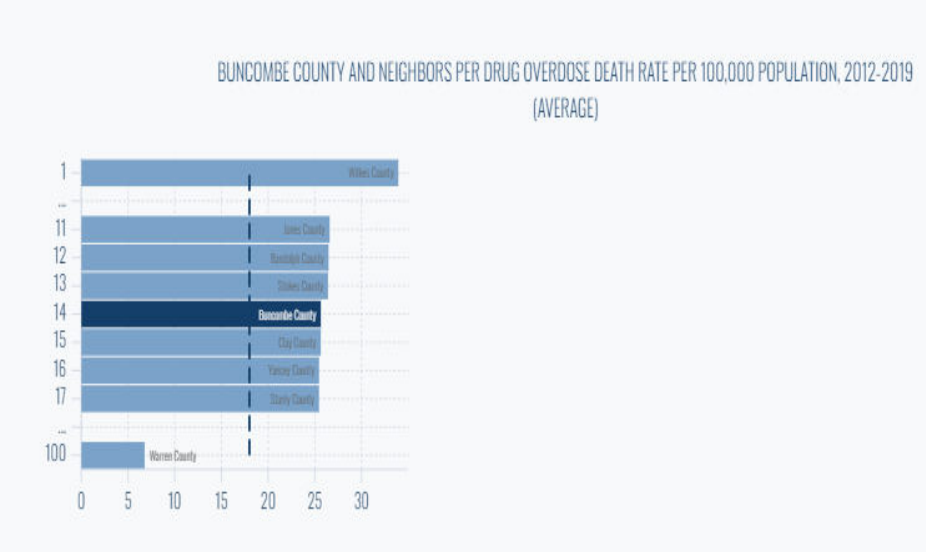
Figure 29. Percent of Binge or Heavy Drinking by Census Tract, 2019



Source: Healthy Communities NC, 2023.

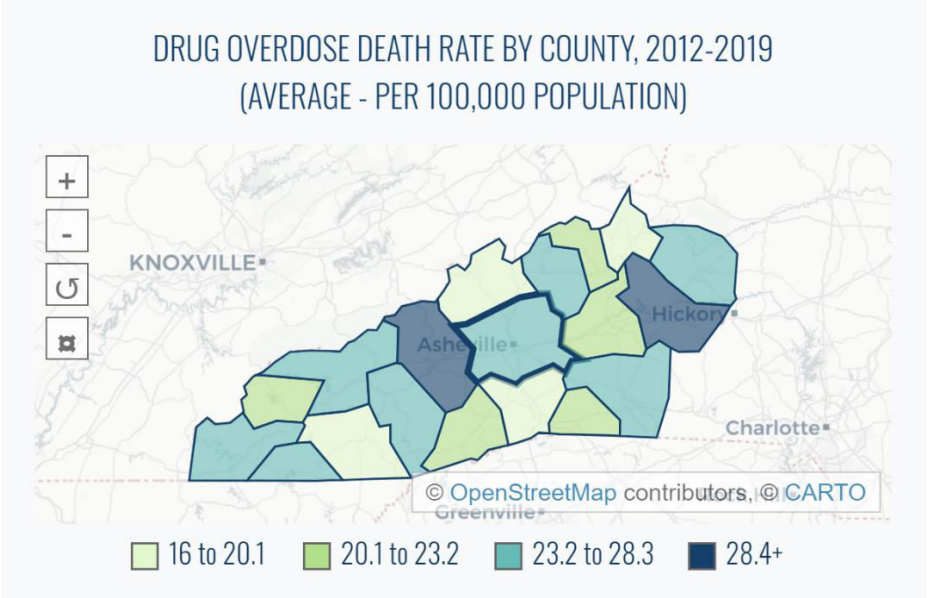
Drug overdose deaths (for all ages) are measured as the number of persons who die as a result of drug poisoning per 100,000 population. This includes deaths of any intent from both medications and drugs. ***The Healthy NC 2030 target is 18 per 100,000 people. Buncombe County is somewhat greater (25.6 per 100,000).***

Figure 30. Buncombe County Compared to Neighboring Counties for Drug Overdose Death Rate per 100,000 Population (2012 – 2019)



Source: Healthy Communities NC, 2023

Figure 31. Drug Overdose Death Rate by County per 100,000 Population (2012 – 2019)



Source: Healthy Communities NC, 2023.

Data from 2018 – 2020 are reported by County Health Rankings. ***The data demonstrates that the situation is worsening. In 2020, 39 per 100,000 drug overdose deaths were reported for the county.*** In comparison, 24 per 100,000 were reported for the state. The 10th percentile of counties in the nation report 11 per 100,000.

Table 35. Drug Overdose Deaths per 100,000 population (2018-2020)

National Benchmark (10th Percentile)	North Carolina	Buncombe County
11	24	39

Source: County Health Rankings, 2023

Preventative Care and Vaccinations

The flu vaccine is recommended as an annual prevention measure, particularly for older adults***. In the general population in Buncombe County, 58% received a seasonal flu vaccine in the past year (2020) while this is 55% in North Carolina and 52% in the United States.***

Table 36. Population Receiving a Seasonal Flu Vaccine in the Past Year (2020)

National Benchmark (90th Percentile)	North Carolina	Buncombe County
52%	55%	58%

Source: County Health Rankings, 2023

CHRONIC CONDITIONS

Healthy People Objectives

Healthy People 2030 developed several objectives for the older adult as it relates to Chronic Disease as follows.

- Objective DIA-03 - Increase the proportion of adults with subjective cognitive decline who have discussed their symptoms with a provider. Most recently (2015 -2016 national data) these were 45.4%. The target is 50.4%.
- Objective OH-05 - Reduce the proportion of adults aged 45 years and over who have lost all their teeth. Most recent data are 7.9% (2013 – 2016). Target is 5.4%.
- Objective IVP-08 - Reduce fall-related deaths among older adults. The most recent data is 78.0 age adjusted deaths per 100,000 population. The target is 63.4 per 100,000.
- Objective RD – D03 - Reduce hospitalizations for asthma in adults aged 65 years and over. This objective is in the development stage.

Common Chronic Conditions

The following table depicts the percentage of Medicare Fee-for-Service beneficiaries aged 65 years and over affected by various types of chronic conditions. With the exception of Osteoporosis***, for most chronic conditions, the percentage of adults in Buncombe County is lower than in the state and the nation which is favorable. However, for some behavioral health conditions, older adults in Buncombe County are far more effected than those in North Carolina or the United States. These include depression, substance abuse and schizophrenia and other psychoses.***

As it relates to depression, 20.5% of Medicare beneficiaries in the county (11,979 recipients) have been diagnosed with depression as compared to 16.7% in the state and 16.0% in the nation. 2.2% county Medicare beneficiaries have substance abuse disorders which is greater than 2.0% in North Carolina and 1.9% in the United States. This equates to approximately 1,285 older adults in Buncombe County. A slightly higher percentage of county recipients are diagnosed with schizophrenia or other psychosis (1.9%) than in the state (1.6%) and the nation (1.7%).

Table 37. Percentage of Chronic Conditions among Medicare Beneficiaries 65 Years and Over (2018)

	United States	North Carolina	Buncombe County
Alcohol Abuse	1.5	1.4	1.5
Alzheimer's	11.9	11.7	10.7
Arthritis	34.6	34.3	33.2
Asthma	4.5	4.2	4.1
Atrial Fibrillation	9.5	9.2	8.7
Cancer	9.3	9.3	8.8
Chronic Kidney Disease	24.9	25.3	20.0
COPD	11.4	11.7	9.3
Depression	16.0	16.7	20.5
Diabetes	27.1	28.4	20.1
Drug Abuse/Substance Abuse	1.9	2.0	2.2
HIV/AIDS	0.1	0.1	0.2
Heart Failure	14.6	13.7	11.7
Hepatitis	0.5	0.4	0.4
Hyperlipidemia	50.5	51.8	40.9
Hypertension	59.8	62.5	50.7
Ischemic Heart Disease	28.6	26.2	20.9
Osteoporosis	7.3	6.9	9.2
Schizophrenia/Other Psychotic	1.7	1.6	1.9
Stroke	3.9	3.9	3.0

Source: CMS Prevalence of Chronic Conditions State/County Level, 2018
*Data are suppressed.

Presence of Multiple Chronic Conditions

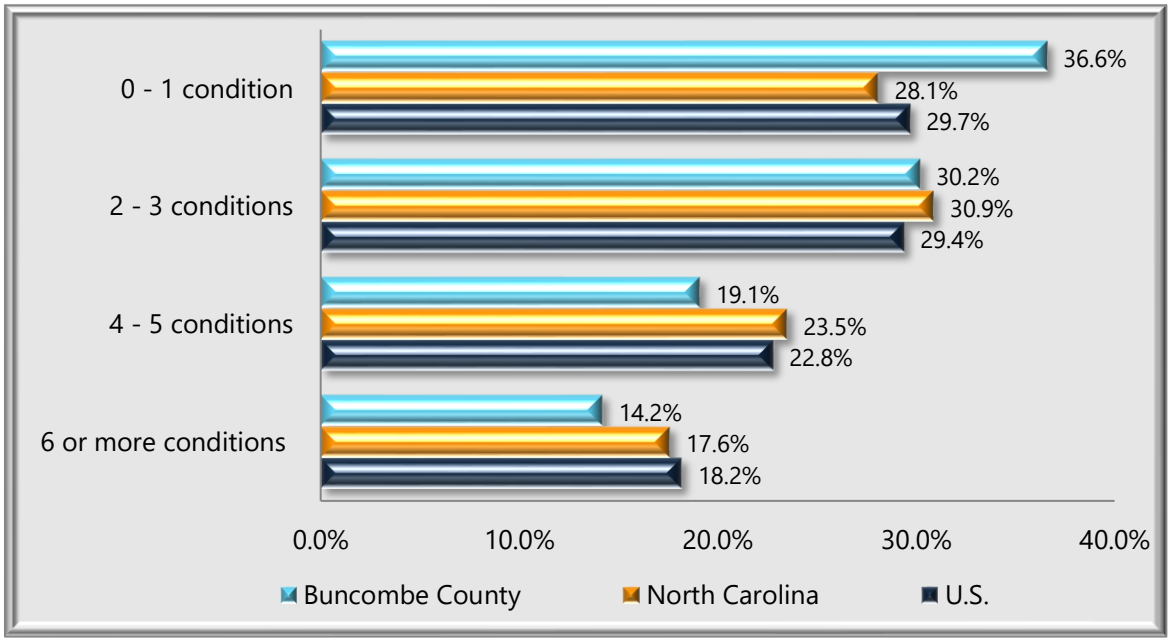
In Buncombe County Medicare enrollees ages 65 and older have a varying number of conditions from 1 to 6 or more (of 21 conditions). The prevalence is shown in the table below. ***With the exception of 0 to 1 chronic condition, the percentage of Medicare beneficiaries in Buncombe County with more than one chronic condition is much lower when compared to North Carolina and the nation.***

Table 38. Prevalence of Chronic Conditions per 100,000 Medicare Beneficiaries 65 Years and Over (2018)

	United States	North Carolina	Buncombe County
0 – 1 Chronic Condition	29.7%	28.1%	36.6%
2 – 3 Chronic Conditions	29.4%	30.9%	30.2%
4 – 5 Chronic Conditions	22.8%	23.5%	19.1%
6 or More Chronic Conditions	18.2%	17.6%	14.2%

Source: CMS Prevalence of Chronic Conditions State/County Level, 2018

Figure 32. Chronic conditions among Medicare beneficiary population, 2018



Source: CMS Prevalence of Chronic Conditions State/County Level, 2018

Diabetes

Diabetes is caused either by the body's inability to produce insulin or effectively use the insulin that is produced. ***In Buncombe County, the estimated age adjusted prevalence (%) of diabetes among adults aged 18 years and older was 8.0% in 2020, much lower than the state and the National Benchmark (90% percentile) which is favorable.***

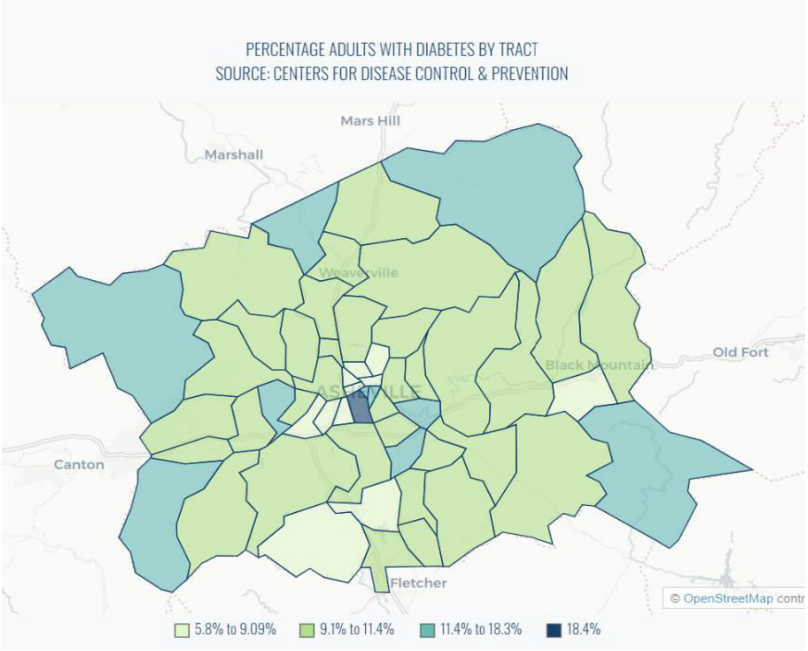
Table 39. Population With Diabetes (2020)

National Benchmark (10th Percentile)	North Carolina	Buncombe County
13.0%	11.0%	8.0%

Source: County Health Rankings: 2023

In North Carolina, in 2021, 25.0% of older adults aged 65 to 74 were diagnosed with diabetes. The percentage of individuals 75+ with diabetes was 28.7%. For all ages in Buncombe County, in 2019, the Census tract with the highest percentage was Tract 9 (18.4%) and the lowest was Tract 4 (5.8%).

Figure 33. Percentage of Adults with Diabetes by Census Tract, 2019



Source: Healthy Communities NC, 2023.

Cancer

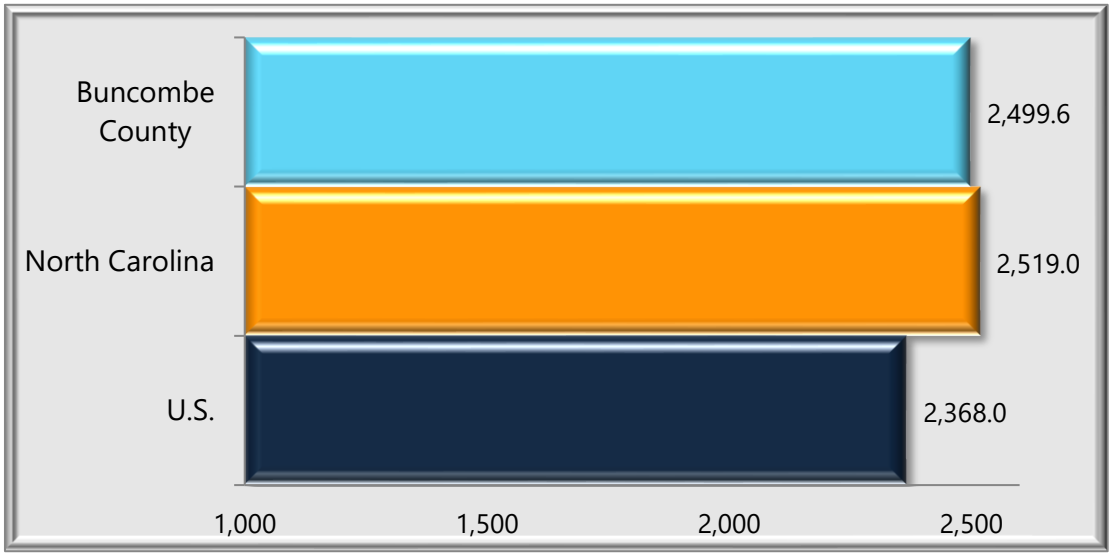
The overall cancer incidence rate in Buncombe County is lower than North Carolina but higher than the United States. ***The incidence rate of Breast Cancer (female) and Melanoma of the Skin in the county are higher than the state and the nation.*** The rate of prostate cancer (men) is lower than both the state and nation.

Table 40: Cancer Incidence Rates for Population 65+ per Age-Adjusted 100,000 by Site (2016 - 2020)

	United States	North Carolina	Buncombe County
Breast, Female	79.1	86.9	95.7
Cervix Uteri	9.3	8.9	*
Colon and Rectum	156.6	145.3	146.4
Lung and Bronchus	308.7	351.0	339.0
Melanoma of the Skin	91.1	105.3	127.5
Prostate	573.0	620.1	570.9
Total Cancer Incidence	2,368.0	2,519.0	2,499.6

Source: National Cancer Institute
*Data has been suppressed to ensure confidentiality and stability of rate estimates.

Figure 34. Total cancer incidence rate among older adults ages 65 and over, 2017 - 2021



Source: National Cancer Institute

Cancer screenings are important for the early detection and treatment of cancer. For women, clinical breast exams, mammograms, and Pap smears are recommended. In Buncombe County 45% of female Medicare enrollees received an annual mammography screening. This is slightly higher in the nation (49.0%). ***The estimated age adjusted cervical cancer screening percentage among woman aged 21 to 65 was 85.7% in 2021, lower than both the state and the nation.***

Table 41. Preventive Screenings by Percent of Population (2021)

	United States	North Carolina	Buncombe County
Mammograms by female Medicare enrollees 65 to 74	49.0%	15.0%	45.0%
Cervical Cancer among women 21 to 65 years	87.0%	90.0%	85.7%[a]
Colo-rectal screenings 45 years and older	67.0%	70.0%	72.9%

Source: CDC PLACES Health Outcomes and American Cancer Society Cancer Statistics Center.
[a]2021

Respiratory Disease

Air pollution is often associated with higher rates of respiratory diseases like asthma and Chronic Obstructive Pulmonary Disease (COPD). Fine particulate matter is a form of air pollution and is a measure of the overall outdoor air quality. It is measured as an average daily amount in micrograms per cubic meter. ***The National Benchmark for daily fine particulate matter is 5.0. The particulate matter is higher in Buncombe County (6.2) and the state (7.8) which is unfavorable.***

Table 42. Daily Fine Particulate Matter (2020)

National Benchmark (10th Percentile)	North Carolina	Buncombe County
5.0	7.8	6.2

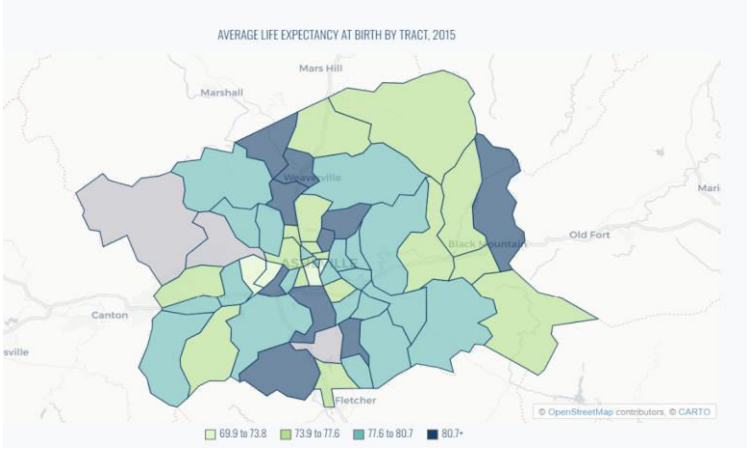
Source: County Health Rankings

MORTALITY

Overall Mortality and Premature Death

In Buncombe County, the average life expectancy ranges from 69.9 to 86.5 years, depending upon the location of the individual. Census Tract 27.01 has the highest life expectancy and Tract 9 has the lowest.

Figure 35. Average Life Expectancy in Buncombe County (2015)



Source: Healthy Communities NC, 2023.

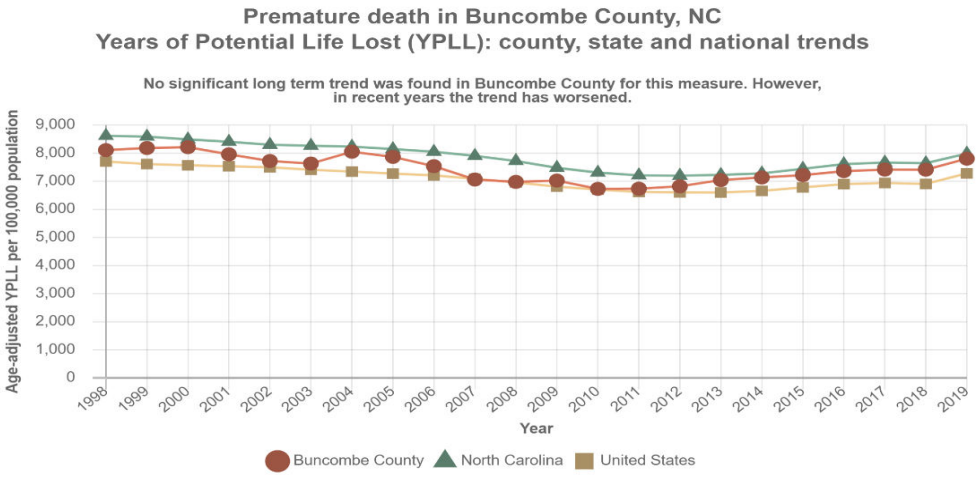
County Health Rankings finds that in Buncombe County, 7,800 years of life were lost to deaths of people under age 75, per 100,000 people. In recent years, the trend has worsened in the county.

Table 43. Premature Mortality: Years of Potential Life Lost Before Age 75 per 100,000 (2018-2020)

National Benchmark (10th Percentile)	North Carolina	Buncombe County
5,400	8,000	7,800

Source: County Health Rankings: 2023

Figure 36. Premature death in Buncombe County, NC



Source: County Health Rankings: 2023

Leading Causes of Mortality

The following table depicts age-adjusted mortality rates for the 8 leading causes of death in the nation. ***Older adults living in Buncombe County are far less likely to die of cancer, chronic lower respiratory disease, stroke, Alzheimer's Disease, and diabetes. However, these individuals are more likely to die from accidents/unintentional injuries and influenza and pneumonia.***

Table 44. Population 65 and Over Mortality Rate per 100,000 by Leading Cause of Death (2020)

	United States	North Carolina	Buncombe County
Heart Disease	1,046.3	950.5	997.1
Cancer	821.7	844.1	746.4
Chronic Lower Respiratory Disease (CLRD)	243.6	253.8	235.6
Cardiovascular Diseases including Stroke	260.5	297.9	236.4
Alzheimer's Disease	254.3	294.2	186.7
Accidents/Unintentional Injuries	117.2	136.4	165.6
Diabetes	134.6	138.6	80.2
Influenza and Pneumonia	80.2	85.0	87.0

Source: CDC Wonder

Cancer Mortality

The deadliest types of cancer nationally are lung and bronchial cancer, colon and rectal cancer, breast cancer and pancreatic cancer. The following table depicts mortality rates for each of these types of cancer for older adults ages 65 and over. ***The mortality rate per 100,000 for all cancer sites is lower in Buncombe County (825.7) than in the state (875.8) and the nation (855.4) which is positive. Melanoma of the Skin, however, is responsible for more deaths in Buncombe County than elsewhere.***

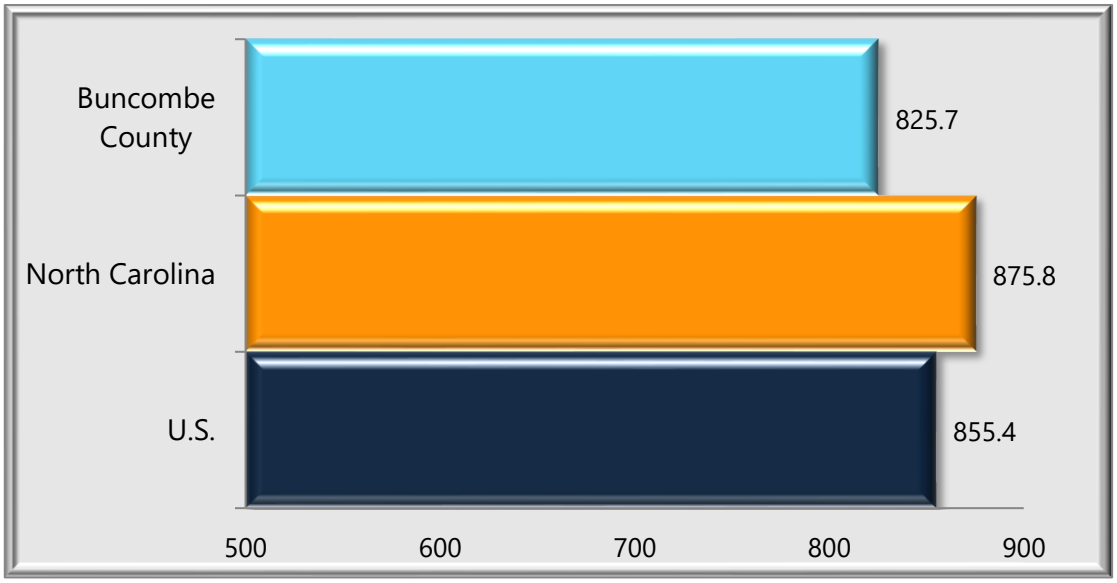
Table 45. Older Adults ages 65 and Overall Cancer Mortality per 100,000 by Site (2016 - 2020)

	United States	North Carolina	Buncombe County
Breast, Female	90.2	90.2	86.5
Cervix	5.3	4.7	*
Colon and Rectum	70.0	65.1	64.8
Melanoma of the Skin	11.0	11.5	13.9
Lung and Bronchus	211.8	237.6	216.2
Prostate	137.2	143.3	110.9
All Cancer Sites	**855.4**	**875.8**	**825.7**

Source: National Cancer Institute

*Data has been suppressed to ensure confidentiality and stability of rate estimates

Figure 37. Cancer mortality rate among population 65 years and over, 2016-2020



. Source: National Cancer Institute

CRIME STATISTICS

According to the Federal Bureau of Investigation, the Index Crime Rate per 100,000 people in North Carolina has declined (-1.4%) from 2021 to 2022. The Violent crime rate declined by 3.9% and Property crime rate decreased by 0.9%. ***In Buncombe County, the Index (overall) crime rate and the Property crime rate has declined as well. However, the Violent crime rate increased from 2021 to 2022. The Property Crime Rate is higher in Buncombe County than in the nation and the state.***

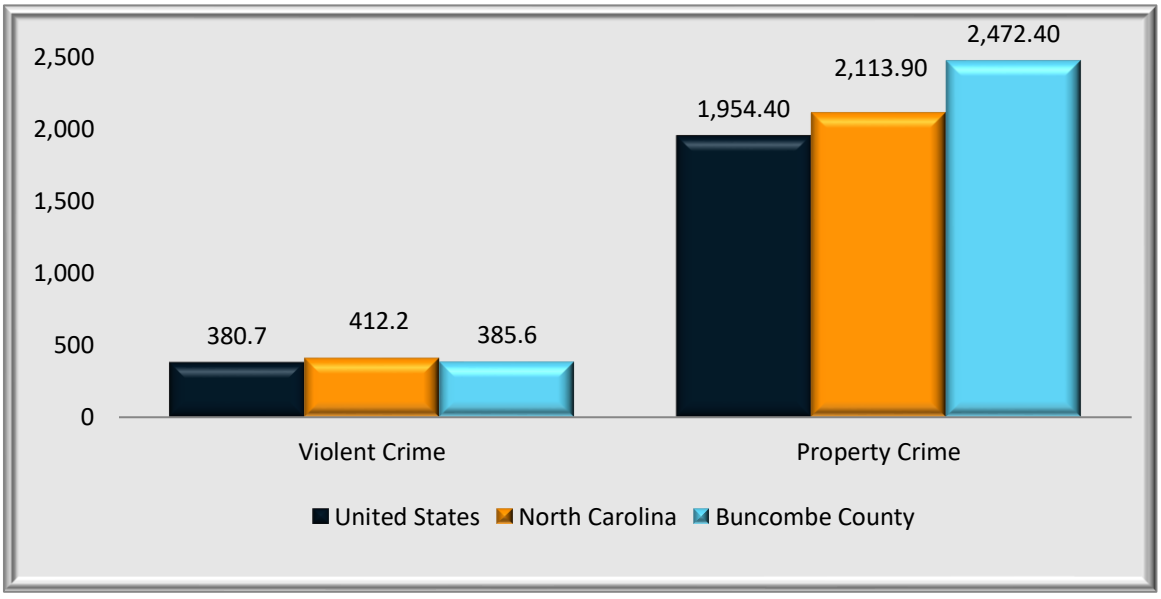
Table 46. Reported Offenses Known to Law Enforcement Rates per 100,000 (2022)

	United States	North Carolina	Buncombe County
Index crime rate	++	**2,526.0**	**2,858.1**
Violent crime rate	**380.7**	**412.2**	**385.6**
Murder and nonnegligent manslaughter	6.3	8.3	N/A
Rape	40.0	31.1	N/A
Robbery	66.1	56.7	N/A
Aggravated assault	268.2	316.0	N/A
Property crime rate	**1,954.4**	**2,113.9**	**2,472.4**
Burglary	269.8	382.0	N/A
Larceny-theft	1,401.9	1,549.1	N/A
Motor vehicle theft	282.7	182.7	N/A
Arson	11.6	13.4	N/A

Source: North Carolina State Bureau of Investigation and Federal Bureau of Investigation Uniform Crime Reporting

++ Not reported

Figure 38. Violent and Property Crime Rates per 100,000 (2019)



Source: North Carolina State Bureau of Investigation and Federal Bureau of Investigation Uniform Crime Reporting

KEY INFORMANT SURVEY FINDINGS

Key informants (defined as community stakeholders with expert knowledge about the needs of older adults) were invited to participate in a survey focused to gather a combination of quantitative ratings and qualitative feedback through closed and open-ended questions. Questions focused on pressing issues and services, the availability of support and healthcare services, the perception of Buncombe County as "age-friendly" as it relates to housing, employment, transportation, emergency support, communication, and social activities as well as suggestions to improve the lives of older adults. Key informants included participants from social service providers, long-term care/aging service providers, public and private healthcare organizations and associations, educational institutions, non-profit organizations, and other community agencies.

Holleran worked closely with Deerfield to identify key informant participants. Three hundred and forty-four key informants were asked to complete the survey. Three reminder emails during January and February 2024 as well as a personal letter (emailed) from Deerfield were sent to elicit participation. A total of 90 of 344 participated for a response rate of 26.2% was achieved. A large majority of respondents are from Buncombe County. The largest percentage of informants is affiliated with the disabled (67.8%). Other groups (chosen slightly less of often) include the LGBTQ+ community (66.7%) and Black/African American (63.3%). This is followed by Hispanic/Latinx, Asian American, Minority Faith Community and Indigenous/Native American. 35.3% of respondents and their agencies serve 65+ older adults. Respondents were asked how many of their clients are older adults. 45.2% responded that they serve more than 1,000 seniors while another 25.0% serve between 100 and 499 seniors. 10.7% reported that they do not serve seniors.

Figure 39. Percent of Respondents by county served

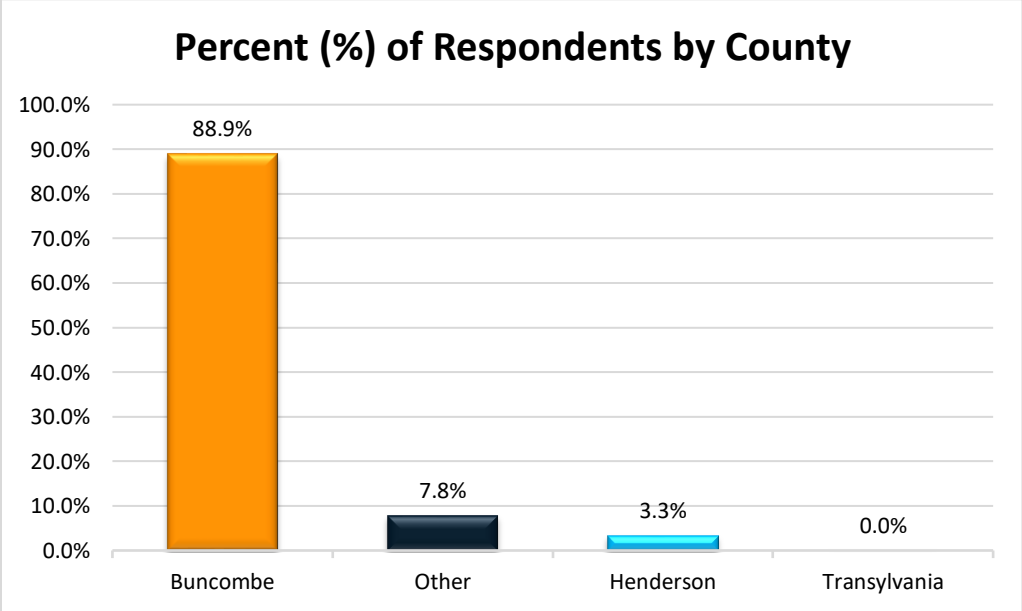


Figure 40. Percent of Affinity Groups served by organizations

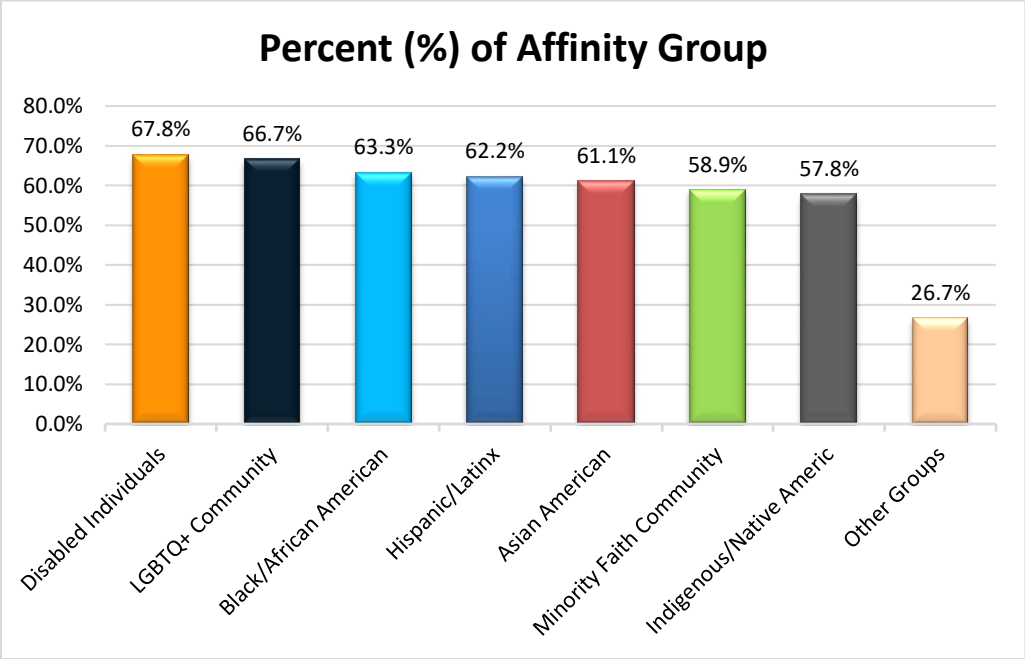


Figure 41. Percent of age groups

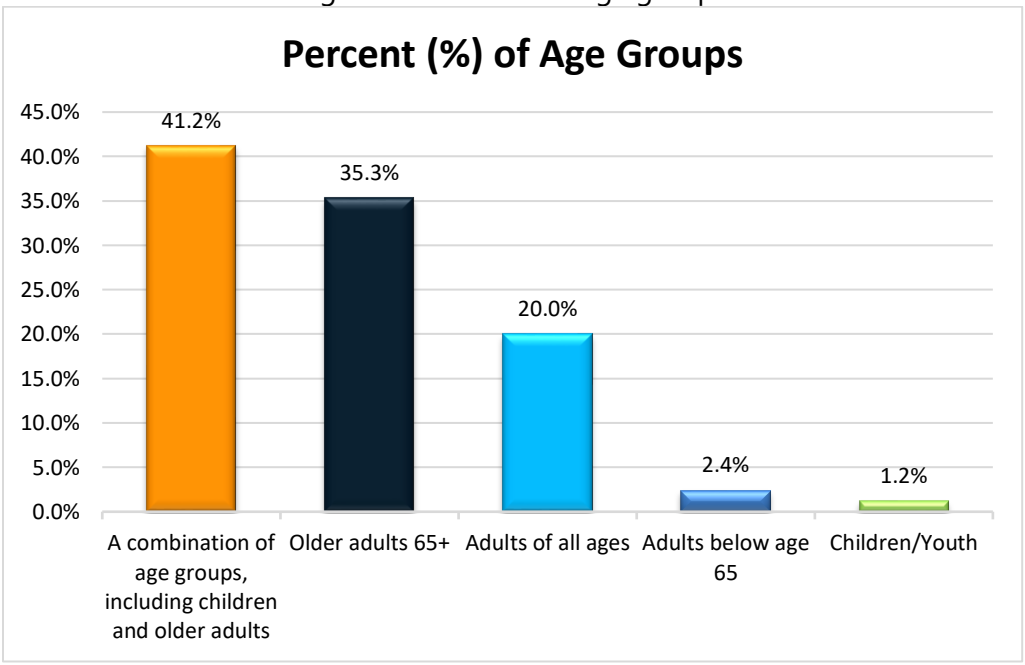
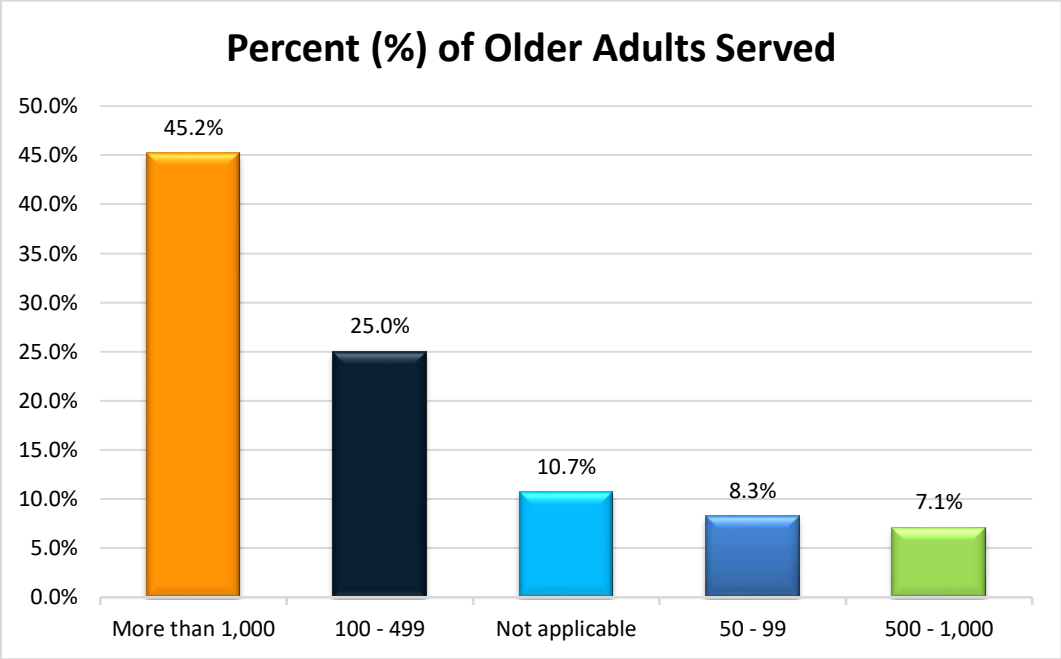


Figure 42. Percent of older adults served



KEY HEALTH ISSUES & BARRIERS

Key Health Issues

Key informants were asked to determine the five most pressing health issues in their community from a list of 17 focus areas identified in the survey. The issues of affordable housing, accessing and navigating healthcare, the ability to age in place, social isolation, and transportation and walkability rank as the top five health issues.

The following figure depicts the percentage of respondents who rank the five most common health issues as a concern in their community. In addition, Table 47 summarizes the number of times an issue is mentioned and the percentage of respondents who rate the issue as being one of the top five health issues in their community.

Figure 43. Ranking of key health issues facing older adults in the community

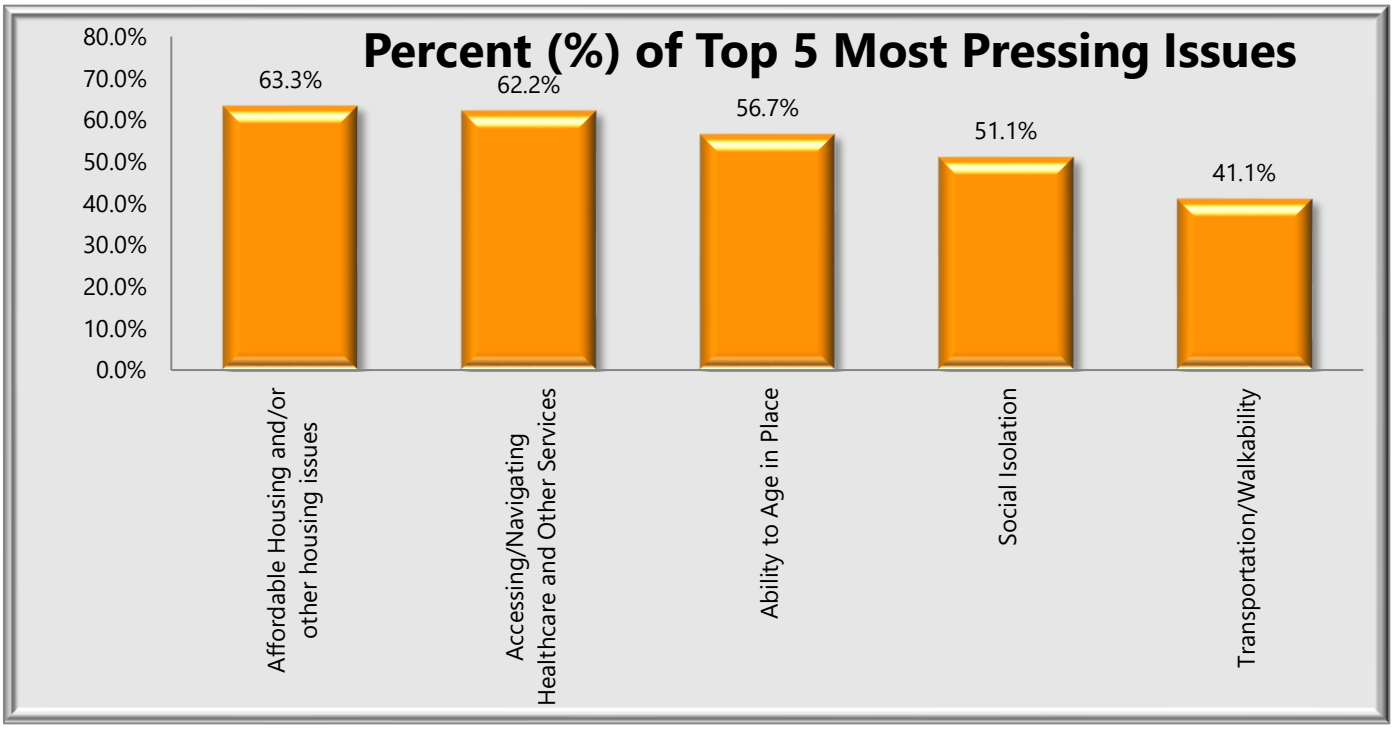


Table 47: Ranking of the Most Pressing Key Health Issues

Key Health Issue	Count	Percent of respondents who selected the issue*
Affordable Housing and/or other housing issues	57	63.3%
Accessing/Navigating Healthcare and Other Services	56	62.2%
Ability to Age in Place	51	56.7%
Social Isolation	46	51.1%
Transportation/Walkability	37	41.1%
Dementia/Memory Challenges	35	38.9%
Poverty/Financial Insecurity	27	30.0%
Labor Shortage for positions in aging services	25	27.8%
Hunger/Food Insecurity	17	18.9%
Injuries/Falls	16	17.8%
Mental/Behavioral Health Issues	14	15.6%
Chronic Disease Management	11	12.2%
Elder Abuse/Neglect	10	11.1%

Key Health Issue	Count	Percent of respondents who selected the issue*
Education/Information about Healthcare and Services	10	11.1%
Financial Scams and Threats	10	11.1%
Ageism	7	7.8%
Overweight/Obesity	1	1.1%

* Respondents could select more than one option therefore the percentages may sum to more than 100.0%.

Respondents were asked to share information regarding these key health issues and their reasons for ranking them this way. Summaries of responses are listed below.

Select Comments Regarding Key Health Issues Facing Older Adults

- Accessing affordable long-term care options is a significant problem.
- Adult day care services are vital to allowing people to age in place thus reducing the need and expense of placement in a facility.
- Caregivers--there simply aren't enough!
- Finding well-trained, affordable personal and home healthcare on even an upper middle-income budget is a growing difficulty.
- Many local seniors struggle to make ends meet and have trouble getting transportation to services.
- The issue of dementia/memory challenges is pervasive.
- Most people desire to age in place and assist their loved ones to do the same. The current shortage of in-home care professionals prevents this by low or inconsistent availability and overall costs. This leads to unintended elder abuse/neglect.
- Affordability, dementia, aging in place and navigating healthcare are critical issues, closely followed by falls.
- The lack of a comprehensive transportation system is also a problem for the community on the whole, but especially for older adults who do not want to drive or don't have a car.
- We feel there are not enough resources for Senior Adults with Dementia/Memory Challenges. Too much social isolation in this age group is due to lack of facilities where they can go for activities, socialization, meals, exercises for mind and body to stay active.
- Housing that is appropriate for older adults: universally designed, affordable for lower as well as for middle income households, generally smaller with lower maintenance requirements.
- Minorities face so many more problems such as: language barriers, accessing and education on health care, scams, and elder abuse.

Most Significant Barriers

Respondents were then asked to identify the most significant barriers that keep older adults in the community from accessing healthcare. A high percentage of respondents (73.3%) indicate that the inability to pay out-of-pocket expenses (co-pays, prescriptions etc.) is the most significant barrier. Key informants rate the inability to navigate healthcare systems (72.2%) as the second most significant barrier. This coincides with the finding that key informants believe navigating and accessing healthcare is also the key health issue facing older adults.

This, combined with the third most significant barrier of lack of transportation (65.6%) can greatly influence an older person's decision to seek out medical care. More than half (60.0%) ranked the availability (or lack of) providers and/or appointments as the fourth most significant barrier. Finally, cognitive limitations is ranked fifth with 53.3% of respondents selecting this as a barrier.

Figure 44. Most significant barriers keeping older adults in the community from accessing healthcare

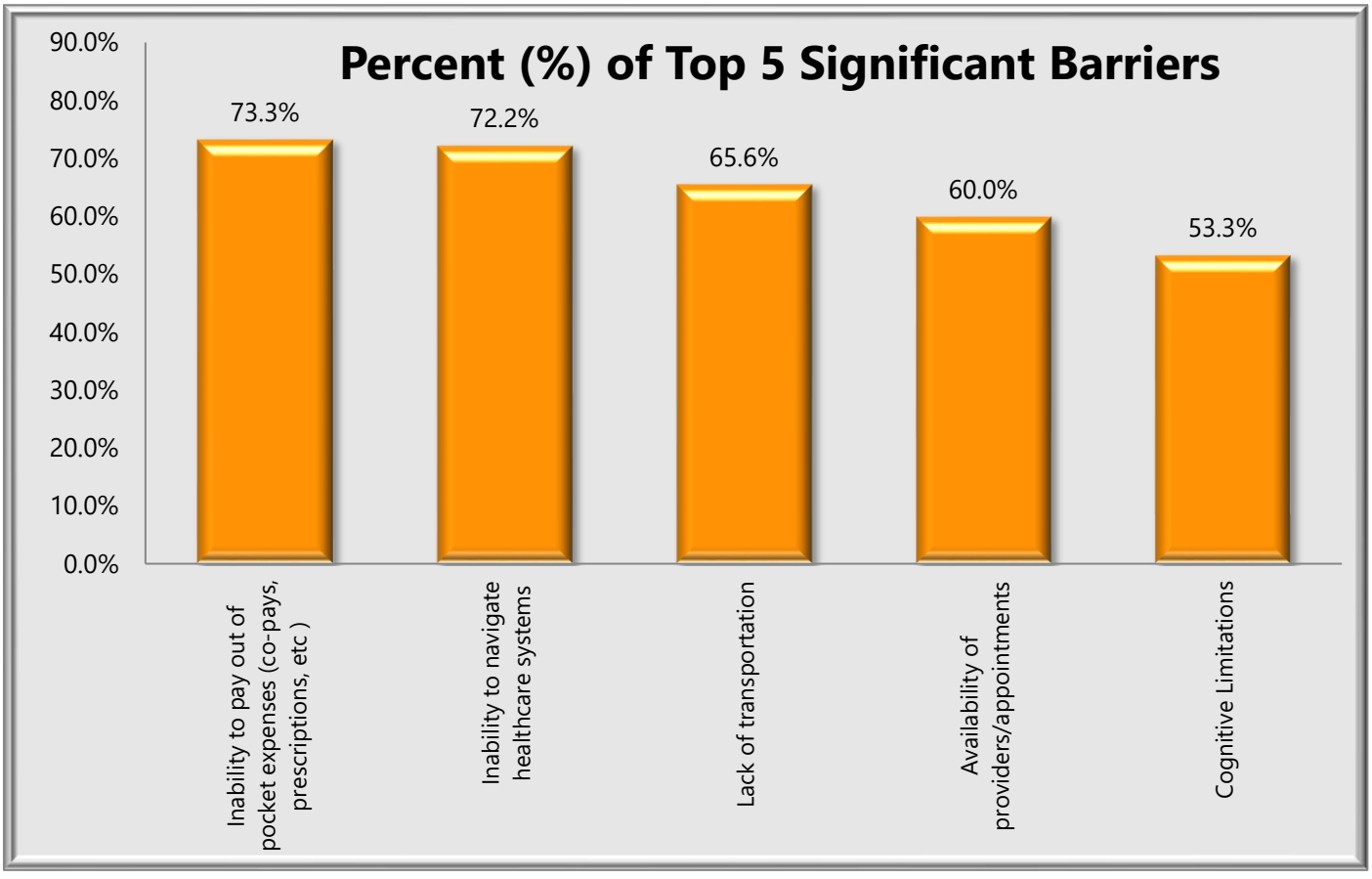


Table 48: Most Significant Barriers

Barrier	Count	Percent of respondents who selected the issue as most significant
Inability to pay out of pocket expenses (co-pays, prescriptions, etc.)	66	73.3%
Inability to navigate healthcare systems	65	72.2%
Lack of transportation	59	65.6%
Availability of providers/appointments	54	60.0%
Cognitive Limitations	48	53.3%
Physical Limitations	43	47.8%
Lack of providers accepting Medicare/Medicaid	41	45.6%
Lack of health insurance coverage	32	35.6%
Basic needs not met (food or shelter)	29	32.2%
Time Limitations (long wait times, limited office hours, time off work)	27	30.0%
Language/Cultural Barriers	18	20.0%
Other	2	2.2%
None/No barriers	0	0.0%

* Respondents could select more than one option therefore the percentages may sum to more than 100.0%.

Respondents were asked to share information regarding these barriers and their reasons for ranking them this way. Summaries of responses are listed below.

Select Comments Regarding Most Significant Barriers Facing Older Adults

- Disparity in access for minorities is particularly pronounced in Buncombe County.
- Older individuals applying for housing assistance in the county encounter prolonged waiting times.
- Accessibility of services proves to be a barrier for older adults.
- It's become more difficult to know how to educate people about services within the community because the former sources of information have changed. Fewer people attend church or belong to a civic organization.
- Transportation is a huge barrier- Mountain Mobility is often not dependable and is only for Medicaid covered transportation.
- Easy to access resources online, but many adults do not have access/ability.
- Seniors need access to 500 MBPS internet and guidance in using electronic devices for healthcare and socialization reasons.

- There is plenty of support for affluent retirees, but the same supportive services are miserably lacking for those with lower incomes.
- There is insufficient funding for many senior services and the many organizations that provide services are too spread out for seniors and caregivers to adequately and quickly access support.
- Transportation, housing, and in-home services are top issues in the state and the nation for older adults with inadequate resources.
- Mountain Care day program which is excellent. It just seems that there isn't enough for all the elderly in our community.
- Availability of caregivers to guide seniors.
- Not able to access something online or with smart phone - technology barrier.
- Medicare Advantage plans due to promises of low to no premiums and other package goodies, but then find it difficult to find medical specialists who participate in the plans to treat them when something serious comes along.

SUPPORT AND HEALTHCARE SERVICES

The second set of questions dealt with the ability of older adults in the community to access support services and healthcare. Key informants were asked to rate if services are Missing, Lacking, Not Affordable, Need Being Met, or they Don't Know. The results are summarized below.

Available Resources/Services

The two graphs display the detailed responses related to the availability of support services and resources. Tables 49 and 50 list the Top 5 Support Services and Healthcare Services that are perceived by key informants as the "Need Being Met".

About one-third of respondents (31.4%) perceive that the need for exercise and nutrition programs is being met. The need for memory support services and meal preparation and delivery are perceived by about one-quarter of respondents as being met. As illustrated in Table 3, no service is rated by more than 31% of key informants as the need being met. Yet, these factors are not listed in the top five "missing" services in the community by key informants. It seems the services are being provided but may not be sufficient or accessible to meet the needs of older adults in the community.

Figure 45. Ranking of the availability of Support Services

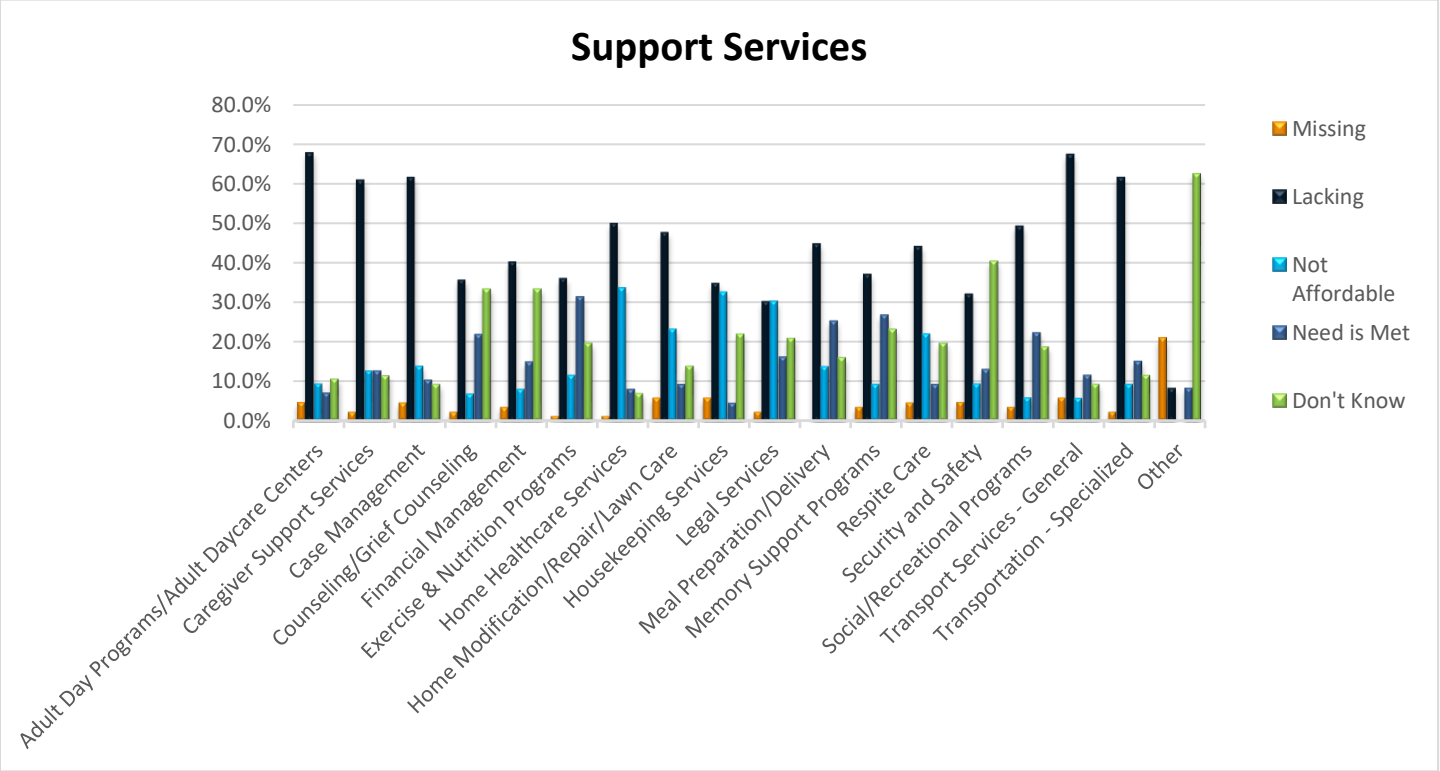


Table 49. Top Five Available Support Services

Support Service	Number of respondents who stated the "Need Being Met"	Percentage of respondents who stated the "Need Being Met"
Exercise & Nutrition Programs	27	31.4%
Memory Support Programs	23	26.7%
Meal Preparation/Delivery	22	25.3%
Counseling/Grief Counseling	19	21.8%
Social/Recreational Programs	19	22.4%

The majority of respondents state the need for immunization/vaccination programs and hospice/palliative are being met. Preventive health screenings and outpatient rehabilitation services are also perceived as being met by about 35% of respondents.

Figure 46. Ranking of the availability of Healthcare Services

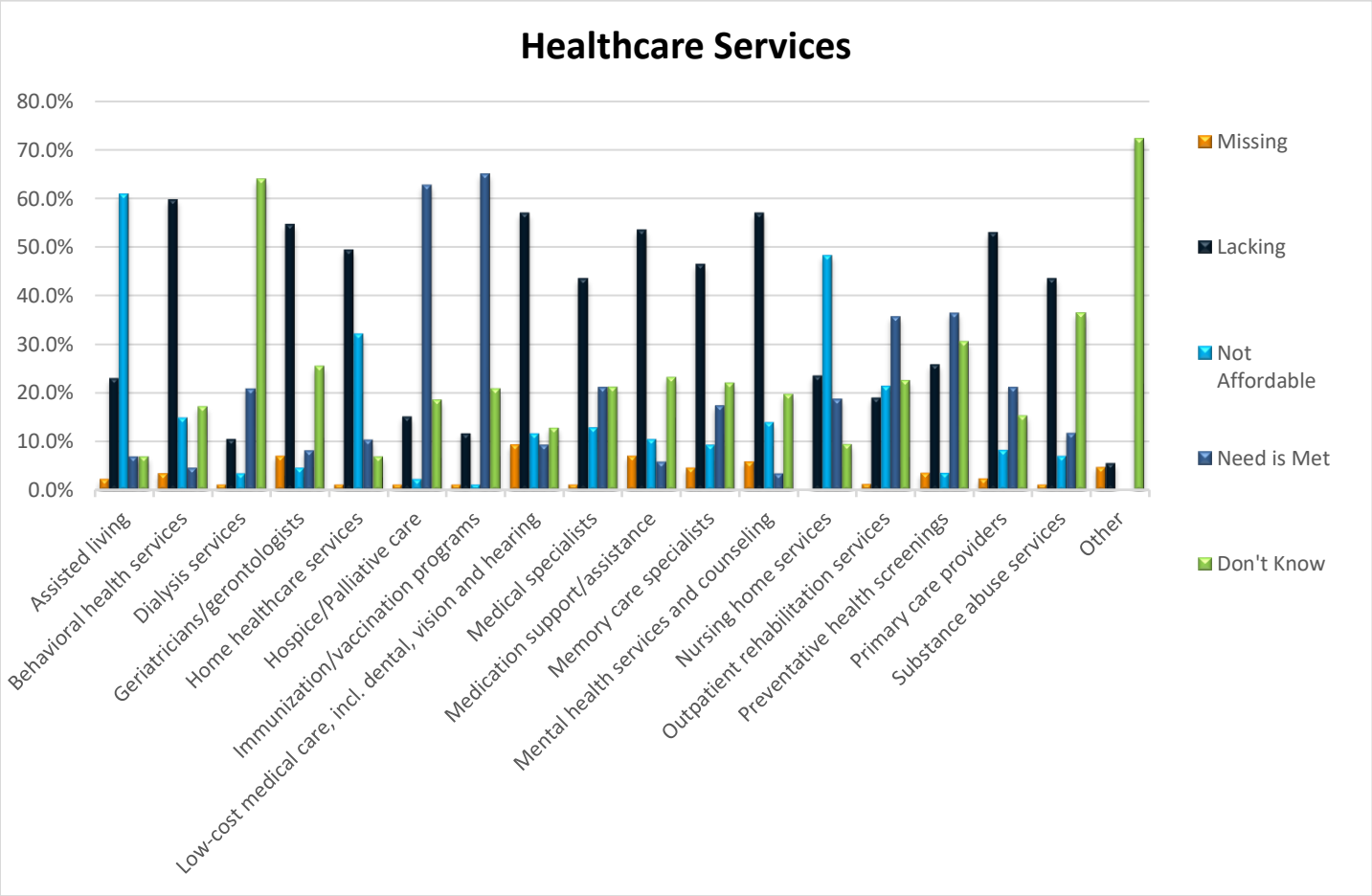


Table 50. Top Five Available Healthcare Services

Healthcare Service	Number of respondents who stated the "Need Being Met"	Percentage of respondents who stated the "Need Being Met"
Immunization/vaccination programs	56	65.1%
Hospice/Palliative care	54	62.8%
Preventative health screenings	31	36.5%
Outpatient rehabilitation services	30	35.7%
Dialysis services	18	20.9%

Missing and Lacking Resources/Services

Respondents were asked to identify key Support Services and Healthcare services missing in the community. As it relates to Support Services, key informants list home modification/repair/lawn services, housekeeping, transportation, adult day care centers and case management among key support services *missing*. All appear to be related to successfully aging in place. Security and safety support services were also identified. Similar Support Services were listed as *lacking* and include transportation services, adult day programs and care centers, caregiver support services, case management and specialized transportation. These are also related to aging in place and include support for caregivers who are assisting older adults.

For Healthcare Services, key informants list low-cost medical care (including dental, vision and hearing), geriatricians/gerontologists, medication support/assistance, mental health services and counseling and memory care specialists as the top *missing* services in the community. Healthcare services *lacking* include behavioral health and mental health counseling, low-cost medical care, geriatricians/gerontologists and medication support. When considered alongside the barriers to accessing healthcare such as transportation services and the unavailability of providers and appointments, the impact on older adults is considerable.

In general, far fewer Support and Healthcare Services were listed as *missing* rather than *lacking*. Adult day care programming and centers, specialized providers such as geriatricians and gerontologists, low-cost medical care, transportation (including specialized services) are frequently listed as either missing or lacking.

Figure 47. Top five Support and Healthcare Services "missing" in the community

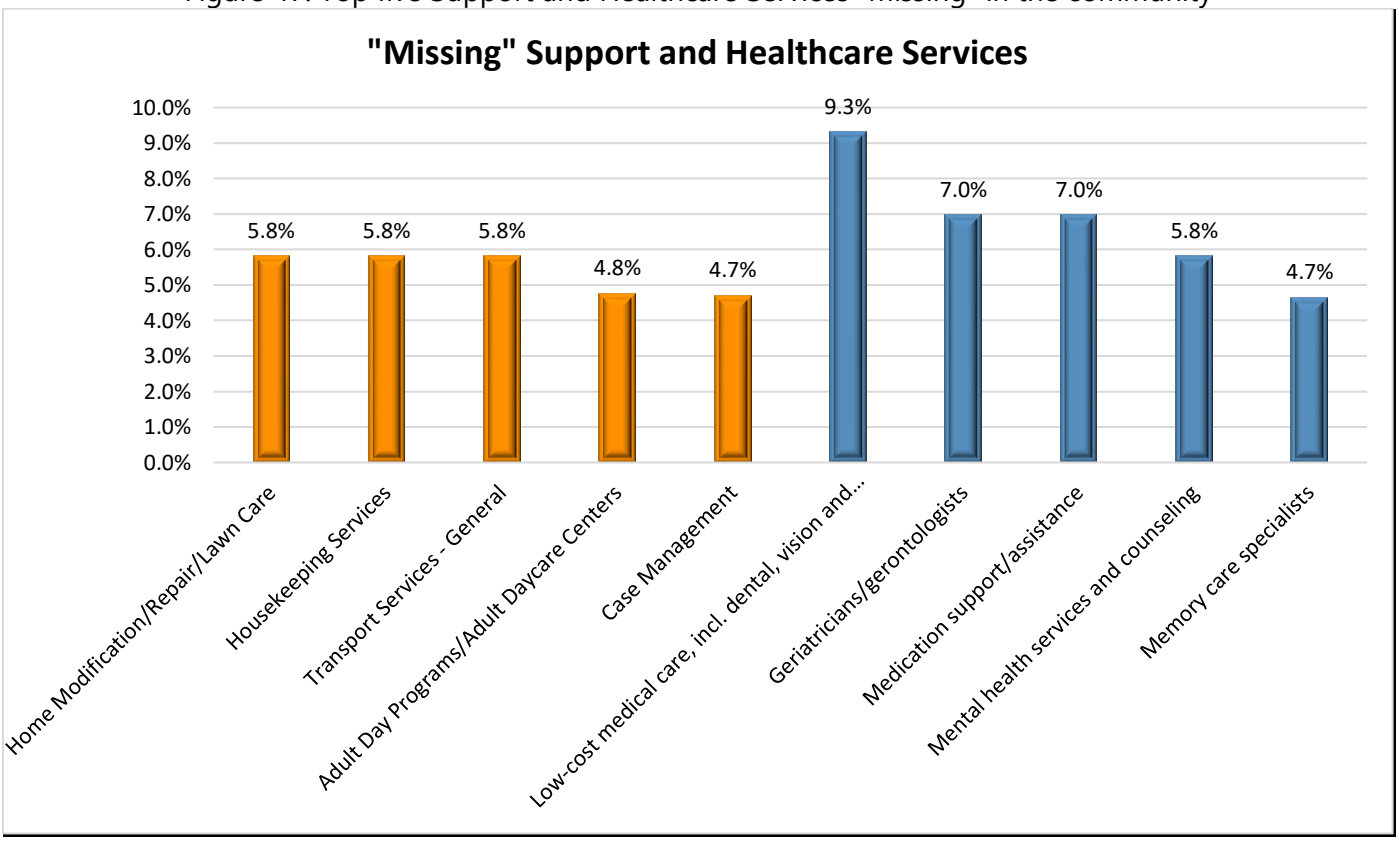
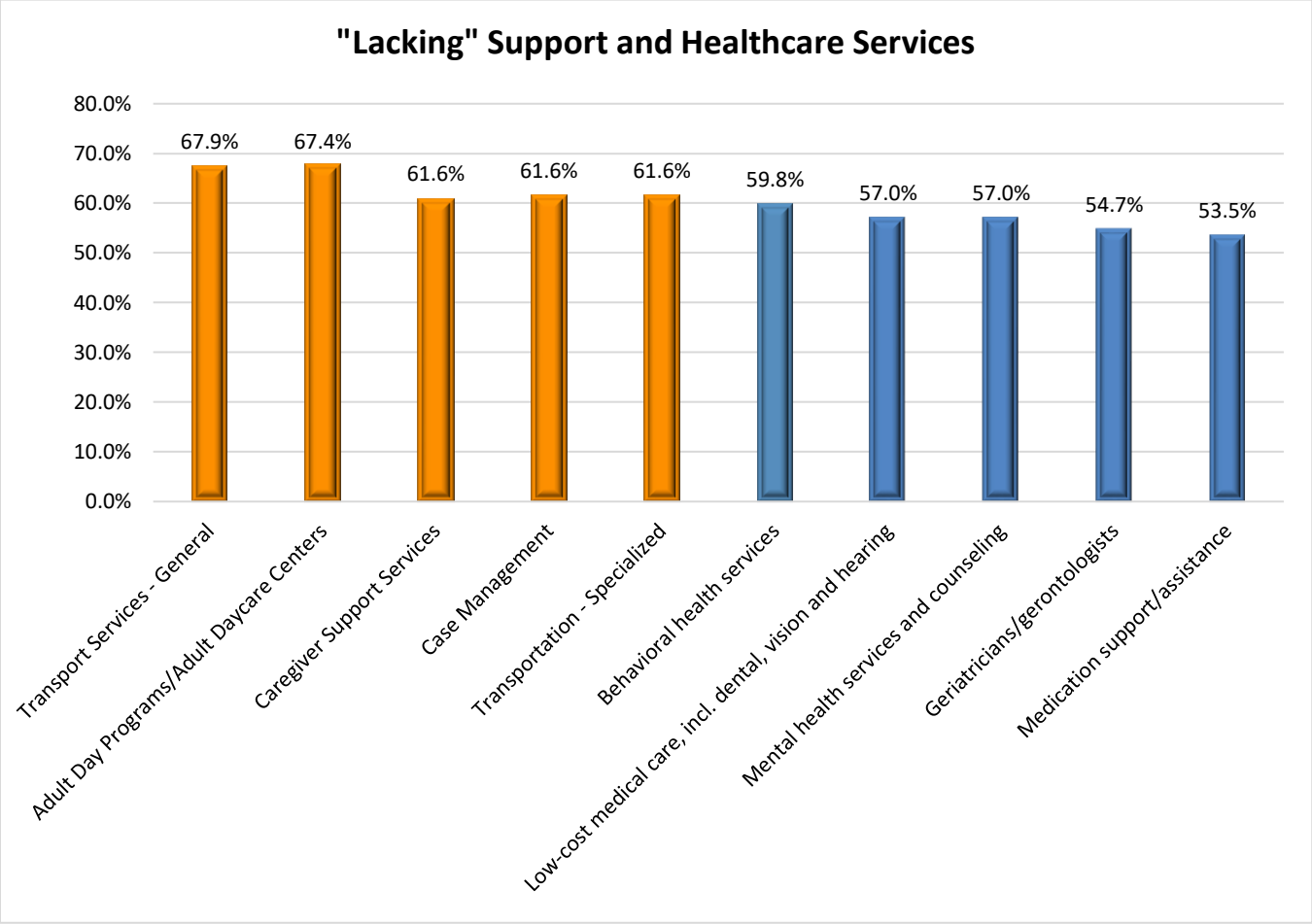


Figure 48. Top five Support and Healthcare Services "lacking" in the community



The Support and Healthcare Services that key informants found lacking in Buncombe County are displayed in the tables.

Table 51. Support Services that Key Informants selected as "Lacking" in availability

Support Service	Number of respondents who selected "Lacking"	Percent of respondents who selected "Lacking"
Transport Services - General	58	67.9%
Adult Day Programs/Adult Daycare Centers	57	67.4%
Caregiver Support Services	53	61.6%
Case Management	53	61.6%
Transportation - Specialized	53	61.6%
Home Healthcare Services	43	50.0%
Social/Recreational Programs	42	49.4%
Home Modification/Repair/Lawn Care	41	47.7%

Support Service	Number of respondents who selected "Lacking"	Percent of respondents who selected "Lacking"
Meal Preparation/Delivery	39	44.8%
Respite Care	38	44.2%
Financial Management	35	40.2%
Memory Support Programs	32	37.2%
Counseling/Grief Counseling	31	35.6%
Exercise & Nutrition Programs	31	36.0%
Housekeeping Services	30	34.9%
Security and Safety	27	32.1%
Legal Services	26	30.2%
Other	2	8.3%

Table 52: Healthcare Services that Key Informants select as "Lacking"

Healthcare Service	Number of respondents who selected "Lacking"	Percent of respondents who selected "Lacking"
Behavioral health services	52	59.8%
Low-cost medical care, incl. dental, vision and hearing	49	57.0%
Mental health services and counseling	49	57.0%
Geriatricians/gerontologists	47	54.7%
Medication support/assistance	46	53.5%
Primary care providers	45	52.9%
Home healthcare services	43	49.4%
Memory care specialists	40	46.5%
Medical specialists	37	43.5%
Substance abuse services	37	43.5%
Preventative health screenings	22	25.9%
Nursing home services	20	23.5%
Assisted living	20	23.0%
Outpatient rehabilitation services	16	19.0%
Hospice/Palliative care	13	15.1%
Immunization/vaccination programs	10	11.6%
Dialysis services	9	10.5%
Other	1	5.6%

On average, 21.3% of the time key informants report "Don't Know" when asked if a Support Service is available in the community and 24.8% of the time when asked if a Healthcare Service is available in the community. This is a somewhat large minority of key informants who are unaware about whether these specific services are available. If the key informants are unfamiliar with the availability of these services, they most likely cannot point older adults toward obtaining the necessary services. Case management services can be utilized to help guide older adults to available services. However, 61.6% of key informants said that case management is lacking.

Respondents also made the following comments about Support and Healthcare Services availability. Many listed the services that they perceive to be lacking or missing.

Select Comments Regarding the Need and Accessibility of Support and Healthcare Services for Older Adults

- Doctors and medical staff are limited & nonexistent.
- Behavioral Health, Low-cost Medical, Dental & Vision, Memory Care Specialists, Mental Health Service/Counseling are lacking.
- Cardiology, memory care, neurology, endocrinology.
- Geriatric neurologist oncologists' cardiologists' gerontologists sleep doctors.
- Gerontologists and memory care specialists are lacking in most rural communities.
- Infectious disease specialists. The specialists in our area have formed large group partnerships that eliminate competitive pricing.
- Memory Care facilities and Assisted Living facilities.
- Mental health. Family counseling. Individual counseling. Substance abuse treatment and counseling.
- Neurologists with interest in neurodegenerative disorders.
- Quality nursing homes are lacking for anyone on Medicaid.
- The sale of Mission Hospital to HCA has created a vacuum of doctors, high costs, and fear.
- There is only one office in Asheville that offers colonoscopy services and appointments are very hard to get. This is but one example of a "mandatory" health screening for older adults that is inaccessible to people with resource limitations.
- Although the services are excellent, adequately funded adult day programming has been threatened over the past year.
- Community lacks in the adequate number of affordable care managers/navigators to assist elderly through all the complex needs of their health issues.
- Value-based incentives are urgently needed to align payment with quality of care for high-risk, high-needs older adult population.
- Some medical services/appointments are difficult to get in a timely fashion. Some don't accept Medicare, and many have no openings.
- Transportation to clinics.
- Caregiver insufficiency is a real problem.

Transition Decisions

Key informants were asked which, if any, transition decisions the people they serve are experiencing. Many respondents are aware of the significant number of transitions and the challenges that their clients are facing. A large majority of key informants replied that their clients are seeking home and community-based services to support aging in place (66.7%). 58.9% shared that they are familiar with individuals who are challenged with caregiving service provision to aging relatives. 45.6% also have clients who are experiencing a change in income or moving to a personal care home, assisted living facility or nursing home. One of the pressing health issues identified was the ability to age in place which is consistent with these findings. Also, respondents identified adult day care programming and centers lacking which may impact the ability to age in place.

More than a third of respondents know someone who is a grandparent and is taking full-time care of grandchildren. Almost a quarter know of someone who is retiring.

Figure 49. Percent of Top 5 transition decisions/challenges faced by older adults

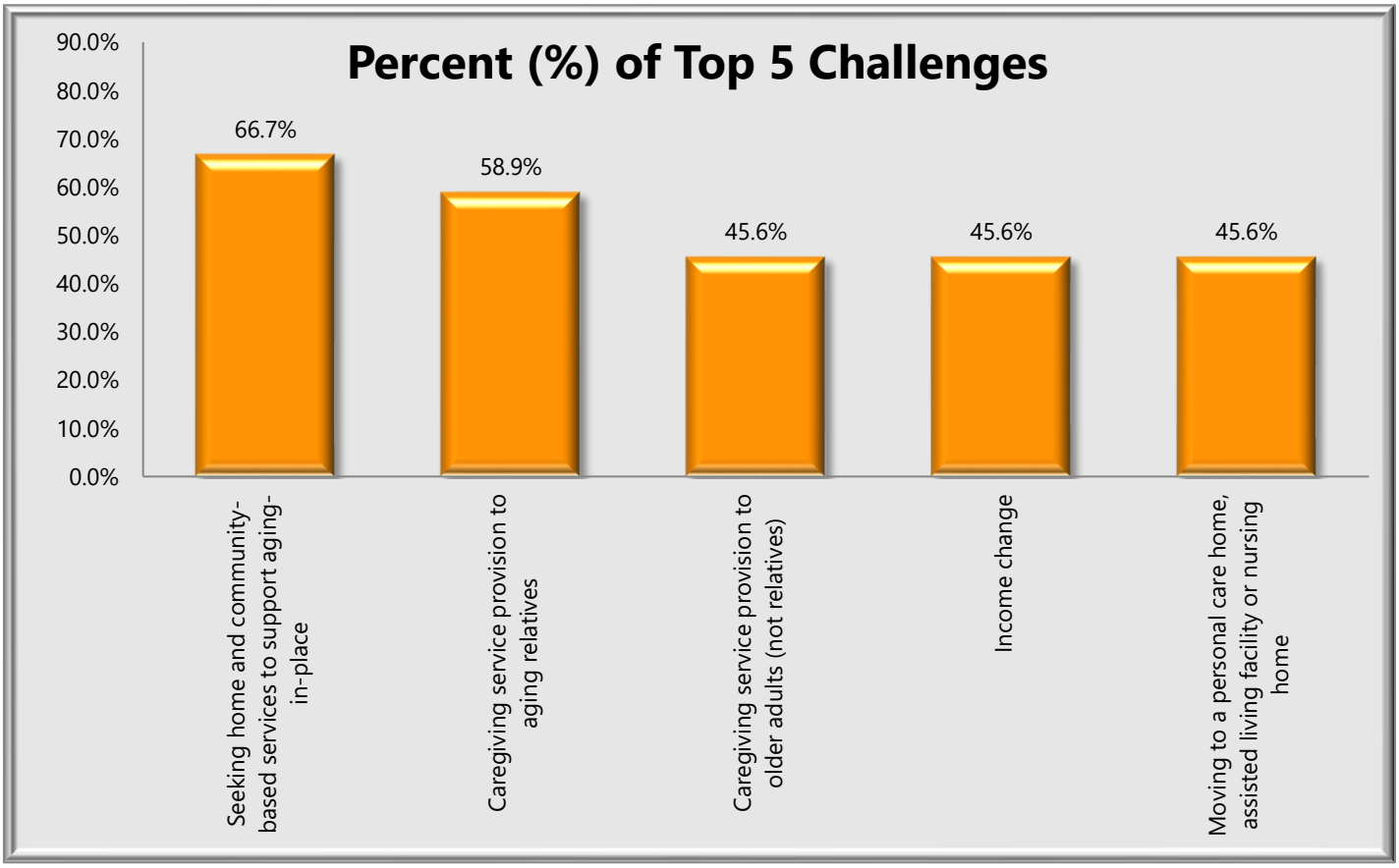


Table 53: Ranking transition decisions and challenges decisions faced by the people you serve

Transition decisions	Count	Percent of key informants who selected the transition decisions*
Seeking home and community-based services to support aging-in-place	60	66.7%
Caregiving service provision to aging relatives	53	58.9%
Caregiving service provision to older adults (not relatives)	41	45.6%
Income change	41	45.6%
Moving to a personal care home, assisted living facility or nursing home	41	45.6%
Safety Issues (physical, financial, law)	40	44.4%
Searching for an assisted living facility or nursing home	38	42.2%
Grandparents taking on full-time care for	35	38.9%
Elderly parents moving into their adult child's home	34	37.8%
Attending an adult daycare	27	30.0%
Downsizing to a smaller home with less home/yard maintenance	26	28.9%
Retiring/No longer employed	22	24.4%
Receiving outpatient physical rehabilitation services	21	23.3%
Hospice or palliative care	16	17.8%
Employment status change	15	16.7%
Dialysis care	7	7.8%
Other	4	4.4%
Clinical trial participation	3	3.3%

* Respondents could select more than one option therefore the percentages may sum to more than 100.0%.

Select Comments Regarding the Transitions and Challenges Facing Older Adults

- Older adults on fixed incomes usually have no provision for in-home care, nursing, or assisted living payments.
- Acceptance of and planning for age-related lifestyle adaptations. People are resistant to change and delay making changes that could prepare them for later life limitations.
- We talk about "aging in place" as if that could possibly happen without a small army of support staff, be they paid caregivers, willing family, or friends, and/or community volunteers.
- Unfortunately, many people move to this area for the retirement lifestyle but do not bring with them the social support that is needed to age in place. It is incredibly sad to see so many people struggle in the last years of their lives with loneliness, isolation and failing mental/physical health. Many have nowhere to turn.

AGE-FRIENDLY COMMUNITIES

Age-Friendly Factors

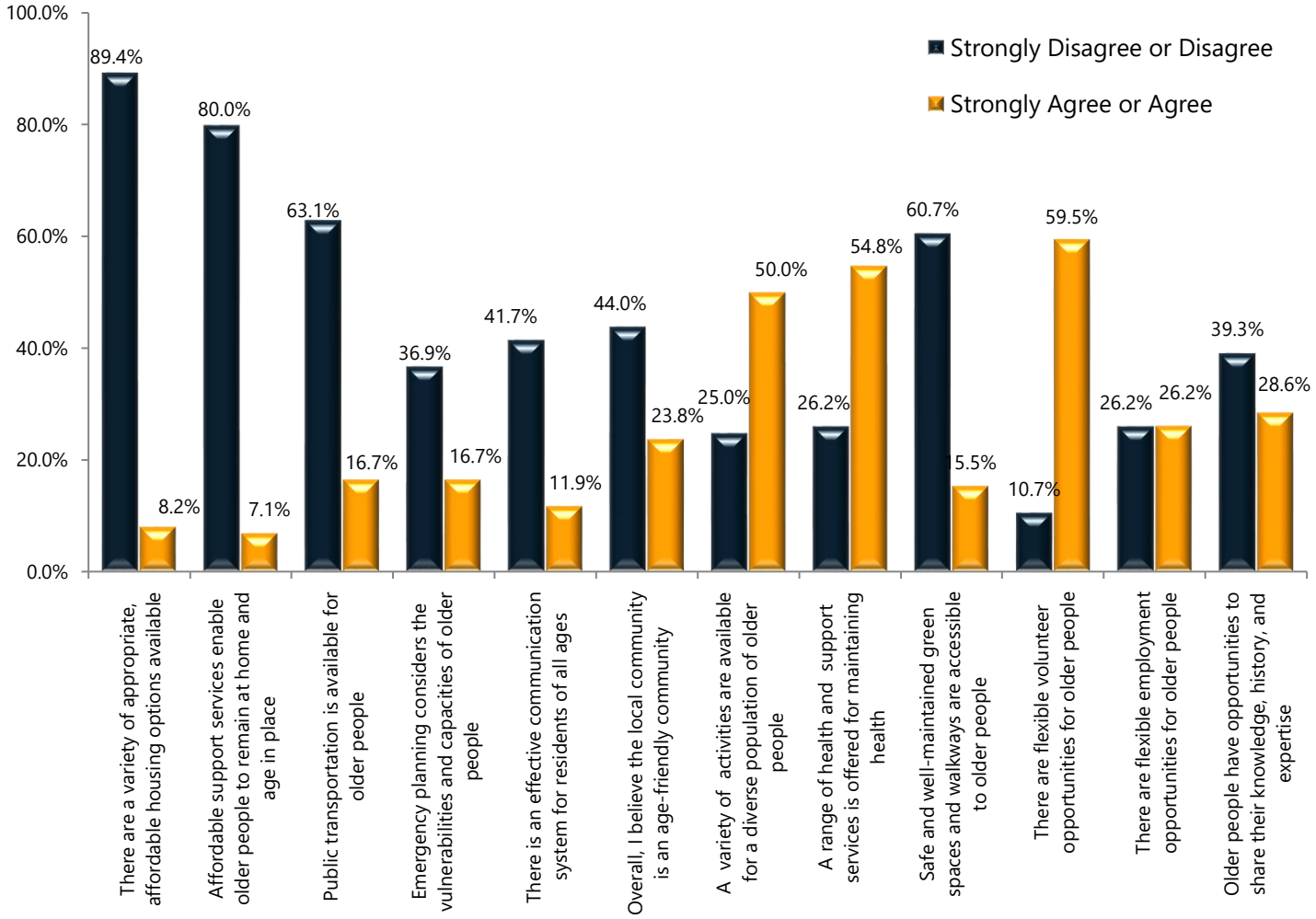
Respondents were asked a range of questions relating to "Age-Friendly Communities." Defined by the World Health Organization (WHO) and American Association of Retired Persons (AARP), an Age-Friendly Community is one that encourages active aging by optimizing opportunities for health, participation, and the quality of life as people age. Respondents were asked about a variety of Age-Friendly factors on a scale of strongly disagree to strongly agree.

Of all the age-friendly statements that respondents were asked about, the highest percentage (59.9%) agree that "there are flexible volunteer opportunities for older people available in the community". This is followed by "there are a range of health and community support services offered for promoting and maintaining health" and there are a wide variety of community activities available that appeal to a diverse population of older people", chosen by 54.8% and 50.0% respectively.

However, only 8.2% and 7.1% perceive that "there are a variety of appropriate, affordable housing options available in the area for older people" and "affordable support services are available to enable older people to remain at home and age in place." This is consistent with survey responses related to affordable housing in that well over half (63.3%) identified affordable housing as a key health issue. It is concerning that respondents strongly disagree that there are support services available to age in place when 66.7% of key informants are aware of an older adult who is seeking services to support their aging in place at home.

Safe and well-maintained greenspaces and a wide variety of communities activities for a diverse older adult population as well as public transportation for older people also rate high on the disagree or strongly disagree responses.

Figure 50. Percentages of Strongly Disagree or Disagree and Strongly Agree or Agree responses on Age-Friendly Community related questions*

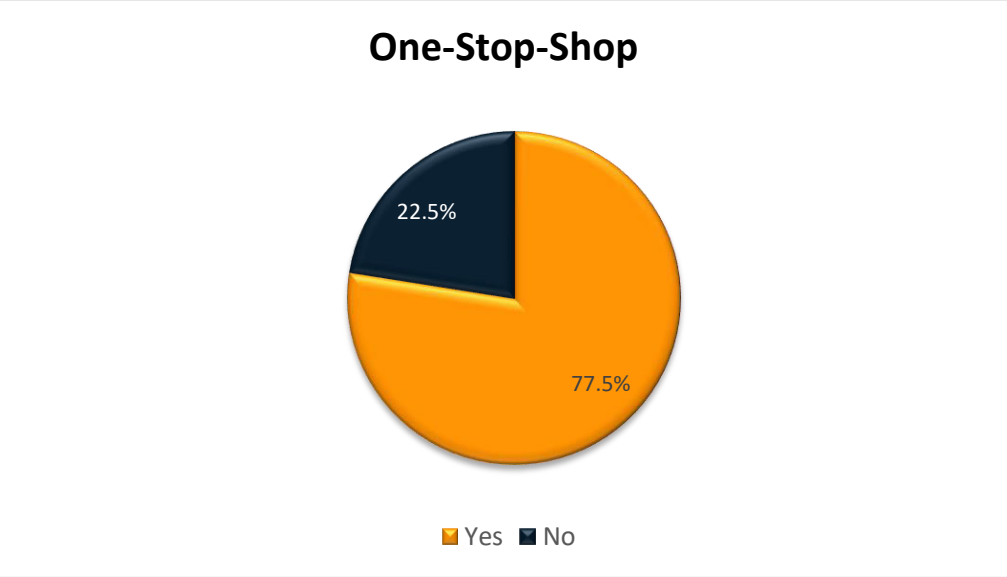


*A full factor list can be found on the survey tool in Appendix C.

One-stop Shop

More than three-quarters of respondents (77.5%) think that a one-stop-shop for aging services is needed in the region.

Figure 51. Need for "one-stop-shop" for aging services



Respondents described what would comprise a one-stop shop.

Select Comments Regarding and the Need for a One-stop Shop

- A one stop shop would include adult day care and adult day health, caregiver support, financial and legal services, mental and behavioral counseling, medication management, healthcare services, nutrition, exercise, opportunities for socialization, classes and education of all sorts geared to the interests of older adults (a diverse group), technology education, information and resource referral and connection, transportation, and a child care center to focus on intergenerational connections and reduce ageism.
- A place to help people navigate their options.
- Intergenerational activities Free educational opportunities.
- And since transportation/mobility are a huge issue in the rural mountainous regions, taking those services to people might be key.
- Congregate nutrition and activities to promote connection and alleviate social isolation.
- Low-cost Medical, Dental & Vision Memory care Specialists,Mental Health Services, More Senior Center/Activities oriented venues, Caregiver Support Groups.
- Not sure.... imagining phone or online access as well as walk-in... I'm not sure we need a single physical location as much as a coordinated, frequently updated referral system would be good.
- Only if the location is accessible by public transportation and is staffed well. "Guiders" to legal services, health services, etc.
- Given our region I don't think a one-stop-shop is a viable solution. I would recommend a regional approach and a strategy to better leverage existing resources.

OPEN-ENDED COMMENTS

Finally, key informants were given the opportunity to provide additional feedback in the form of an open-ended comment field. Key informants were asked, "What would you like to see in your community that would make it a better place for older adults to live?"

Select Comments regarding What Top Priority Would Make the Community a Better Place to Live for Older Adults

- Better affordable housing stock, improved transportation services, more in-home supports including increased supply of paid caregivers, expanded opportunities for in-home medical care such as home-based primary care and/or "hospital at home."
- Affordable housing for older adults - those who are bringing in less than 24K annually in social security Transportation, Food assistance in-home light supports - cleaning, errands, etc.
- Changing the overall culture of the area is needed. Older adults, especially the vulnerable (frail and low income) are disrespected and sometimes overlooked.
- Caregiver support for aging at home.
- The city and county should be requiring 20 - 30% of all new housing and apartments to be universally designed.
- There is a definite need for funding more memory care units (versus simply long-term care), and education of all staff working within these.
- I think we need better coordination of aging services in general.
- Less agism, clearer coordination of services among agencies.
- More affordable housing and transportation.
- Senior-friendly living "zones" that had affordable housing, walking paths, basic services including a grocery store and primary medical/mental care, support systems, etc., so they could effectively age in place.
- Transportation services - bus and affordable car service. Especially in rural parts of county. Bus stops, shelters, sidewalks.
- Workforce development for in-home services and supports.
- Continuity of case management by a well-organized community health system can keep service requests proactive and cost effective.
- Home delivered health services, remote health status monitoring, and telehealth will need to play a much larger role.
- Safe reliable housing.

Key informants were also asked, "What is being done well in your community to improve the lives of older adults?"

Select Comments regarding What is Being Done Well in the Community for Older Adults

- Safe reliable housing.
- I love the way so many organizations recognize what older adults (esp. retired professionals) have to offer in terms of volunteer engagement.
- Lots of good organizations with lots of good people with lots of good intentions.
- Lots of great thinkers coming together on a regular basis to brainstorm solutions to challenges.
- Organizations are working hard to increase the awareness of available resources. However, it is a balance to raise awareness without over taxing the resources or using funding that could provide the services.
- Social, recreational, and housing opportunities for upper middle class and wealthy elders abound.
- We make the needed vaccinations available for older adults.
- Involving members of the community in funding decisions; OLLI involves citizens in creating life-long learning opportunities.
- Public policy issues that need to be addressed.
- Prosecution of scammers/fraud.
- Ineffective role of adult protective services.
- Increased funding for support services.
- Established CCRCs are looking into ways to provide age-in-place services.
- Community partnerships.
- Attention awareness to homeless.
- Agencies serving older adults are talking with one another, which improves services for everyone.
- There is a lot of very good people who work with older adults in Buncombe and surrounding areas. They make the most of what they have to serve others. Organizations work well together to provide the best possible services.

Key informants were asked to discuss the top priority for their organization in terms of improving the lives of older adults.

Select Comments about the Top Priority of their Organizations to Improve the Lives of Older Adults

- Providing free legal services, preventing elder abuse.
- Adult daycare and caregiver support.
- Helping people understand and implement strategies for estate planning and long-term care (Medicaid).
- To maintain their health, vitality and dignity for as long as possible.
- Making government more responsive to the social justice needs for older adults.
- Through our food pantry and looking for ways to increase adult incontinence supplies and liquid nutrition through grant funding.
- Provide low-cost critical home repairs and aging in place modifications.
- Keep them safe and allow them to age in place gracefully.
- Assuring access to affordable healthcare regardless of the ability to pay.

- Financial education, counseling and support.
- Navigating healthcare.
- Education and guidance along the journey of dementia.
- Stewardship of taxpayer resources to benefit the most vulnerable.
- Accessible, affordable and modified housing.
- Providing a continuum of care.
- Building the aging workforce.
- Preventing elder abuse.
- Aging in place safely.
- Providing meals to homebound seniors.
- Engaging older adults in volunteerism and connecting with other generations.
- Addressing issues of dementia, quality of life for those with cognitive impairment and quality of life for family caregivers.
- Offering a place for elders to be in a multigenerational community.
- Making urgent home repairs.

Key informants were given the opportunity to discuss any public policy/advocacy concerns that affect older adults in the region.

Select Comments about Public Policy/Advocacy Concerns that Affect Older Adults

- Restrictive eligibility rules for some aging services.
- Rising costs.
- Government funding for in-home, non-licensed caregivers.
- Food insecurity.
- Not enough housing for low-income people. Not enough mental health and substance abuse services.
- Property tax relief.
- Funding to support basics like transportation, adult day care, home delivered meals and one stop center for older citizens.
- Access to health, transitional and palliative care. Improving dental coverage.
- Advocacy for the LGBTQ community.
- Hospitals have all been privatized and put profits over health.
- Courts with regards to following through with elder abuse and exploitation.
- The lack of resources/barriers to Black elders.
- Our Councils on Aging in the area are understaffed and underfunded.
- One thing I think is missing--a strong, focused, proactive agency or leader who can pull people together to achieve a well-thought-out, comprehensive plan and then stay around long enough with enough funding to make things happen in accord with the plan.
- There is a lot of ageism in Buncombe County which is why the needs of older adults are not taken seriously. There is a disconnect in Buncombe County regarding the needs of older adults, even the County Commissioners won't acknowledge the needs of older adults.

Many key informants expressed their gratitude for the opportunity to complete the survey.

Select Comments from Key Informants about the survey

- We appreciate your attention to this important issue in our community.
- Thank you for taking on this outsized task and asking us to be a part of improving services to older adults in WNC.
- Please ensure that any initiatives work in collaboration with the organizations that already exist.
- Thank you for doing this!
- Deerfield is a wonderful place, but way out of reach for most seniors that spent their lives in Western NC.
- Thank you to Deerfield for all of the ways they reach out to assist those who provide aging services in our community.
- Do include the Area Agency on Aging with Land of Sky Regional Council in the planning process! Thank you for taking on this critically important work in this region!
- Thank you for gathering this needed information. I look forward to reading the report.
- We want to continue to grow our partnerships with Deerfield and other organizations in our region as we share many challenges.
- I am grateful Deerfield is doing this survey and I appreciate the opportunity to participate. I am hopeful you were able to obtain input from older adults who are of moderate income and dealing with cognitive or physical or caregiver issues. I am concerned my perspective is narrow.
- Thank you for focusing on Aging in our community and thank you for taking the time to ask folks who work in the field what they see as needs in our community around aging.
- Thank you for allowing IFPHA (Institute For Preventive Healthcare and Advocacy) to participate in the survey.

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Appendix B. Secondary Data Terminology

Age-Adjusted Rates: Age-adjustment is a statistical process applied to rates of disease, death, injuries, or other health outcomes, which allows populations with different age structures to be compared.

Behavioral Risk Factor Surveillance Survey (BRFSS): Ongoing surveillance system with the objective to collect uniform, state-specific data on adults' health-related risk behaviors, chronic health conditions, and use of preventative services.

Crude Rate: Expresses the frequency in which a disease or condition occurs in a defined population in a specified period of time, without regard to age or sex.

Determinants of Health: The personal, social, cultural, economic, and environmental factors that influence the health status of individuals or populations.

Family: Defined as a householder and one or more other people living in the same household who are related to the householder by birth, marriage, or adoption.

Frequency: Often denoted by the symbol "n," and referred to the number of occurrences of an event.

Health: A state of complete physical, mental, and social well-being and not just the absence of disease or infirmity.

Health Disparities: Indicate the difference in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exists among specific population groups.

Health Outcomes: Results of a medical condition or health status that directly affects the length or quality of a person's life. These are indicators of health status, risk reduction, and quality of life enhancement.

Housing Unit: A house, an apartment, a mobile home, a group of rooms, or a single room occupied (or if vacant, intended for occupancy) as separate living quarters.

Household: All the people who occupy a housing unit, including related family members and all the unrelated people who may be residing there. Examples include college students sharing an apartment or a single male living alone.

Householder: One person in each household is designated as the householder. In most cases, the householder is the person, or one of the people, in whose name the housing unit is owned or rented (maintained). The two major categories of householders are "family" and "nonfamily."

Incidence: Refers to the number of individuals who develop a specific disease or experience a specific health-related event during a particular time period.

Morbidity: Refers to the state of being diseased or unhealthy within a population.

Mortality: Number of deaths occurring in a given period in a specified population.

Poverty: When a person or group of individuals lack human needs because they cannot afford them. Human needs include clean water, nutrition, healthcare, education, clothing, and shelter.

Prevalence: The total number of individuals in a population who have a disease or health condition at a specific period of time, usually expressed as a percentage of the population.

Quality of Life: Degree to which individuals perceive themselves as able to function physically, emotionally, and socially.

Rate: A measure of the intensity of the occurrence or frequency with which an event occurs in a defined population. Rates are generally expressed using a standard denominator such as per populations of 1,000, 10,000 or 100,000.

Size of Household: Includes all the people occupying a housing unit.

Size of Family: Includes the family householder and all other people in the living quarters that are related to the householder by birth, marriage, or adoption.

Socioeconomic Status (SES): A composite measure that typically incorporates economic, social, and work status. Examinations of socioeconomic status often reveal inequalities in access to resources.

Vital Statistics: Systematically tabulated data derived from certificates and reports of births, deaths, fetal deaths, marriages, and divorces, based on the registration of these vital events.

Years of Potential Life Lost (YPLL): A measure of premature mortality or death on a population, calculated as deaths that occur before some predetermined minimum or desired life span (usually age 75, which is the average life span).

Appendix C: List Of Key Informant Participants

Name	Organization
Cindy Threlkeld	
Meredith Gregory	Senior Law Project, Legal Aid of North Carolina
Valued Community Member	
Michael Barnett	Jewish Family Services of WNC
James Fleming	Strauss Attorneys
Jeanne Cummings	
Karen Wallace-Meigs	
Laurel Radley, HOAP	HOAP
Paul Vest	YMCA of WNC
Jane Kniffin	
Ron Katz	
Suzanne Booth	
Nanette Warren	Buncombe County
Meridith Miller	
Kristen Pollock	
Joel Johnson	Asheville Area Habitat for Humanity
Jim Kelly	Aging Projects, Inc.
Sharon Willen	The Got Your Back Neighbor Network
Stoney Blevins	Buncombe County HHS
Valued Community Member	
Valued Community Member	
Kit Cramer	Asheville Chamber of Commerce
Valued Community Member	Mountain Area Health Education Center
Bill Mance	
Jesse Boeckermann	Catholic Charities
Andrew Atherton	McGuire, Wood and Bissette Law Firm
Jenna Sharrits	Land of Sky
Bobbi Laratta	
Amanda Hunsucker	OnTrack of WNC
Maureen Williams	Four Seasons
Diane Mance	

Name	Organization
Anne Plyler	WNC Tai Chi for Arthritis
Valued Community Member	
Rita VanNuys	
Richard Duncan	RL Mace Universal Design Institute
Kathy Long	DayStay Social Club
Dr. Peggy Noel	MemoryCare
Al Whitesides	Buncombe County
Cindy Keehn	Engaging Dementia Effectively
Dr Ken Tannenbaum	AARP
Lowell Smith	
Susan Schiemer	Community Volunteer
Rebecca Heartz	Osher Life Long Learning Institute
Lisa Boblett	Buncombe County
Lee DeVico	Mountain Housing Opportunities
Rachel Miller	Council on Aging of Buncombe County
Sally Griffin	Buncombe County
Vicki Jennings	Land of Sky
Larry Hartley	Strauss Attorneys
Jan Nickerson	Pisgah Valley Retirement Community (a CCRC in Candler)
Kristina Israel	City of Asheville
Donna Case	Land of Sky
Judy Smith	retired, NC Division of Aging
Nancy Williams	Buncombe County
Edward Jones	Land of Sky
Patricia Calloway	Generations Ashe Services for Aging
Rosario Villareal-Redondo	YMCA of Western North Carolina
Heather Bair	Buncombe County
Ted Hill	
Nathan Ramsey	Land of Sky Regional Council
LeeAnne Tucker	Land of Sky Regional Council
The Rev. Milly Morrow	Grace Episcopal Church Asheville
The Rev. Judith Whelchel	St. James WNC
Bob Krollman	SkyHeart Consulting, PLLC
The Rev. Robert Reese	Redeemer Episcopal Church
Billie Breeden	Buncombe County
Meredith Switzer	All Souls Counseling

Name	Organization
Deborah Britt	
Tasha Woodall	MAHEC Center for Healthy Aging
Valued Community Member	
The Rev. Dr. Scott White	
Melissa Blake	Buncombe County
Joey Abel	Givens Highland Farms
Brian Lawler	The Forest Law Group
Sandra Breakfield	
Anna Hicks	Advent Health
Norma Brown	UNETE North Carolina
Shiela Maldonado	Meals on Wheels of Asheville
Elizabeth Stavish	MemoryCare
Erika Goffin	United Way
Kathey Avery	IFPHA
Alison Banzhoff	Buncombe County
Emily Easterling	Interim HealthCare
Seanyea Rains	Durham Center for Senior Life
Keverlee Burchett	Pisgah Legal Services
Daniel Beerman	OLLI UNCA
Elizabeth Lackey	MemoryCare
Valued Community Member	Meals on Wheels of Asheville
Aditi Sethi	Center for Conscious Living & Dying
Dee Williams	United Community Dev. of NC

Appendix D: Key Informant Survey Tool

Deerfield Episcopal Retirement Community
Community Engagement Needs Assessment
Key Informant Survey

INTRODUCTION

Deerfield Episcopal Retirement Community is a Life Plan Community in Asheville, NC, serving 600 residents. The Deerfield Charitable Foundation is a supporting organization of Deerfield Episcopal Retirement Community and its outreach efforts and is leading a Community Engagement Needs Assessment as part of its commitment to improving the lives of seniors in our region and expanding partnerships. You have been identified as an individual with valuable knowledge and opinions regarding community needs and we appreciate your willingness to participate in this survey. The survey should take about 15 minutes to complete. Please be assured that all of your responses will go directly to our research consultant, Holleran Consulting, and will be kept strictly confidential. Please note that while your responses, including specific quotations, may be included in the report of this study, your identity will not be directly associated with any quotations.

DEMOGRAPHICS

What is the primary county your organization serves? (Choose One)

Buncombe

- ❒ Henderson
- ❒ Transylvania
- ❒ Other: INSERT COUNTY HERE: _____

2. Which one of these categories would you say BEST represents your community affiliation? (Choose no more than two.)

- ❒ Aging Services
- ❒ Arts and Culture
- ❒ Business Sector
- ❒ Childcare or Youth Services
- ❒ Community Member
- ❒ Education
- ❒ Faith-based
- ❒ Finance or Law
- ❒ Government
- ❒ Healthcare or Public Health
- ❒ Housing
- ❒ Mental/Behavioral Health
- ❒ Non-profit Social Services
- ❒ Transportation
- ❒ Other (please specify):_____

3. What age groups does your organization serve?

- ☐ Children/Youth
- ☐ Adults below age 65
- ☐ Older adults 65+
- ☐ Adults of all ages
- ☐ A combination of age groups, including children and older adults

4. What affinity group does your organization serve?-(Choose all that apply.)

- ☐ Black / African American
- ☐ Hispanic / Latinx
- ☐ Asian American
- ☐ Indigenous / Native American
- ☐ LGBTQ+ Community
- ☐ Minority Faith Community Members (non-Christian/non-Catholic)

- ☐ Disabled Individuals
- ☐ Other Groups _____

5. Approximately how many older adults are served through your organization each year?**)**
   - ☐ Less than 50
   - ☐ 50-99
   - ☐ 100-499
   - ☐ 500-1,000
   - ☐ More than 1,000
   - ☐ Not applicable

Please share any important information about the number of people served:

PRESSING ISSUES AND SERVICES

6. In your opinion, what are the 5 most pressing issues facing older adults in your community? (**Choose no more than 5.)**

- ☐ Accessing/Navigating Healthcare and Other Services
- ☐ Ageism
- ☐ Ability to Age in Place
- ☐ Affordable Housing and/or other housing issues
- ☐ Chronic Disease Management
- ☐ Dementia/Memory Challenges
- ☐ Elder Abuse/Neglect
- ☐ Education/Information about Healthcare and Services
- ☐ Financial Scams and Threats
- ☐ Hunger/Food Insecurity
- ☐ Injuries/Falls
- ☐ Labor Shortage for positions in aging services
- ☐ Mental/Behavioral Health Issues

☐ Overweight/Obesity

☐ Poverty/Financial Insecurity

☐ Social Isolation

☐ Transportation/Walkability

☐ Other - Please List Here: _____

Please share any additional information regarding these issues and your reasons for your choices in the box below:

7. Related to older adults in the community, for each **Support Service** listed, please select whether you think it is missing (not available in the community), lacking (available but not enough to meet needs) or not affordable (price may be a barrier in accessing service). If you think the service is available and affordable, please select "Need Is Met." If you do not know, please mark accordingly.

Support Services	**Missing**	**Lacking**	**Not Affordable**	**Need Is Met**	**Don't Know**
Adult Day Programs/Adult Daycare Centers					
Caregiver Support Services					
Case Management (help to access needed services)					
Counseling/Grief Counseling					
Financial Management					
Exercise & Nutrition Programs					
Home Healthcare Services (assistance with medical needs)					
Home Modification/ Repair/Lawn Care					
Housekeeping Services					
Legal Services					
Meal Preparation/Delivery					
Memory Support Programs					
Respite Care					
Security and Safety					
Social/Recreational Programs					
Transport Services - General					
Transportation - Specialized (Accessibility and assistance)					
Other (please specify:_____					

Please share any additional information regarding the need and accessibility of support services for older adults living in the community in the box below:

8. Related to older adults in the community, for each **Healthcare Service** listed, please select whether you think it is missing (not available in the community), lacking (available but not enough to meet needs) and/or not affordable (price may be a barrier in accessing service). If you think the service is available and affordable, please select "Need Is Met." If you do not know, please mark accordingly.

Healthcare Services	Missing	Lacking	Not Affordable	Need Is Met	Don't Know
Assisted living (residential care with personal care for activities of daily living)					
Behavioral health services					
Dialysis services (accessible)					
Geriatricians/gerontologists					
Home healthcare services (assistance with medical needs)					
Hospice/Palliative care					
Immunization/vaccination programs (pneumonia, shingles, COVID, RSV)					
Low-cost medical care, including dental, vision and hearing)					
Medical specialists (cardiologists, neurologists, etc.)					
Medication support/assistance					
Memory care specialists					
Mental health services and counseling					
Nursing home services					
Outpatient rehabilitation services					
Preventative health screenings (blood pressure, diabetes)					
Primary care providers					
Substance abuse services					
Other (please specify): _____					

Please list any medical specialties that are lacking in our region:

Please share any additional information regarding the need and accessibility of healthcare services for older adults living in the community in the box below:

9. In your opinion, what are the most significant barriers that keep older adults in the community from accessing **Healthcare** when they need it? (Select all that apply.) □ Availability of providers/appointments
   □ Basic needs not met (food or shelter)
   □ Inability to navigate healthcare systems
   □ Inability to pay out of pocket expenses (co-pays, prescriptions, etc.)
   □ Lack of health insurance coverage
   □ Lack of providers accepting Medicare/Medicaid
   □ Lack of transportation
   □ Language/Cultural Barriers
   □ Physical Limitations
   □ Cognitive Limitations
   □ Time Limitations (long wait times, limited office hours, time off work)
   □ None/No barriers
   □ Other (Please specify): _____

Please share any additional information regarding these barriers and your reasons for selecting them in the box below:

10. Please identify the transitions and challenges faced by the people you serve: (check all that apply)
   □ Attending an adult daycare
   □ Caregiving service provision to aging relatives
   □ Caregiving service provision to older adults (not relatives)
   □ Clinical trial participation
   □ Employment status change

- ☐ Dialysis care
- ☐ Downsizing to a smaller home with less home/yard maintenance
- ☐ Elderly parents moving into their adult child's home
- ☐ Grandparents taking on full-time care for grandchildren
- ☐ Hospice or palliative care
- ☐ Income change
- ☐ Seeking home and community-based services to support aging-in-place
- ☐ Moving to a personal care home, assisted living facility or nursing home
- ☐ Receiving outpatient physical rehabilitation services
- ☐ Receiving outpatient mental health services
- ☐ Retiring/No longer employed
- ☐ Safety Issues (physical, financial, law)
- ☐ Searching for an assisted living facility or nursing home
- ☐ Other/ Please specify: _____

Please share any additional information regarding life transition support provided by your organization:

11. An "***Age-Friendly Community,***" as defined by the World Health Organization (WHO) and AARP, encourages active aging by optimizing opportunities for health, participation, and quality of life as people age.

    Please indicate your level of agreement with the following "Age-Friendly" statement for our region:

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Don't Know
There are a variety of appropriate, affordable housing options available in the area for older people.						
Affordable support services are available to enable older people to remain at home and age in place.						
Public transportation is available for older people to reach key destinations.						
Community emergency planning considers the						

vulnerabilities and capacities of older people.						
The community has an effective communication system that reaches residents of all ages.						
Overall, I believe the local community is an age-friendly community.						

Please indicate your level of agreement with the following "Age-Friendly" statements:

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Don't Know
A wide variety of community activities are available that appeal to a diverse population of older people.						
A range of health and community support services is offered for promoting and maintaining health.						
Safe and well-maintained green spaces and pedestrian-friendly walkways are easily accessible to older people.						
There are flexible volunteer opportunities for older people available in the community.						
There are flexible employment opportunities for older people in the community.						
Older people are provided opportunities to share their knowledge, history, and expertise with other generations.						

OPEN-ENDED

12. Do you believe a centrally located "one-stop-shop" for aging services is needed in our region? YES NO
    a. If YES, which services would be helpful to group in one location:

13. What top priority would you like to see in your community that would make it a better place for older adults to live?

14. What is the top priority of your organization for improving the lives of older adults?

15. What is being done well in the community for older adults?

16. How open is your organization to partnering with other providers for improvements for older adults?

17. Are there public policy/advocacy concerns affecting older adults in our region that need to be addressed? If so, please list in the box below.

CONCLUSION

Deerfield Episcopal Retirement Community will use the information gathered through this survey to guide their planning. They will make the full Community Engagement Needs Assessment available to all who complete this survey.

Is there any additional feedback that you would like to provide that could help inform this assessment regarding the needs of older adults in our community?

Thank you for your time, your expertise, and the important role you play in the aging services network.

OPTIONAL:
Name:_____
Organization Name:_____
Email Address:_____

Appendix E: Raw Comments from Key Informants

DEERFIELD EPISCOPAL RETIREMENT COMMUNITY

2023 CENA Study

Comments

Illegible comments are identified as (*)

Other, Insert county here:
All counties listed
Ashe
Durham
I'm an individual; not an agency.
N/A
Serve all of western region.
We serve WNC: Ashe, Avery, Buncombe, Clay, Cherokee, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Swain (Cherokee Reservation), Transylvania, Watauga, and Yancey Counties.
Which one of these categories would you say BEST represents your community affiliation? Other, please specify:
Dementia.
Fall prevention/ cognitive enhancement and socialization for seniors.
Financial Education and Counseling.
Former coordinator of age friendly Buncombe.
Health & Wellness and Social Support.
I'm an individual; not an agency.
Issues of social justice and public policy.
Legal needs.
N/A
Resource connection and education to empower individuals, local and distance caregivers, families, and their support system.
What affinity group does your organization serve? Other, please specify:
All adults age 60+ as well as their caregivers
All Aging Adults and affinity groups
All groups above are represented in our participants
All of the above
All residents of Asheville
Anyone who needs estate planning or Elder Law services
Everyone in need
Families

General community
Homeless
N/A
Older adults
Older adults, women, children
Older citizens
Retired people of all affinities
Rural, Veterans, etc.
Veterans
We serve all groups
We serve anyone needing medical care
We serve everyone
We strive to serve all
White
White people, too

Please share any important information about the number of people served:
>10,000
At Memory Care we provide care to people living with dementia, support and training for their family caregivers, and community education. In 2023, 1,138 people living with dementia and 3,462 of their caregivers (the majority of whom are family members) were enrolled in our program. Additionally, Memory Care provided 149 free community presentations that reached 1,582 community members.
Currently, our two instructors are serving 60 adults while co-teaching three classes: Beginners, Intermediate, Advanced Tai Chi for Health. One instructor is 65, the other is 75.
I am a retired long term care administrator and now am active at OLLI lifelong learning and am a SHIIP counselor (Senior Health Care Insurance Program). I have been involved with hundreds of Seniors I was asked to help with this survey but am afraid the questions, so fart do not apply.
I am not affiliated with a specific organization. I am a senior and a volunteer with several orgs
I am on the Board of Mountain Care Adult Day, which serves 100+ older adults with cognitive and/or physical impairments, but Mountain Care also supports the family caregivers, so the number is doubled.
I do not know the numbers.
I don't know why I was asked to participate in this survey since I am an individual not an agency.
I lead a neighbor helping neighbor group, primarily for those planning to or already aging in place. We provide information and services to a community of mixed demographics consisting of 350 single family residences.
I lead community classes ranging from 5 to 100 people, educating on dementia and care strategies. I also work with individuals on the dementia journey and their direct family and caregivers.
Ladies and Gentlemen: If the intent of your survey is input from community members as well as business, government, social services and other organized services, your survey questions need work. I cannot answer the most of the above as I am a community member with decades of experience advocating for elderly relatives and a disabled former neighbor in another state; advocacy is my "accidental sideline" as my credentialed profession is institutional finance. I will extrapolate the intent of the questions and answer them as reasonably as possible or will leave some answers blank as seems fit.
Land of Sky Regional Council serves tens of thousands of individuals in our region through our various programs including aging, peer support, workforce development, youth and more.

Local government serves all residents.
My organization is a CCRC with 72 independent living units (about 100 seniors/yr.), 20 Assisted Living units (say 25 to 30 seniors/yr.) and 118 SNF beds (half long term care, say 75 - 100 seniors/yr.; half rehab, say 600 to 700 patients/yr.)
My work is in the Planning and Community Development area. I will not have experience or knowledge of a lot of the aspects of this survey and will not be able to answer those.
N/A
Our Community Services staff assist Buncombe County residents with understanding and accessing a variety of services throughout the community. Our staff connect on-line, over the phone, in-person, or via any "no wrong door" approach to meet our client's needs. We helped our clients access $59,955 in caregiver respite funds, answered over 6,500 information and assistance calls, completed 58 minor home repair projects, and did care management to 44 in-home aid recipients totaling more than $500,000. We served over 100 clients in homebound food delivery and our volunteers provided transportation for more than 150 client appointments. Last fiscal year, our Medicare team had more than 3,000 contacts, 199 enrollment events, 22 classes, and more than 1,037,000 reached via ads. In the first quarter of 2023, we had 747 client contacts, 54 outreach and enrollment events, 6 classes, and more than 1,200 reached through ads. Our Benefits Enrollment Program for seniors in need served 1,046 clients, garnering $1.6 million in benefits. Senior Dining/Congregate Nutrition served over 39,500 meals, including cold meals to take home at Thanksgiving, thanks to consumer contributions, the block grant funding, and ARPA funding. We were able to serve 224 new participants and 498 unique individuals
Our local agency office is relatively small; however, our agency has 11 offices in NC.
Our organization present programs to benefits people of various ages.
Our target population is people living with dementia and their caregivers.
Over 1,000 people living with dementia are served each year, along with over 3,000 family caregivers.
Some programs serve poor senior adults and some of our programs serve any senior regardless of financial status.
The Chamber has over 1,500 members and is the third largest chamber of commerce in the state. Our estimate of the number of employees represented by chamber members is 85,000.
They are primarily elderly, low income, and female.
Total people served each year approximately 2500.
UNETE (Unmet Needs in Equity vs. Transformational Empowerment) has been serving older adults as part of its mission of promoting wellness for the whole person and the whole community. A contract with WNC Health Network has allowed our organization and our NC Certified Community Health Workers in collaboration with BC DHHS and its mobile team to provide crucial services to older adults like shingle vaccines, COVID-19, Flu and information about Fall Prevention, Resilience for Caregivers, Diabetes and Hypertension, Understanding Dementia and more. We collaborate with the Council on Aging of Buncombe County, IFPHA, YMCA, and various community centers as well as libraries from Sandy Mush to Swannanoa.
We directly partner with approximately 6 older adults in the New Home Program and 70 older adults in our Home Repair Program. We also refer older adults to other services that may also be beneficial.
We do not serve people on an individual basis. We are a group of agencies, government reps and volunteers who help the County develop and promote policies, laws, and programs for aging adults.
We have wonderful educational programs that help people to prevent chronic illness as: Diabetes Cancer high blood pression, etc.
We provide mental health counseling on a sliding scale for individuals who are uninsured and underinsured in WNC. Our model allows for counseling sessions with a licensed therapist, generally on a weekly basis, for

3-6 months. Last year we served 430 clients and hope to exceed that number this year as we have expanded our programming to reach more clients.
We serve adults by supporting them to engage in a service-centered community and have ~250 members. We also offer direct care for those dying. So, I'm counting the members and the ones we serve.
We serve anywhere from 10-20 people each month from Buncombe, Haywood & some Henderson Co. folks. Our goals are to keep senior adults at home as long as possible with our program of socialization, activities, and healthy meals and snacks. Also to give Respite care to the families.
We serve many older adults, but I do not have access to that data.
We serve older adults and caregivers in four counties: Buncombe, Henderson, Madison, and Transylvania.
We serve on average of 35 persons on a weekly basis, and periodically an average of up to 150.
We serve over 100,000 people every year. Older adults comprise 30% of our membership base
We work in education and policy around issues of accessible and age friendly housing and other sectors of the built environment. We conduct a few direct consultations with individuals each year, but our work is usually channeled through other direct services organizations, stakeholders in the housing sector, government agencies, and organizations such as AARP.
What I am doing does not provide direct services. I am mostly, through several affiliations, working to promote public policy that addresses issues of social justice that address all groups. The focus in 2024 is around voting and democracy rights.
With adequate funding, staffing and facilities we feel that more adults could be served.
In your opinion, what are the 5 most pressing issues facing older adults in your community? Other, please specify:
Caregiving for family members who are need supplemental assistance healthcare services.
Education/Information about Financial related choices such as health insurance, estate planning, end of life planning.
I listed four, and these are just guesses.
Please share any additional information regarding these issues and your reasons for your choices in the box below:
Accessing affordable long-term care options is a significant problem, often painting people into a corner of needing to rely on most restrictive interventions OR remaining in an unsafe environment.
Adult day care services are vital to allowing people to age in place thus reducing the need and expense of placement in a facility. Adult day care provides support, social interaction (which can positively affect overall health), a nutritious meal and often some help with grooming etc.
Affordable housing and isolation lead to all of the other pressing issues.
Affordable senior housing. Facilities accepting Medicaid and Special Assistance benefits.
Although there are many programs led by nonprofits to address food insecurity and healthcare coverage through Medicaid/Medicare for older adults, the Asheville area is the most unaffordable in the state in terms of income compared to the cost of housing.
Based upon the services we provide and the service population that we serve these issues are the most prevalent.
Caregivers--there simply aren't enough! And there won't be going forward.
Finding well-trained, affordable personal and home health care on even an upper middle-income budget is a growing difficulty.
Home repair along with affordable housing. Some people have been in their homes for so long minor fixes are now MAJOR problems.

Homelessness is a growing issue for older adults.
Housing here is extraordinarily expensive with much housing or facilities taken by people from out of state with means or part-time residents. Many local seniors struggle to make ends meet and have trouble getting transportation to services. A one-stop shop for elder services is needed with transportation to it accessible from all parts of Buncombe County and beyond.
I appreciate your efforts to conduct this survey across our community of providers.
I'm making guesses based on my past experience working at United Way.
It is quite possible that issues surrounding financial insecurity and affordable housing are greater than I realize. However, I chose the four issues of which I am most aware. I believe most of us wish to age in place, but this is made more complicated by ignorance regarding available services and programs as well as the problems with hiring and retaining appropriate staff to provide assistance either in the homes or in the non-profit organizations that serve older adults. The issue of dementia/memory challenges is pervasive, and perhaps the one most older adults fear the most. My spouse has Alzheimer's, so I am aware of the emotional, social, and financial costs of this disease.
Last fiscal year, our top five need requests were home repair (most were keeping the home a livable space), transportation access, food insecurity, affordable housing, and in-home aid assistance.
Most people desire to age in place and assist their loved ones to do the same. The current shortage of in-home care professionals prevents this by low or inconsistent availability and overall costs. This leads to unintended elder abuse/neglect by those families sincerely trying but not able to provide adequate in-home services and yet unable to afford respite or residential care. Subsequently then both the elder and their caregiver suffer social isolation which negatively impacts them both!
My upper middle-class constituents are fearful of having to leave their homes when they can no longer drive.
N/A. It's just what I read in the news and experience.
Our participants are sometimes trying to stretch themselves between obligations to siblings, children, grandchildren, ailing spouses, and their own health needs. One is driving between Asheville several times every few months and Maryland to care for and support her brother in independent living who has challenging cognitive limitations and health from childhood. She is the only other surviving sibling. Another is driving between Asheville and Wilmington to provide care for her elderly parents - one of whom had to be placed in a memory care facility following multiple hospitalizations / ER admissions for violent behavior directed towards her elderly husband. The husband is frail, fearful, and living alone for the first time without his wife. Their daughters are both widowed, still work in health care, and are trying their best to maintain their own health and support their college-age sons while caring for the challenges of their parents. Another person lives in Asheville and just recently her parents from Winston Salem into an assisted living situation in Wilmington. Her father has been hospitalized for emergency surgery. She is driving back and forth weekly, trying to care for her parents' needs. Another, a retired college professor, is organizing care for her 90 + year old mother with dementia whose only wish is to continue living in her home. She just spent the last 3 days snowed in with her mother because the caregivers she'd hired were unable to get there. These are not unusual situations facing our older adults. I cared for both my own mother to the age of 97 and my husband's parents, and his brother, who died in his 60's, all while working full-time at St. Joseph's Hospital as a physical therapist and clinical educator. This is one of the most stressful parts of aging.
Our residents are primarily in their 70's - 90's. Affordability, dementia, aging in place and navigating healthcare are critical issues, closely followed by falls. Labor shortage challenges the ability to provide sufficient health aides and CNAs in long term care and assisted living, as well as housekeeping in independent living and the ability for residents to supplement services with their own procured home health aide.

Persons active in a small supportive community are often able to help each other with many of these areas of need or challenge.
The ability to age in place is the most pressing issue that I see adults faced with. If they meet the criteria for in-home aide, home health, CAP, PT, OT etc... the wait list for services is all too long and then IF they do get a worker, that worker most often will leave the agency and then the adult is left waiting for the agency to hire. Adult Day Programs have closed, the wait for assistance in the adult's home has increased substantially, and then often only folks with Medicaid are eligible for services. What about the other adults who do not have Medicaid? Especially those who are close to eligibility requirements but just over the limits for Medicaid.
The stagnation of the housing market due to a lack of inventory makes it difficult for older adults to sell existing home and move into homes that are better for aging in place. That exacerbates the problem for all other ages of people who want to be homeowners also. Lack of inventory in housing is a problem for our community on the whole. The lack of a comprehensive transportation system is also a problem for the community on the whole, but especially for older adults who do not want to drive or don't have a car. Healthcare is a complicated system for adults at any age, so I would think that navigating the system and insurance would likely be issues for older adults.
We feel there are not enough resources for Senior Adults with Dementia/Memory Challenges. Too much social isolation in this age group due to lack of facilities where they can go for Activities, socialization, meals, exercises for mind and body to stay active as long as possible and the affordability of such facilities.
We need to motivate older adults to plan for their retirement housing needs as emerging older adults (50-65), not wait until something bad happens. And we need to provide meaningful housing options so that these many households can find housing that is appropriate for older adults: universally designed, affordable for lower as well as for middle income households, generally smaller with lower maintenance requirements.
We recognize the importance of prioritizing urgent matters, but it is equally crucial to understand that, like any underserved community, all the issues are interconnected and can contribute to others. Effective solutions require comprehensive and multipronged approaches. Community Health Workers serve as the backbone of UNETE because they possess the knowledge to connect, refer, and follow up. We affectionately refer to our CHWs as the “211 in the flesh.” While we respect the expertise of programs and organizations, we maintain an open and comprehensive approach to identify any health issues or determinants affecting the well-being of our elders
While there have always been individuals born to fortunate or relatively easily circumstances, this is not the universal experience. This may come as a shock to those to take material representations of economic life in the US as presented on television seriously; or to those whose poorest social contacts are merely upper middle class; or to those whose professional or political lives expose them solely to the parochial attitudes of the sheltered upper classes; or to those who take the unemployment rate (a measure developed after a late 19-century banking crisis and always manipulated or misrepresented for political purposes) seriously. Life is not easy for most people; it never has been. Yes, there were about 25 years after WWII during which more people experienced relative stability and prosperity than presumably ever before (at least in the US), but this anomaly of experience continues to taint the world views of the upper middle and upper classes in positions of influence who fail to grasp a more statistically accurate understanding of life for most people in the middle and lower classes. The issues I checked off above represent a confluence of consequences to living perhaps too long without a commensurate level of economic support. Poverty/financial security covers many of the other issues (e.g., food insecurity, health care access). Ageism becomes yet one more prejudice to confront as one attempts to go about living a productive life. I could continue, but you should get the point.
Workforce challenges are consistent among all employers and limit the ability of providers to serve older adults. Housing affordability has significant impacts on older adults and ability to age in place. The greatest

barrier to transitioning individuals from long-term care is the lack of suitable housing. Our community is struggling to prepare for aging demographics and provide necessary and appropriate services.
You ask me for 5 but minorities face so many more problems as: Language barriers, Accessing and education on health care, scams, and elder abuse. Many times, need to take care of grandchildren without pay and neglect their own needs. Minorities are hired to take care of older people with very low wages and are subject to abuse and discrimination.

Related to older adults in the community, for each Support Service listed, please select whether you think it is missing (not available in the community), lacking (available but not enough to meet needs) or not affordable (price may be a barrier in accessing service). Other, please specify:
Access to services without internet or mountain mobility.
Adequate publicity for existing services! Most people aren't aware of services available. I had to email the city to ask about senior center programs because the 2 centers don't advertise their services widely and don't have their own websites or e-newsletters with a calendar of events.
Affordable communal living for elders.
Death Literacy; Internet.
Educational programs to help middle aged adults plan their futures with their later life needs in mind.
Employment opportunities.
I defer to our AAA Director for other senior needs which are unmet or unaffordable.
I'm an individual; not an agency.
Limited availability.
N/A
N/A
Need for 1-stop access to multiple services.
Not sure what you are asking under other.
Supportive services from counties and cities.
The evaluation scale is not going to reflect the responds that are needed to make change.
Weekend & Holiday staff on premises.

Please share any additional information regarding the need and accessibility of support services for older adults living in the box below:
Affordability is the issue.
Again, these are guesses. The key here is also knowledge of the services. Council on Aging and 2-1-1 are both reliable information and referral services, but I'm not clear what percentage of older adults know that and use one or both.
Difficulty driving at night and during inclement weather.
Even individuals with financial resources face challenges in accessing quality care, but the disparity in access for minorities is particularly pronounced in Buncombe County. It's a service area that is frequently neglected or offered at an exorbitant cost. Older individuals applying for housing assistance in the county encounter prolonged waiting times, and the buildings often lack the necessary maintenance. When addressing minorities without Social Security numbers but who have resided here for years, there appears to be a deficiency in services and educational support. I can't understand why the agencies can't pay living wages to nursing assistance (CNA) is they charge so much. Community health Workers need to be accepted by insurance; their training is beater that the CNA training to help individuals to age on place for the knowledge that they have to find resources in the community.
I don't know a whole lot. I've not had any personal experience either.
I think we have a good number of important organizations doing good work we just need to help them grow to better serve more older adults.
I would love to see more “livable community” affordable housing such as Gerber Village where there are sidewalks, one can walk to a grocery store, sheltered bus stop and other resources.
If we want older adults to be successfully maintained in community residences (properly designed, owned, or rented - duplex, triplex, accessory dwellings, other small single family detached, apartments), we'll need to be

able to provide many more community health workers, household helpers, and other home delivered services including healthcare.
In addition to the challenges listed above accessibility of services prove to be a barrier for older adults.
In some cities colleges/ universities or retirement communities have created shared living spaces for college students and the elderly. The cost is less than a dorm and the students assist the elders as a part of their work/study. We need more affordable and multiuse living spaces to reduce isolation and increase empathy (and thus wellbeing) for the elderly.
It is possible that some people in need of these various services are unaware that they exist, so they might benefit from the service but never access it. However, it's become more difficult to know how to educate people about services within the community because the former sources of information have changed. Fewer people attend church or belong to a civic organization. Newspaper readership has declined, and we have 100 television channels.
Like anything else. Many of the noted services are there for some and for others they might not be interested. Our Council on Ages the county and other senior agencies do a good job of getting information out but many times it is either going to senior center activity program to get the information or having a computer to know what is going on. More information needs to be given to churches.
Major challenge is to overcome denial about future needs and risks of age-related limitations.
Many not available to those living outside of the city limits.
Obviously, People who can afford a CCRC or similar are blessed with more opportunity than the community dweller, living alone, trying to age in place on their fixed income.
Often, I find that there are easy to access resources online, but many adults do not have access/ability. Transportation is a huge barrier- mountain mobility is often not dependable and is only for Medicaid covered transportation. I think more assessments should be in the home or if adult home bound, allow telephonic assessments. I also have so many lonely, isolated adults and in 5 years, have maybe had 1 client ever get a senior companion - I know covid happened but most social workers refer to Senior Companion any longer as adults are never served
Seniors need access to 500 MBPS internet and guidance in using electronic devices for healthcare and socialization reasons. Seniors need to understand their options re death and have choices. For example, not just traditional burial and fire cremation, but also natural burial, aquation and human composting. NC needs to offer death with dignity and human composting options.
The acuity differs but our community does not have sufficient levels of any of the items listed above.
The local Councils on Aging are understaffed and underfunded. The overall nonprofit management approach to tackling care for older adults has hit the point where it is obviously unsustainable given the rising costs and wage disparities that are inherent in the elder care industry. Major changes are necessary if the needs of the community are to be fully met. There is plenty of support for affluent retirees, but the same supportive services are miserably lacking for those with lower incomes.
The types of support services required for older citizens are known. What has not been addressed is the fact that there are more of us, and our percentage of the population is growing.
The workforce challenges can solve many of these issues. Adequate reimbursement rates for services that can support the cost of employees is crucial to re-building a workforce that can meet the ever-growing needs of the population.
There are many, many wonderful people and organizations in our community that help older adults in ways listed above - many “Lacking” responses just reflect that there could be more support in those areas. The need is large, and it is hard for me to visualize any of these as being completely met! For home healthcare services, my understanding is that staffing for the existing entities is a hurdle to care in some cases.

There is insufficient funding for many senior services and the many organizations that provide services are too spread out for seniors and caregivers to adequately and quickly access support.
Transportation, housing, and in-home services are top issues in the state and the nation for older adults with inadequate resources. Buncombe Co. is no exception. Also, we 2 have senior centers in Asheville managed by Parks and Rec., but they are not certified by NC Division of Aging standards and are sorely lacking in the array of services and programs that the majority of NC senior centers offer. In a county with this many older adults, this is inexcusable. It would be wonderful if the B. Co. Council on Aging could resume its pre-pandemic plans to develop a state-of-the-art senior center for the citizens of this county. Good senior centers offer an alternative to isolation for lonely older adults, access, and information about services available through other organizations, fitness and nutrition programs, trips, classes, and much more.
Transportation: Cross-county coordination of routes allowing for easy transfers to get to a destination A voucher system that makes it easy and affordable to access on-demand taxi or car service that understands the older adult population Insurance/financial coverage that would allow maximum community use of school/church/CCRC/PACE/rehab vans and minibuses (in off peak hours).
We have the very best services through Memory Care, more than any other city I know of. As well as Mountain Care day program which is excellent. It just seems that there isn't enough for all the elderly in our community.
WNC does not currently have the capacity to meet many needs from seniors. As most seniors have limited retirement income and savings, need to respond will be required for government, nonprofits, and other key partners.

Related to older adults in the community, for each Healthcare Service listed, please select whether you think it is missing (not available in the community), lacking (available but not enough to meet needs) and/or not affordable (price may be a barrier in accessing service). Other, please specify:
?
Care managers
Depending
Healthcare capacity is lacking across the continuum of care.
N/A
N/A
None
Not sure of the topic
Quality nursing homes
We have many services in question in the area but are there enough of these services for all who need them? Are those services accessible? Affordable? Provided where needed geographically or is transportation provided?

Please list any medical specialties that are lacking in our region:
Affordability dictates the extent to which services are available. For example, while the Asheville area has many physical therapy providers, I don't know how accessible they are to non-affluent people -- probably not readily available.
All areas, healthcare, Staff development & recruitment & retention. Quality of services, availability of timely services. Customer services anywhere (none). Hospital services, no credibility or accountability, disorganized & inefficient & ineffective. MDs & medical staff are limited & nonexistent.
Behavioral Health, Low-cost Medical, Dental & Vision, Memory Care Specialists, Mental Health Service/Counseling.

Cardiology, memory care, neurology, endocrinology.
Culturally competent health care and other providers.
Dementia specialists Geriatrics.
Facilities to meet the needs of those in the low-income bracket who have not qualified for disability yet.
Geriatric neurologist oncologists' cardiologists' gerontologists sleep doctors.
Geriatricians, Lifestyle Medicine.
Gerontologists and memory care specialists are lacking in most rural communities. Community-wide education and support for how to manage memory care challenges is necessary . . . employees of Emergency Medical Services, law enforcement, financial institutions, grocery stores, etc. all need to be informed about recognizing cognitive declines, Alzheimer's, and dementia and how to effectively respond to individuals exhibiting these challenges.
I answered for the counties specified, but further west, healthcare is much sketchier.
I believe that the need is met with nursing home and outpatient rehab in terms of beds to fill, but staffing and quality of services is the big issue.
I defer to the experts, but I think we have regional workforce studies which demonstrate lack of capacity in healthcare sector to serve aging population.
I don't think we have a focus on older adult care. Even as a "young" person it still takes me months to even get to see a doctor can't imagine if I needed to see them more regularly
I listed two above, but those are only a guess.
Infectious disease specialists. The specialists in our area have formed large group partnerships that eliminate competitive pricing.
Memory Care facilities and ALF.
Mental health. Family counseling. Individual counseling. Substance abuse treatment and counseling.
Neurologists with interest in neurodegenerative disorders.
Oncology services at Mission, since HCA arrived, have been slashed - a criminal act; medical staff are fleeing HCA due to focus on the bottom line rather than safety, cutting-edge technology, and compassionate care-chronic understaffing at our local Asheville Hospital has recently been adjudicated by NC Joint Commission and Medicare surveyors as unsafe for patients. When I worked there, we had a hospital we were proud of. I left in 2019 when HCA took over. Sadly, it was a good choice for me. I knew their history of Medicare Fraud and even raised it personally to the CEO, who swept it under the carpet, saying, "All hospitals have a history of Medicare Fraud." I could see the writing on the walls, and sadly, it was worse than I imagined.
Psychiatry.
Quality nursing homes are lacking for anyone on Medicaid.
Reliable non-corporate hospital, Mission is a travesty since HSA took it over.
See list of services HCA has eliminated from Mission provided by Asheville Watchdog.
The economic disparities can be noticed more than in any other age group is why the questionnaire is not going to reflect what is needed in the minorities or low-income communities.
The need is met in areas where lucrative business opportunities exist.
The only medication assistance I know of is bubble packs provided by pharmacies but there is a cost for it.
The sale of Mission Hospital to HCA has created a vacuum of doctors, high costs, and fear.
Then overall assurance that seniors are listened to when they are trying to get some information for the services listed above.
There is only one office in Asheville that offers colonoscopy services and appointments are very hard to get. Patients must have a driver wait for them in the office which presents an impossibility for some. This is but one example of a "mandatory" health screening for older adults that is inaccessible to people with resource limitations.

We may have medical specialists in the area but wait times have become significant. And then there is the issue of HCA.
What I hear most about is the lack of nurses and CNAs.
Please share any additional information regarding the need and accessibility of healthcare services for older adults living in the community in the box below:
Since 2010, my focus has been on offering a proven intervention to our community for older adults that addresses minimizing their risk for falls and offers stimulating cognitive practices to enhance and improve cognitive function while offering social engagement at an affordable level. The program was conceived and brought to life by a Family Medicine Physician, Dr. Paul Lam, in Australia. He's known for his peer-reviewed research and passionate structured teaching. Dr. Lam has become an international ambassador for his Tai Chi for Health programs. We've offered this program at numerous settings: Highland Farms retirement community, Warren Wilson College, First Baptist Church of Asheville, Grace Episcopal Church, Abernathy Methodist Church, and at a dance studio in Clyde and another in Asheville. We've trained many tai chi instructors certified in Dr. Lam's program, which has been endorsed by the CDC for fall prevention. Our long-term goal is to make the program available for everyone and to have it covered by Medicare.
Although the services are excellent, adequately funded adult day programming has been threatened over the past year; they need affordable space and help with executive leadership and development to develop a program with a solid future.
Home delivered health services, remote health status monitoring, and telehealth will need to play a much larger role.
Hopscotch Health, and others, are beginning to provide specialized services.
I believe specialties are there yet may involve uncovered by insurance costs and long wait in between appointments. Community lacks in adequate number of affordable care managers/navigators to assist elderly through all the complex needs of their health issues
I defer to the experts, but I think we have regional workforce studies which demonstrate lack of capacity in healthcare sector to serve aging population.
If they have Medicaid, they often lack quality care.
It is difficult right now in most communities for anyone to find a good primary care provider regardless of age or insurance.
models such as home-based primary care are difficult to sustain in fee-for-service environment; value-based incentives are urgently needed to align payment with quality of care for high-risk, high-needs older adult population.
need for socialization and more services that are mobile, come to home.
None.
Our people are very concerned about the quality of care at HCA.
See list of services HCA has eliminated from Mission provided by Asheville Watchdog
Services that are primarily Medicare-funded (such as hospice care) are abundant and for the most part affordable. However, services that fall outside of what insurance companies will pay for are in some cases bankrupting our most vulnerable elders.
Some medical services/appointments are difficult to get in a timely fashion. Some don't accept Medicare and many there are no openings.
The availability of healthcare services in the area is in flux as a consequence of the HCA takeover and gutting of the Mission Hospital system. It has been reported that HCA Mission has cut back severely on “charitable” care to low-income people and access for those on Medicaid. I understand that various incarnations of

Medicare (e.g., “straight” Medicare with supplemental insurance versus Advantage plans) may be less welcome than before also. HCA's operational strategy is very much a ten-ton gorilla problem here.
The few affordable healthcare services that do exist are not publicized adequately.
The HCA acquisition of Mission fiasco has evolved into a dearth of specialists locally and community hospitals throughout the WNC region It takes 4-5 months to make an appointment with a new specialist, and some specialties are simply not taking new patients, e.g., neurologists, sleep doctors.
There needs to be a defined career/salary path for trained professional healthcare workers. Certified Community Health Workers are mostly (only?) used in low-income areas. The middle class is in a bind - access & affordability are very limited.
There needs to be more support in getting older adults to and from medical appointments, as well as having medication support and accompaniment to appointments for additional oversight and medical compliance, when needed.
Timely efficient healthcare.
Transportation.
Transportation to clinics.
While many services are available, the availability to those that cannot afford them is lacking. The workforce need is also greatly impacting some of the services in a negative way.
In your opinion, what are the most significant barriers that keep older adults in the community from accessing Healthcare when they need it? Other, please specify:
Availability of caregivers to guide seniors.
Don't know.
Please share any additional information regarding these barriers and your reasons for selecting them in the box below:
Again, these are just my guesses. My knowledge is limited here.
Barriers are evident for lower income seniors.
Based upon the services and the service population these issues are the most prevalent.
Extension of broadband support for telehealth services is needed.
It may be that all the reasons apply, but I would be guessing which are the most important.
None
Not able to access something online or with smart phone- technology barrier.
Poverty and out of control medical capitalism.
The general issues are affordability and access. For example, many seniors are lulled into Medicare Advantage plans due to promises of low to no premiums and other package goodies, but then find it difficult to find medical specialists who participate in the plans to treat them when something serious comes along. Surprise! You don't get something for nothing. That said, Medicare premiums are not insignificant for most people, and the costs of “Medigap” (for the 20% of costs that Medicare doesn't cover) and Plan D (for prescription drugs) plans can be prohibitive.
These were the experiences most frequently shared with me by clients at the Council on Aging.
Timelines.
Please identify the transitions and challenges faced by the people you serve. Other, please specify:
I don't work with any group that provides direct services to people.
I'm an individual; not an agency.
N/A

Needing memory care facility.
Please share any additional information regarding life transition support provided by your organization:
Acceptance of, and planning for age-related lifestyle adaptations. People are resistant to change and delay making changes that could prepare them for later life limitations.
Aging in place is a transition that takes place over time with constantly changing needs. Continuity of case management by a well-organized community health system can keep service requests proactive and cost effective.
All area support.
Caregiver insufficiency is a real problem. Our organization provides individuals with prognosis of 2 months or less 24/7 holistic, community-supported end-of-life are, free of charge to those dying and their families.
I am able to consult with families and clients as to when and assist in locating the best where a transition may take place, PLUS assisting the client through those transitions.
I don't hear a lot about older adult issues from my members. I hear more about these issues from individuals who work for me.
My clients are primarily in facilities or seeking facilities. Services available to Medicaid and/or low-income folks are very limited to these people, and many do not service people in facilities at all.
N/A
N/A
Need to work to make ends meet when is taking care of an older husband or parent without any help.
Older adults on fixed incomes usually have no provision for in-home care, nursing, or assisted living payments (outside of what would be provided by Medicare after discharge from a hospital). We talk about "aging in place" as if that could possibly happen without a small army of support staff, be they paid caregivers, willing family, or friends, and/or community volunteers. Unfortunately, many people move to this area for the retirement lifestyle but do not bring with them the social support that is needed to age in place. It is incredibly sad to see so many people struggle in the last years of their lives with loneliness, isolation and failing mental/physical health. Many have nowhere to turn.
There needs to be affordable assisted living for Low-wealth older adults.
We have less long-term beds than pre-pandemic, but need is still growing. More difficult for hospitals to discharge patients.
Do you believe a centrally located "one-stop-shop" for aging services is needed in our region? If YES, which services would be helpful to group in one location:
1. Housing 2. Healthcare services in one place 3. Social activities 4. Healthcare education 5. Physical activities.
A one stop shop would include: adult day care and adult day health, caregiver support, financial and legal services, mental and behavioral counseling, medication management, healthcare services, nutrition, exercise, opportunities for socialization, classes and education of all sorts geared to the interests of older adults (a diverse group), technology education, information and resource referral and connection, transportation, and a child care center to focus on intergenerational connections and reduce ageism.
A place to help persons navigate their options, especially healthcare options and living options
Adult Day and Health Care - caregiver support Nutrition Support - meals and food pantry Social Activities. Information on full array of available supports and services Intergenerational activities Free educational opportunities
Adult day care; exercise classes; well senior clinic for screenings; meeting space; info and referral services.

Adult day, information and referrals, congregate meals, basic health care, exercise classes, hub for transportation, arts and crafts, music (like a nice piano, ukuleles, guitar, etc. for older adults to play together and share music).
Affordable housing, home maintenance and repair, utility payment assistance, SNAP enrollment, Medicare and Medicaid enrollment, preventative screenings, community mental health services, low/no cost physical therapy, transportation coordination, food pantry, free hearing aids and replacement batteries, free incontinence supplies.
All age friendly services.
All services for older adults and caregivers would be helpful!
All services that help aging adults.
An "information" resource that would inform older adults about services available and facilitate application and enrollment in appropriate programs and services. Such a service would need to be appropriately publicized to the general population.
An area where information on doctors, programs and other important information is available This would help some so they would not have to navigate through the system, and they feel frustrated with responses they received over the phones.
As many as possible. And since transportation/mobility are a huge issue in the rural mountainous regions, taking those services to people might be key.
Benefits enrollment (Medicaid etc.), case management services, transportation, connecting folks to medical/mobility services.
Case management memory care medical advocacy and assistance in finding medical care/nursing homes community fellowship and activities a small market with necessary items for the home, food, cleaning supplies etc.
Congregate nutrition Activities to promote connection and alleviate social isolation Adult Day Care/ Day Health Senior Resource Navigation Legal Assistance Insurance Assistance (Medicaid, Medicare) Senior Friendly Wellness programs.
Counseling with respect to the availability of social service and other supports for the aged and any family-and-friend caregivers.
Evidenced based exercise programs primary care physicians and gerontologists pharmacy counseling/grief/support center foot care computer training and services educational programs.
File up all the applications to have access to services and talk with people that can advise them of what is available to them depending on level of income, language, documentation, etc. a case manager that can visit them at home and be sure that are safe and have what is needed.
Financial, caregiver training and support, legal, food bank, nutrition counseling, exercise, social engagement, basic health monitoring, support groups, book clubs, art programs, itinerant office space for organizations such as the NC Assistive Technology program, employment and volunteer recruitment groups, aging in place support, home repair and housing programs.
Finding affordable support services. Crisis support.
For years we have played with the idea of a one-stop shop to include a variety of services -- Council on Aging, Meals on Wheels, Mountain Care (Day Services), Legal, etc. were all considered as players who could work together.
Health Care and Finance management, transportation, medical services
Healthcare navigation and screening, adult day care services, accessible transportation coordinator, Medicare/Medicaid assistance, caregiver support network, financial assistance resources, volunteer, and employment database.
Housing, legal, food insecurity, benefit coordination, health care navigation.

I & R services for multiple programs.
IHA, placement, MOW, financial/transportation support.
Information and education regarding services available, options counseling, adult day services,
Information and referral Adult Day Care Assistance with technology Opportunities for adult education, Arts & Crafts, socialization, exercise Counseling Caregiver and peer support groups.
Information on Transportation, Meal delivery/food banks, available health services caregiving, aging in place, memory care, etc. Adult Day services/information on accessing Health screenings (blood pressure, sugar, etc.) Exercise/wellness center.
legal services food assistance health insurance transportation basic health screening social interaction.
Low-cost Medical, Dental & Vision Memory care Specialists Mental Health Services More Senior Center/Activities oriented venues Caregiver Support Groups.
Medical clinic, healthy food market, social area.
Medical resources. Food and nutrition, community life. Social interaction. Referral service for housing needs.
Memory care support Wellness Multi-generational community Aging and dying in place.
More places like the Council On Aging.
Not sure.... imagining phone or online access as well as walk-in... I'm not sure we need a single physical location as much as a coordinated, frequently updated referral system would be good. Somewhat done now by 211, BCCOA, and land of sky.
Only if the location is accessible by public transportation and is staffed well. "Guiders" to legal services, health services, etc.
Our organization offers a vibrant senior center, home-delivered and congregate meals, an intergenerational child and adult day care program, CAP case management services, in-home aide services, an assisted living community with memory care, and a subsidized independent living apartment complex on our campus. It is mostly a one-stop-shop, and we are proud of the variety of services individuals can access at one place.
Primary care, mental health care, socialization opportunities, educational services, central listing of all that's available in the community, food pantry.
See NC Division of Aging's criteria for a Senior Center of Excellence! It's the gold standard for one-stop-shopping for seniors. It's based on many years of in-depth research and input from statewide stakeholders. Strongly urge you to talk with and visit other senior centers that are certified as Centers of Excellence.
Social services.
The city council approved this concept, but it has been sidelined by the absence of a location for it. Contact Billie Breeden at the county offices for more info.
The vast majority of our calls are documented as "general" because the person has multiple needs, and they are not sure where to begin the process. Our community is confused about the differences in Council on Aging (either county), Area Agency on Aging, and County Services.
There was an Active Aging Center for Buncombe to implement but that plan has been delayed.
There would be service coordination services for all areas of senior care/needs. Exercise programs would be available and onsite basic health screenings, as well as a dining site. Congregate dining would work with home food delivery. Transportation would be provided.
Transportation options, resource coordination.

What top priority would you like to see in your community that would make it a better place for older adults to live?
Affordable "age in place" facilities and programs for the middle- and low-income population.
A one-stop shop would reduce social isolation and help older adults with resources/information to age healthfully. More funding from Buncombe County Government for aging services providers would allow these providers to reach more older adults with their services thus allowing older adults to thrive in the community.
A one-stop-shop is vital as the world of aging is confusing, even for those of us who work in it daily.
Access to affordable housing and transportation.
Access to affordable housing, healthcare, and financial services.
Affordability and less ageism.
Affordability is the biggest obstacle.
Affordability of care.
Affordable AND accessible housing.
Affordable communal housing.
Affordable housing.
Affordable housing.
Affordable housing for older adults - those who are bringing in less that 24K annually in social security Transportation, Food assistance In home light supports - cleaning, errands, etc.
Affordable housing options,
Affordable housing!
Affordable senior care.
Aging in place communities, affordable housing, dementia village.
Better advocacy for older adults to public officials and community.
Better affordable housing stock, improved transportation services, more in-home supports including increased supply of paid caregivers, expanded opportunities for in-home medical care such as home-based primary care and/or "hospital at home."
Better transportation, walkability, and combatting social isolation with more senior centers/connections.
Better types of housing options for aging in place including match programs, information of ADU construction and financing options and more resources to suggest modifications/support for aging in place.
Care management and senior-centered- all ages projects.
Caregiver support for aging at home. Support in the form of financial support, trained caregivers, ability to "hire" family/friends as caregivers and support for caregivers themselves. Rural residents to have better support systems.
Changing the overall culture of the area is needed. Older adults, especially the vulnerable (frail and low income) are disrespected and sometimes overlooked.
Coordination between and among home repair services, a single application and point of contact would be good. The city and county should be requiring 20 - 30% of all new housing and apartments to be universally designed.
Day Care.
Electronically accessible information, accessible by all older adults (requires providing devices, training, handholding, internet, troubleshooting, etc.) to leverage the resources that are out there
Equity of communication to all. How do we reach rural areas and underserved populations?

First, my response to #12 was no because I think it already exists with the Council on Aging of Buncombe County. I think Buncombe does well to provide services for older adults. The only suggestion I have is dealing with the social isolation that sometimes exists for older adults. I'm not sure what is being done nor how to address it.
Get rid of the god-damned tourists!
Given our region I don't think a one-stop-shop is a viable solution. I would recommend a regional approach and a strategy to better leverage existing resources
Home repair for older adults. Tax breaks that go with age.
How to reach older adults- more mobile services.
I believe that a one-stop shop makes sense theoretically; however, with such a large county and so many rural areas, I believe that a one-stop shop would be a burden for most. Even if it is centrally located in Asheville, the location still provides access to City of Asheville residents more than residents who reside in the county. Most older people do not feel safe and Asheville and do their best to avoid it. I think that instead of one "one-stop-shop" it would be better to have pods in the north, south, east, and west of the county with a multiuse for aging and youth that way we eliminate silos and create bridges in the gaps instead of creating isolation for aging adults.
I focus on elderly with cognitive decline, and the caregivers and facilities. There is a definite need for funding (see below) more memory care units (versus simply long-term care), and education of all staff working within these
I think we need better coordination of aging services in general. Currently agencies must compete for limited and shrinking dollars to include foundations and Federal/State/County grant dollars that support aging services. It is difficult to hire and retain staff with the expertise needed to run these agencies due to overhead costs and shrinking revenues, and at the same time our population of older adults is expanding. The needs outpace the available resources. We need a new model for how we provide services.
I would like to see Sage Friendly Buncombe morph into an Active Aging Center model where key aging partners could collaborate and coordinate a wide array of senrit services. A second would be the recruitment of trained gerontologists to our area.
Improved Long-term care options.
Improved transportation options for older adults that are physically isolated.
Less agism, clearer coordination of services among agencies
Make things more affordable and more accessible for older adults.
More affordable housing and better medical care (local hospital was purchased by for-profit company @ 5 years ago and from everything I know things have gone downhill quickly).
more affordable housing and transportation
More affordable housing that would include a gym, social area, garden area, dog park. Big need is more affordable housing with access to a green area and that would provide transportation to classes at OLLI and community events. The ones that offer this now are not affordable to most seniors, only those coming in to retire here from areas where the cost of living was so much higher that they made a higher salary and have better retirement benefits than those that lived and worked all their lives here.
More affordable respite care options for people with dementia with better trained workers, including in home and day care respite.
More home health services.
More in-home health care workers.
More in-home services for homebound seniors.
More quality physicians, all resources needed to age in place, affordable housing
More senior housing along with sufficient elder care workforce.

More senior oriented services and activities.
More subsidized and affordable, especially for people with substance abuse issues and/or disabilities.
Much improved public transportation.
Older adults are just that: humans who have been around longer. They are no more and no less valuable members of the community; the future is as much theirs as it is anyone else's. If one has survived being conceived, one is old enough to die, biological life is variable, and as a child might protest, it isn't "fair." We are here as long as we are largely through pure dumb luck. But everyone should have opportunities to participate in and contribute to society at every stage of life.
One or more Senior Centers of Excellence where older adults can connect with services, people, interesting activities, continuing ed., fitness programs and much more.
Programs need to be affordable and accessible to middle- and lower-income folks.
Referral services to meet basic needs. So often needs can be met but older people don't know how to find or access whatever services are available.
Reliable broadband service in mountainous and rural areas.
Safe reliable housing.
Safety.
Senior-friendly living "zones" that had affordable housing, walking paths, basic services including a grocery store and primary medical/mental care, support systems, etc., so they could effectively age in place.
There is a growing need for affordable housing for seniors.
Transportation services - bus and affordable car service. Especially in rural parts of county. Bus stop shelters, sidewalks.
We've got to get the supply side of the equation of housing promoted and moving.
Workforce development for in-home services and supports Better access to assisted living opportunities when necessary Affordable housing Better access to craftsmen and trades such as plumbing, electrical, landscaping, and handy-man services to support staying in their homes.
What is the top priority of your organization for improving the lives of older adults?
Access to information to support caregivers and care recipients.
Accessibility to services.
Accessible housing Affordable housing Modified housing for aging in place.
Addressing issues surrounding dementia, quality of life for those with cognitive impairment, and the quality of life of their family caregivers.
Adult Day provides meaningful activities and socialization for people with cognitive impairment, which allows for a higher quality of life. At the same time, the needed respite delays or obviates the need for institutional placement.
Adult daycare and caregiver support.
Advocacy, Assistance and Answers.
Affordability of services.
APS safety.
Assuring access to affordable healthcare regardless of ability to pay.
Basic needs.
Building the aging workforce (healthcare, transportation, etc.) so that the funds coming into our region can be spent to keep older adults at home.
Building the workforce to continue to support older adults as they age.
Connecting people with what they need.

Continue our work with all local groups towards the goals listed above.
Education and guidance along the journey of dementia.
Engagement.
Engaging older adults in volunteerism and connecting with younger populations.
For the organizations that I am affiliated, it is focused on making government more responsive to the social justice needs for all people including older adults.
Getting the word out about our specialized knowledge that clients could benefit from.
Getting them what they need.
Greater knowledge of available resources and access to those services.
Health Education and support Nursing evaluation and referrals Community Health Care Worker support Healthy Food support Social Isolation support Transportation.
Helping adults 45+ to be prepared in advance for the challenges that we can't plan for.
Helping families with dementia learn how to live as well as possible with the disease.
Helping people understand and implement strategies for estate planning and long-term care Medicaid.
Home delivered meals and social interaction.
Housing, transportation.
I'm an individual; not an agency.
increasing access to innovative solutions for delivery of medical care with linkage to community resources that address social drivers of health.
Information and education about helpful services.
Keeping them safe and allowing them to age gracefully in place.
Listen to older adults.
Making information available to older adults.
Making urgent home repairs so that they may age in place.
Meeting the rapidly growing total care needs of persons living with dementia and their family caregivers.
N/A
N/A
Navigating healthcare.
Opportunities for social interaction, support, and nutrition.
Our organization has a vast number of programs. Naming one priority is very difficult, but everyone is working together to provide the best possible opportunities for older adults to age in the place of their choice or to assist when changes are necessary.
Our top priority is to help older adults age with choice. Aging priorities are different for everyone.
Partnering with other agencies to educate and support elders so they may age with dignity.
Preventing elder abuse.
Provide low-cost critical home repairs and aging in place modifications.
Provide opportunities for thriving in life's second half (OLLI).
Providing a continuum of care that meets the needs of older adults throughout their lifespan.
Providing community and spiritual care for aging and end of life transitions.
Providing companionship while helping them to age in place. We help them with activities of daily living such as bathing, dressing, toileting, meal prep, mobility as well as light housekeeping in order to maintain a clean and safe environment for them.
Providing free legal services, preventing elder abuse.
Providing lifelong learning.
Providing meals to homebound seniors in our community.

Reducing isolation.
Right now, the main way that we serve older adults is through our food pantry where we distribute food and non-food items (including pet food). In particular, we are looking at ways to increase adult incontinence supplies and liquid nutrition through ongoing grant funding. Our org has an elder ministry, but those resources are primarily informational and don't include meeting older adults' social needs (i.e.: reduce social isolation).
Safety is BCHHS' top priority, but I would say that aging in place safely would be the overall priority. It costs Medicare around $10,000 a month to pay for nursing home care when adults would prefer to age in their homes. However, finding agencies that have professionals staffed and ready to work is a tremendous barrier.
Since 1973, OnTrack WNC has helped people achieve their money and housing goals through financial education, counseling, and support so that they can overcome crises, afford basic needs, improve money management skills, and make sound financial choices rooted in their values.
Stewardship of taxpayer resources to benefit the most vulnerable.
To maintain their health, vitality, and dignity for as long as possible.
To provide a safe, fun, accepting place for Senior Adults to come and be loved, made to feel important and cared for while their caregivers take time to get errands ran, appointments taken care of and some me time for themselves, while allowing the participants to remain at home as long as possible.
We are offering a place for elders to be in a multigenerational community, bringing their expertise and skills to helping run the organization, teaching them skills to support them as they self-reflect on their lives and serve those who are dying. We offer programming, events, music, arts, movement, etc. to the community members as well as those we serve.
We think about the community's economic health from a big picture perspective. If it's good for the community's economy, I think it will be good for older adults as well.
Working with local agencies who serve older adults to help them have funding and support in their work.
What is being done well in the community for older adults?
Advocacy for long term care residents; exercise, nutrition, falls prevention, education; respite assistance; community outreach; transition support from facilities to home; a friendly network of providers that serve older adults.
Age-friendly initiatives. Looking at workforce/labor shortages Keeping older adults in county/municipal planning processes Advocating for more funding as older adult population grows.
Agencies serving older adults are talking with one another, which improves services for everyone. There are some great opportunities available for people who have the financial resources and the cognitive ability to take advantage (Ollie, for example). There are some excellent services available, such as Memory Care.
Attention awareness to homeless.
Availability of medical services.
Collaboration with other service providers and community organizations.
College for Seniors is impressive, affordable, and accessible for many. Care Partners is amazing in all ways.
Community is starting to think about and have age friendly services.
Community partnerships.
Concern for the needs of older adults.
Council on Aging has worked with many of our partner families to provide more wrap around care outside of our focus.
Dementia care by Dr. Noel's medical clinic.
Depends on the community. Middle class and wealth communities have things in place and are able to meet and have resources to make changes and have a voice. Low wealth communities have little support and

sometimes they have language, literacy/educational, mental, and cognitive issues and are not able to completely advocate for themselves or know what to advocate for.
Established CCRCs are looking into ways to provide age-in-place services.
For those who can afford it, lots. There are several "retirement" communities providing housing and assistance services to include medical care, assisted living, and transportation as needed.
I do not know.
I love the way so many orgs recognize what older adults (esp. retired professionals) have to offer in terms of volunteer engagement. There is good conversation at the local govt level about making the community (already has a larger than typical 60+ demographic than others) welcoming and accessible to older adults. There is SO MUCH FREE FOOD in this community, no one ought to be going hungry (unless they can't get transportation to it). The recent passage of Medicaid expansion is HUGE and should have a positive impact on the most marginalized so should be celebrated.
I think most of the organizations serving older adults are doing a good job. Council on Aging and Parks and Recreation are two that stand out.
If you are wealthier, there are lots of options to engage in community as you choose. If you are low-income, or without transportation, not so much.
IHA subsidy, day services subsidy.
In general, the physicians are of top quality (but are leaving due to the new hospital ownership).
Involving members of the community in funding decisions (I am on the Home Care & Community Block Grant Committee which is very involved in decision making); OLLI involves citizens in creating life-long learning opportunities.
Lots of good organizations with lots of good people with lots of good intentions.
Lots of great thinkers coming together on a regular basis to brainstorm solutions to challenges.
Meetings of service providers, professionals.
Neighbor to neighbor cooperation based on relationships built over time.
Non-profits making a difference.
Not sure.
OLLI at UNCA.
OLLI lifelong learning program, many church programs, Council on Aging, Land of Sky. Many good nursing homes, assisted living, etc. but at a very high price.
OLLI, Council on Aging
OLLI: lifelong learning programs.
Organizations are working hard to increase the awareness of available resources. However, it is a balance to raise awareness without over taxing the resources or using funding that could provide the services.
Our campus is a hub of activity for older adults. In addition, we connect individuals with other services and support throughout the community.
Our community has a large group of passionate service providers that want to find the solutions.
Outreach and coordination of services.
Overall, a welcoming spirit for all.
Partnerships.
Service coordination.
Social, recreational, and housing opportunities for upper middle class and wealthy elders abound.
The aging provider network, although severely underfunded relative to the number of 60 plus citizens living here, works closely together to serve our aging community.
The aging service providers who work tirelessly to provide older adults with limited and stagnant funding.

The JCC Jewish Community Center has a great program for their elders.
There are a number of things that are being done but the information is not always getting out to some in the community.
There are a variety of services.
There are lots of great nonprofits here who are doing the best they can with the limited resources available to them.
There are opportunities for older adults in the area to thrive however it becomes extremely challenging if they don't have a lot of money or have physical limitations.
Things like this survey, trying to qualify the need to hopefully, address it!
This community is a haven for older adults. It's a beautiful and reasonably safe place for folks to live with access to decent healthcare options. There is a vibrant aging services community focused on improving the lives of one of our largest demographics.
Transportation gets a C+.
Transportation, abundance of health specialists.
Volunteer and work opportunities for the seniors who are willing and able.
Volunteerism.
We certainly make a lot of lists as a great place to retire. I think that the OLLI center at UNC Asheville is a huge asset. Rather than creating the wheel, I'd like to see us work with existing entities to address the needs of older folks.
We do have a great Council on Aging Group that offers help in many areas.
We have a diverse community with many activity options for those who can access them.
We have a lot of art, outdoor and educational opportunities.
We have several agencies offering and providing a variety of services to older adults.
We make the needed vaccinations available for older adults.
How open is your organization to partnering with other providers for improvements for older adults?
A deeper level of coordination is needed across our community if we are to make progress together.
As a law firm, we are somewhat limited to partners, but we are always open to collaboration and exchange of ideas, plans, and efforts.
Collaborating with Hospice and Palliative Care Programs mainly at this time and local faith communities.
Completely.
Council on Aging of Buncombe County is 100% open to partnering with other providers for improvements for older adults.
Extremely.
Extremely open.
I am more an individual. The only thing I can say is that I am open to promoting how to change public policy on issues that affect seniors. The WNC Social Justice Advocacy Guide offers a way to promote groups out there doing this work, ways for people to learn about the issues, and ways for people to connect to those groups who wish to volunteer.
I would be open.
I'm an individual; not an agency.
It is how we do our work.
It is open for partnering, but we are not funded well enough as we are a Black-led organization.
Limited.
Mostly open.

N/A
N/A
N/A
Not at this time.
OLLI is perceived as an exclusive organization. The Aging in Place groups I work with are neighborhood-based therefore they are not inclined to be collaborative with diverse service providers.
Open.
Open
Open
Open to helping.
Open, depending on appropriateness of fit with our own mission.
Our focus is on the economy, the whole economy, and the health and strength of business. If there are issues that fit within those parameters, we'd be interested in talking.
Partnership and collaboration are part of our DNA; we want to continue the partnerships we have and remain open to new ones.
Since we serve a diverse group of people, we would have to know what the partnership would be.
This is a major focus for our organization.
totally open to cooperate with agencies and providers to serve our residents
Very.
Very.
Very open.
Very open.
Very open.
Very open.
Very open.
Very open.
Very open.
Very open - we are here to help.
Very open to collaboration.
Very open. OLLI partners with many community organizations such as AARP; Council on Aging; Alzheimer's Association and many others.
Very!
Very.
Very.
Very. That's kind of what we are, a partnership of all entities that deal with aging and housing.
We are open.
We are open.
We are open to partnering.
We are open to working with other providers to help make improvements for older adults.
We are open.
We are very much open to partnership and are currently engaged in such efforts.
We are very open to partnering with other providers.
We do partner with other agencies in working to improve lives for older adults.
We participate in various support groups such as The Council on Aging.

We work with anyone and everyone in our community to eliminate barriers for adults and to bring awareness to issues facing older adults.
We work with other organizations at least 6 times a year as our time and funding allows.
We would be open to partnering for improvements for all adults.
We would welcome the opportunity to partner with others and have all resources available to older adults.
Wide open!
Working hard at partnering and supporting local service agencies.
Would welcome the opportunity!
Yes!
Yes, 100%.

Are there public policy/advocacy concerns affecting older adults in our region that need to be addressed? If so, please list in the box below:
1. Medicare Advantage plans will solicit and aggressively attack elders even when capacity and competency are questionable. I cannot tell you how many folks that I have talked to who had a UTI and were promised a gift card to switch plans or something similar. 2. In-home providers cannot retain professional staff to provide services. If they do have staff to provide services, then they pick and choose who they will help. Which often will eliminate folks who are not affluent with nicer homes or folks who live in a bad or rural area. 3. CAP sounds good in theory. Nursing home level of care for those who have Medicaid in the home. Often it takes years to get approved and get assistance and by then most people have passed or entered a nursing home. CAP, which has been privatized will often work hard to NOT serve the individual and the vulnerable adult will end up having to appeal the decision. Often workers with the CAP program do not return phone calls to the adults or providers working with the adult. 4. While we have Meals on Wheels, and I know folks appreciate the food; however, the food is rarely nutritious or able to meet the needs of folks who have dietary concerns such as diabetics. 5. Being able to obtain items such as adult diapers, ensure etc... it is hard especially for those on limited incomes and issues with mobility and transportation. 6. NC APS policy is one of the oldest, if not, the oldest in the country. It needs updating to better protect adults. 7. When the need for funding to support seniors is essential, our NC legislators have neglected this group of constituents. NC's aging population is growing, and services are decreasing. The state is focused on Medicaid expansion when the state cannot even provide services that it offers now. 8. Nursing homes need more oversight in regard to inspection. Nursing home inspectors make 1/2 of what they could make in a hospital or travel nurse. 9. Hospitals have all been privatized and put profits over health. Now obtaining health care as a vulnerable adult in a hospital setting has become impossible. ER will not provide adults with any food, often if hospitalized, the medical staff change up medications and treatment that make the problems worse but tend to save the hospital money. Hospitals are often short-staffed and unable to provide the level of care and treatment that is needed. The NC Dept of Aging has staff that focus on complicating things instead of complementing things such as policy work. The state often pays less than counties and therefore does not retain the best of the best and often the state tends to micromanage and say that they are open to ideas when in fact they have their own mission and rarely listens to counties or folks who have boots on the ground knowledge and perspective. 10. Courts with regards to following through with elder abuse and exploitation. Often social workers and law enforcement will work relentlessly to document and prove where elder abuse and exploitation have occurred for the DA to do absolutely nothing about a case or if the DA does do something that rarely happens, then courts are so backlogged that it takes too long for any legal protection and or ramifications to occur.
AARP is working on a number of policies and concerns of older adults in our community. Transportation, affordable housing, and access to good medical care for senior.
Access to health, transitional and palliative care. Improving dental coverage and protections from fraud and abuse.
Actions and policies at all levels of government do not yet reflect the tremendous growth in the 65+ population each year for the next 40 years.
Additional State funding for: Ombudsman Program Senior Centers Transportation.
Advocacy for the LGBTQ community.
Affordability of facility/home health care and insurance coverage for these services.
Affordable and accessible housing policies.
Affordable communal housing.
Affordable housing funding, additional support for aging in place, more support for the caregiving workforce. Workforce challenges are not improving and no way we will meet demand for services without workforce.

Affordable housing that isn't facility-based congregate care.
Affordable housing. Cost of living. These issues directly impact older adults with the ability to afford to live in Buncombe County and surrounding areas. These issues also affect the workforce. People in the service industry find it difficult to live and work in Buncombe County, thus there is a shortage of workers in the service industry that assists older adults.
Barriers to ADU's and home sharing No property tax relief for middle class elders Quality programs like PACE with financial requirements that preclude middle class participation.
City and County need to give more focused funding to support basics like transportation, adult day care, home delivered meals and one stop center for older citizens.
Cost of living must be addressed for seniors and everyone. The hospital situation must be addressed, even if at the State Attorney General level.
Council on Aging partnership with county emergency management officials, to plan for the safety of frail older adults in emergency situations such as flooding, snowstorms, and extended power outages. Specific plans should be in place for evacuation, food and water, medical needs, with a special needs registry that is kept current.
Discrimination regarding LGBTQ individuals.
dying with dignity - sufficient healthcare practitioners incl specialists human composting options Sell Mission to a caring health system that prioritizes patients and the community, not just the investor.
Food insecurity and affordable housing.
Food insecurity, educating about the need for mental health.
Government funding for aging services has not increased in the past two decades. The model for how programs are supported also needs to be updated. For example, Congregate Nutrition and Meals on Wheels are both programs from the 1960's and are considered a high priority for funding--but is that what is truly needed for this generation of elders? Could frozen meals delivered weekly replace daily deliveries of bad food?
Governmental funding for in-home non-licensed caregivers. The benefit of an agency is in getting consistent care when needed, however salaries and benefits are so low, staff are sorely lacking and non-committed. Out of pocket expenses for this can go bankrupt quickly for these folks on fixed incomes. Hence the huge “unpaid caregivers” stats by the Alzheimer’s Assn stats. Medically licensed caregivers are covered by Medicare for a short time, Medicaid, not much at all.
HCCBG funding through the Older Americans Act continues to have very flat funding.
Homeowners insurance rate increases, utility rate increases, advocacy for transportation projects that bring existing infrastructure up to ADA standards, health insurance costs/rate increases.
Housing, legal, and financial assistance.
I don't know. And we play a significant role in the public policy arena. So, if there are things that cross over with business needs, we'd be happy to hear about them.
I have concerns that older adults who desire to switch from a Medicare Advantage Plan policy to traditional Medicare can be discriminated against by supplemental policy insurers for pre-existing conditions in the state or North Carolina.
I know that some of the rules for eligibility for some aging services are very restrictive and leave many falling through the cracks.
I think every issue that impacts WNC residents affects older adults even more; my elderly parents are in another state and have access to resources/privilege, but I'm still concerned about scams, falls, access to good comprehensive medical care and the ability to age in place until they can't. The fact that NC's minimum wage remains so low (< $8/hr.) logically translates to more folks living below the poverty line and unable to deal with inflation--this is something we need to be advocating for (becoming a more worker-friendly state).

I think I've essentially addressed this in answers to prior questions. Economic stability, health care, transportation, caregiver supports, memory care services...
Increased funding for support services
Medicaid rates for in-home support, case management, and assisted living need to be increased. The growth of for-profit contract labor entities for CNAs, RNs, and medication aides has further perpetuated the workforce crisis and artificially inflated wages within the market.
Mental health.
More prosecution of scammers and financial predators of the elderly.
Most of the items mentioned earlier would be made affordable if supported by public funding.
N/A
Not enough housing for low-income people. Not enough mental health and substance abuse services.
That is what I do. I think I've covered that in the above.
The counties and cities do not seem to put a priority on aging services but yet our demographics show the need.
The lack of resources/barriers to Black elders.
Transportation Safety/Accessibility.
Yes! The ineffective role adult protective services have in being the first response when older adults are having a medical issue when they are limited in what they can do. There needs to be an immediate change in policy and procedure so there is not such a long delay in getting people the care they need. There should be a team of social workers, nurses and doctors evaluating the person.
Yes, obtain more police after city council defunded them. Also, get HCA to resume services and specialties they have eliminated from Mission.
Yes, talk with the Senior Tar Heel Legislature.
Is there any additional feedback that you would like to provide that could help inform this assessment regarding the needs of older adults in our community?
Older adults need more information on available services and help connecting to those services. They need more help with managing life transitions (managing chronic medical issues, stopping driving etc.) and availability of affordable assistive services to help them age in place.
Deerfield is a wonderful place, but way out of reach for most seniors that spent their lives in Western NC.
Do include the Area Agency on Aging with Land of Sky Regional Council in the planning process! Thank you for taking on this critically important work in this region!
Have a review of features, pros, and cons of all the CCRCs in Buncombe County in a comparison table.
I am grateful Deerfield is doing this survey and I appreciate the opportunity to participate. I am hopeful you were able to obtain input from older adults who are of moderate income and dealing with cognitive or physical or caregiver issues. I am concerned my perspective is narrow.
Mixed ages communities that are affordable and include grocery stores, salons, transportation services and social activities would be helpful.
N/A
No, thank you for allowing IFPHA (Institute For Preventive Healthcare and Advocacy) to participate in the survey.
One thing I think is missing--a strong, focused, proactive agency or leader who can pull people together to achieve a well-thought, comprehensive plan and then stay around long enough with enough funding to make things happen in accord with the plan.
Our Councils on Aging in the area are understaffed and underfunded.
Outreach

Please ensure that any initiatives work in collaboration with the organizations that already exist.
Please feel free to contact me if you would like to discuss any of these issues.
Thank you for doing this!
Thank you for focusing on Aging in our community and thank you for taking the time to ask folks who work in the field what they see as needs in our community around aging.
Thank you for gathering this needed information. I look forward to reading the report.
Thank you for taking on this outsized task and asking us to be a part of improving services to older adults in WNC.
Thank you to Deerfield for all of the ways they reach out to assist those who provide aging services in our community.
Thank you!
There is a lot of ageism in Buncombe County which is why the needs of older adults are not taken seriously. Most of the funders including Buncombe County Government focus on other age groups, particularly children. Yet, older adults represent 30% of the population and the population is growing. There is a disconnect in Buncombe County regarding the needs of older adults, even the County Commissioners won't acknowledge the needs of older adults.
There are a lot of very good people who work with older adults in Buncombe and surrounding areas. They make the most of what they have to serve others. Organizations work well together to provide the best possible services.
We appreciate your attention to this important issue in our community.
We want to continue to grow our partnerships with Deerfield and other organizations in our region as we share many challenges.