

# Help Older North Carolinians Age in the Comfort of Home

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October 27, 2017 02:30 PM

Updated October 27, 2017 04:55 PM

North Carolina's 65 and older population is growing almost twice as fast as the total population, increasing by close to a half million since 2000. North Carolina's elderly population reached 1.4 million in 2015, up from 969,000 in 2000.

Older adult population growth encompasses all 100 counties – albeit unevenly. The largest absolute number of older adults is concentrated in the state's major metropolitan counties, especially along the I-40/I-85 corridor. Many counties with the highest percentages of older adults are amenity-rich retiree destinations near the coast and in or near the mountains. Several counties in the Piedmont have planned communities, golf courses and other cultural/recreational facilities as well as access to prominent medical facilities that attract and retain older adults.

The balance of the state's counties fall in between these absolute and relative concentrations. They include a large number of counties where much of the prime working age population is moving away in search of education and employment elsewhere, leaving behind an older adult population that is aging in place – often without an adequate safety net of family, community and government supports.

Nearly all older adults prefer to spend their remaining years of life in their homes and community as opposed to an institution. But a majority of older adults in North Carolina live in dwellings that are 30 to 50 years old. This means they probably are routinely exposed to a host of health and safety hazards, including lead-based paint, mold, mildew and other environmental risks, as well as structural deficiencies that can potentially cause life-threatening accidental falls.

The most vulnerable – an estimated 90,000 households and 176,000 people who live in them are African-American older adults who rent or are financially burdened by excessive housing cost irrespective of ownership status. The typical older African-American adult in this situation is a female with a median age of 75. A large proportion of these older women have significant age-related mobility constraints. Most live alone or in a multi-generation living arrangement, which often includes a dependent adult child, grandchild or both – all living off the older adult's median annual Social Security income of \$17,000.

North Carolina leaders and senior advocates must pursue several action steps to facilitate and support successful aging in place for our most vulnerable older adults.

First, lobby the federal government to create an aging-in-place social innovation fund to invest in social-purpose business ventures that demonstrate the greatest capacity to help the most

vulnerable older adults to safely age in place, perhaps through the Center for Medicare and Medicaid Services Innovations Center.

Second, following New York City's lead, a guide for age-friendly building upgrades in the multiple family rental market should be created. Vulnerable older adult renters do not control their living environment and property owners are unlikely to make age-friendly renovations without government incentives or mandates. The guide should include information about existing federal and any state incentives that would cover at least some of the costs of age friendly modifications to rental properties.

Third, urge property and casualty insurance companies and their building-owner clients to forge mutually beneficial strategic alliances to facilitate aging in place for vulnerable older adult tenants. It is cheaper for insurers to invest in modifications through their charitable foundations than to pay for costly litigation and medical expenses after an accidental fall has occurred. This type of philanthro-capitalism would constitute a win-win-win for all parties involved.

Fourth, persuade the federal government to expand funding and streamline the application process for the USDA 504 Home Repair program that provides "grants to (rural) elderly very low-income homeowners to remove health and safety hazards." In advocating for program expansion, stipulate that renovations must be completed by certified aging in place contractors and according to universal design guidelines recommended by the National Association of Home Builders. An urban equivalent to this program is also needed.

Finally, since a significant number of our most vulnerable older adults rely on Medicaid in addition to Medicare for long-term support and services, make every effort to block proposed cuts and advocate forcefully for increased federal funding for this program. Embrace Medicaid expansion with a specific eye toward leveraging Medicaid Home and Community-Based Waivers Programs to complete age-friendly home modifications for our most vulnerable older adults. Since Medicaid covers long-term care for many seniors, extension of aging in place will reduce these costs.

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