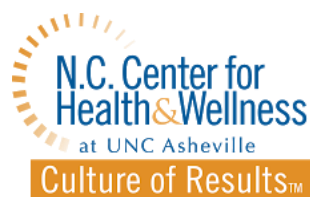




# Multisector Plan for Aging Focus Groups Report ~ January 2024



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## EXECUTIVE SUMMARY

Governor Cooper's Executive Order 280 directed the North Carolina Division of Health and Human Services to develop a Multisector Plan for Aging. To facilitate the recognition of diverse needs and ensure that input on equitable access to services would be elicited from communities most impacted by inequities, the Division of Aging and Adult Services directed that focus groups be conducted with some of the state's historically excluded and marginalized populations. The primary goal of the research was to identify and better understand the experiences and conditions most deeply affecting key older adult populations in North Carolina.

Analysis of focus group data revealed six overarching themes related to participants' primary needs and concerns: 1) lack of awareness and confusion about available resources and services; 2) challenges, inconsistency and need for expansion in transportation access supports; 3) barriers to aging in place; 4) affordability of aging and long term care options; 5) additional supports needed for social connection and 6) opportunities to share wisdom and expertise and other ways of connecting intergenerationally. The input received from the focus group participants provides critical information about what is working well, what is missing and what works to do better for the growing older adult population in North Carolina and will be vital in developing a framework and guidelines to "create a future where every person can enjoy a fulfilling and empowered life, regardless of their age or circumstances."<sup>1</sup>

## Desired results

The desired result of this report is to summarize the results of focus groups in order to capture the strengths, challenges and needs of older adults across North Carolina and inform the development of the state’s MPA. This report can also be used as a tool for fostering collaboration and advocating for policy change.

## Introduction

Governor Roy Cooper issued Executive Order 280 on May 2, 2023 as part of his commitment to build an age-friendly state. The Order directed the North Carolina (NC) Division of Health and Human Services (led by the Division of Aging and Adult Services [DAAS] and the Division of Health Benefits) to develop a Multisector Plan for Aging (MPA). MPA is an umbrella term for a multi-year planning process that convenes cross-sector stakeholders to collaboratively address the needs of older adults and people with disabilities. Titled *‘All Ages, All Stages NC: A Roadmap for Aging and Living Well,’* NC’s MPA “recognizes the diverse needs and aspirations” of the state’s residents and will promote “holistic well-being, equitable access to services, and vibrant community engagement.”

DAAS partnered with the North Carolina Center for Health and Wellness (NCCHW) in July 2023 to conduct a study to identify the conditions and experiences impacting older adults in North Carolina as they age. Healthy Aging NC (HANC), one of two initiatives at NCCHW’s core, serves as the statewide resource center for information, referrals, and program registration for evidence-based health programs. NCCHW’s Culture of Results initiative works to understand the strengths, challenges, and opportunities across our communities and applies data to drive decisions about resources and determine which strategies are most effective for creating positive change.

North Carolina currently ranks 8<sup>th</sup> nationwide in the number of residents aged 65+ and this population is expected to grow from 1.8 million in 2021 to 2.7 million by 2040. The table below contains population estimates for each of the shared identity focus group communities.

African American <sup>2</sup>	Hispanic/Latino <sup>3</sup>	Jewish Heritage <sup>4</sup>	LGBTQ+ <sup>5</sup>	Lumbee Tribe <sup>6</sup>
17% of NC’s population aged 65+ in 2021	2% of NC’s population aged 65+ in 2021	0.4% of NC’s total population in 2019	4% of NC’s 2021 total population	0.5% of NC’s total population in 2021

# METHODS

To facilitate the recognition of diverse needs and ensure that input on equitable access to services would be elicited from communities most impacted by inequities, DAAS directed that the focus groups be conducted with some of North Carolina’s historically excluded and marginalized populations. From September to December 2023, seven shared identity focus groups were conducted in five cities across the state. This report contains qualitative data from those sessions that is not a representative data sample but is meant to complement other sources of data that reflect key issues impacting older adults in the state. (For example, data from a survey conducted by the American Association of Retired Persons’ NC state office with 3,209 respondents aged 45 and older, the majority of whom were White, will also be used in the development of the MPA.)

The primary goal of our research was to identify and better understand the experiences and conditions most deeply affecting key older adult populations in North Carolina. From September to December 2023, seven shared identity focus groups were conducted in five cities across North Carolina with adults aged 60 and older. A total of 77 older adults participated in the sessions.

<b>Shared Identity</b>	<b>Number of Participants</b>	<b>Location</b>
African American	30	Asheville, NC (urban/suburban)
African American	8	East Arcadia (rural)
African American	8	Greensboro (urban)
Hispanic/Latino	15	Arden, NC (suburban/rural)
Jewish Heritage	7	Asheville, NC (urban/suburban)
Lesbian, Gay, Bi-sexual, Transgender and Queer (LGBTQ+)	3	Asheville, NC (urban/suburban)
Indigenous Native Americans: Lumbee Tribe of North Carolina	6	Fairmont, NC (rural)

DAAS also identified Asian Americans as an important population to engage in this research, but efforts to schedule a focus group with older adult Asian Americans were unsuccessful. Two senior centers and five churches with predominantly Asian American members were contacted.

Initially, all research was to be conducted by NCCHS staff. When one staff member resigned from NCCHW, the team pivoted to more of a community-based participatory research model and engaged two community researchers the Center had trained to contribute to the project. Two of the groups were led and moderated by community partners who had shared racial/ethnic identities and long and well-established ties to the pertinent community.

An application was submitted to the University of North Carolina Asheville's Institutional Review Board that included the instruments, outreach materials, and protocol. The study met expedited review criteria and was approved in September 2023.

The Hispanic group was conducted in participants' native language and all other groups were conducted in English. Sessions lasted from 60 to 90 minutes and participation was voluntary. Participant names were only known to the research team and confidentiality was preserved. Sessions were audio-recorded and were stored in a folder on NCCHW's drive. Participants were provided with refreshments during the session and were given a gift card after the session for their time and participation. Informed consent procedures were explained at the beginning of each session and permission to record the session was also elicited.

Group facilitators debriefed after each session to discuss content and to note quotes and initial impressions. A summary report of each group's highlights was drafted. Once data collection was complete, audio recordings of the sessions were reviewed to produce an inventory of the strengths, needs and challenges identified by the participants and to pull direct quotes. The strengths, needs and challenges were then apportioned across the MPA's four domains: Strengthening Communities for a Lifetime, Supporting Older Adults and Their Families, Optimizing Health and Well-being and Affording Aging. (When appropriate, some were included in more than one domain.) The data was then analyzed across all the groups to identify overarching themes. Many of the recommendations listed for the four domains came directly from group participants; others were generated in alignment with identified needs and challenges and through the lens of the overarching themes.

## KEY FINDINGS

Qualitative data analysis revealed six overarching themes across the seven focus groups. Themes address the dissemination of information about available resources, the consistency, availability and expansion of access supports, home supports to facilitate aging in place, outliving assets (primarily in relation to long term care options) and opportunities to share wisdom and expertise.

**Theme #1 – Lack of awareness and confusion about available resources and services:** This theme was consistent across all seven groups. Participants spoke about the need for consistent and comprehensive information about available resources and services in their area and the eligibility guidelines for each. Confusion and lack of awareness about available resources, how to get them and who was eligible for them existed even among participants who lived in the same town, had established relationships, and were active with their local senior center.

Similarly, additional confusion stemmed from differences in the benefits offered by fee-for-service Medicare vs. Medicare Advantage and from differences among the various Medicare Advantage plans themselves. These differences caused confusion and considerable distress about which Medicare plan would best cover their individual medical and prescription needs. Advertising about various benefit options during Medicare annual enrollment periods exacerbated the confusion. Even after they had selected a plan, doubts and concerns about whether they had selected the best plan lingered for some participants. Moreover, many participants were unaware of the Medicare navigators who provide individual consultation during annual enrollment periods.

**Theme #2 – Challenges, inconsistency and need for expansion in transportation access supports:** This theme was consistent across all seven groups. Participants were appreciative of available transportation services but several voiced difficulties with extended waiting periods both after their appointment was over (while they were waiting to be picked up) and on the van itself while the driver picked up and dropped off other riders. Others mentioned the lack of transportation for assisted living residents whose facilities don't provide transportation services and the inconsistency or lack of reliability of the service on some occasions when they called to schedule a ride and were told that the van wasn't available.

Participants who had little, or no family support nearby also struggled accessing other needs such as grocery shopping and picking up prescriptions. Many participants expressed the desire for an expansion of transportation services that would include trips for exercise and for events or activities that involved social connection. Several participants who were still able to drive expressed concern about access to needed resources and to social activities when they were no longer able to drive. One participant was very satisfied with a local program that provided \$100 worth of vouchers that cost \$25 and could be used with local taxi companies. This program was either not available in other areas or was not mentioned.

**“I certainly think about if and when my spouse and I don't drive and we're still trying to live independently...Because of where we live, there's no public transportation anywhere close by...I think that's going to be a big challenge down the road.”**

**Theme #3 – Barriers to aging in place:** This theme was consistent across all seven groups. Many participants identified support with home repairs and yard maintenance as a barrier to aging in place and some also commented on the difficulty in finding reliable and trustworthy people for these tasks and on the high costs associated with it. Conversely, participants from the Lumbee Tribe focus group expressed deep gratitude for the tribe’s help with home repairs and yard maintenance tasks. Participants also expressed a need for similar support with simple housekeeping tasks, especially after a surgery, hospital stay, or other medical intervention that imposes limits on certain activities. The need for home modifications such as grab bars and access to other equipment that would decrease fall risk and increase safety and support for those with mobility issues or at risk of a fall (such as shower chairs) were also mentioned by participants in more than one of the groups. Access to durable medical equipment, generally, was a consistent theme of the groups and confusion about what Medicare would pay for and how it could be accessed was also expressed.

**Theme #4 – Affordability of aging and long-term care options:** This theme was consistent across all seven groups. Participants from multiple groups described difficulty managing their expenses with a fixed income, particularly given recent inflationary trends. In addition to general concerns about short-term budgetary matters and about outliving their assets over the long term, several of the responses to question number 10 (“Do you worry about your finances now or in the future?”) centered specifically upon the cost of long term care, whether or not they would have enough resources for the care they would need, and what would happen to them if they didn’t.

Participants in three groups also voiced general frustration about being ineligible for some services and resources after working and paying into the system all their lives. Responses in this vein were also expressed specifically in relation to a lack of affordable care options as their health and medical care needs increased over time. This frustration was compounded by others’ eligibility for Medicaid and other services and resources despite having never worked or having worked very little.

**“We can’t call ourselves civilized if we’re not taking care of the young and the old.”**



**Theme #5 – Additional supports needed for social connection:** This theme was consistent across five of the seven groups. Many participants were grateful for existing transportation services and supports for medical needs but wished for an expansion of these resources to facilitate participation in social events and activities. Participants expressed feelings of excitement, enjoyment and gratitude for the opportunities they had had to go on social trips that were sponsored by their senior center or tribe. However, they also lamented the rules on the number of miles and/or hours per day that senior center vans could be used because this restricted where they could travel and how long they could stay when they got there. Van size also restricted the number of people who could participate in any given activity or trip.

**“I’m a senior citizen. I live alone and I don't have a large family and so I don't get to go to a lot of things or a lot of different places so when they take us someplace, I get excited and enjoy going.”**

Some participants expressed safety concerns in relation to their inability to participate in events or activities after 6 p.m. Others wanted to participate but had encountered barriers to participation other than transportation. These barriers included lack of awareness of events, lingering pandemic-related fears and concerns and a lack of English fluency. Efforts to improve their English language skills by attending English as a Second Language classes had been impeded by work scheduling conflicts and transportation-related challenges.

**Theme #6 – Opportunities to share wisdom and expertise and other ways of connecting intergenerationally:** This theme was consistent across five of the seven groups. Many participants expressed a desire to share their wisdom and expertise with others. Topics that were mentioned specifically included cooking, gardening, herbalism, tribal lore and wisdom, sewing ceremonial wear, knitting and crocheting. Participants from five of the groups expressed a specific desire for opportunities to engage with members of younger generations for this purpose and some mentioned the reciprocal nature of these interactions and opportunities for “reverse mentoring.” The importance of family reunions and sharing holiday and other cultural traditions was also mentioned in six of the seven groups.

**Inclusion and Equity (Equal Opportunity, Access and Representation):**

Because all seven groups were comprised of members of historically marginalized and excluded populations, equity-related feedback and highlights will be detailed in this section.

Unique equity-related challenges were described by participants in six of the groups. In response

to question number 11 (“Do you have challenges that others around you might not have?”), one of the African American groups described their perceptions of inequities in the allocation of resources. This group’s senior center was housed in a building that had originally housed the local school and was almost 100 years old. Although it was in need of major repairs, it was clearly well cared for by the staff and volunteers.

**“We operate in a building where all of our money goes through the vents and out the window with trying to heat it and cool it in the summer.”**

Members’ resourcefulness, inimitable determination, and dedication to their community were reflected in multiple responses, most notably the description of their advocacy efforts to obtain an ambulance. Eight members of the community completed the mandated Emergency Medical Technician (EMT) training course at accredited schools and achieved their EMT certification. Despite their individual achievement and the prolonged efforts of the group, they were unable to obtain an ambulance for their community.

**“We know that we are at the bottom of the totem pole; we know that whatever services are out there, we are going to get what’s left over...It’s very evident as you pass through various neighborhoods. In an area where you have a lot of whites together, they’ve got parks with all of the facilities...When something comes to the county, it goes to that area and then if there’s something left, we might be able to get some of it.”**

Participants from the Hispanic/Latino group recounted several significant challenges that were unique to their position as undocumented immigrants. Because they are not permitted to obtain a driver’s license, access to many resources is often impinged. The language barrier significantly contributes to this access issue as well. Although several group members expressed a desire to learn English, they described various obstacles to doing so, including transportation, cost, lack of childcare and long/weekend work hours that conflict with ESL class schedules.

Undocumented residency status also impacts the extent to which participants were eligible for some community services and resources. In addition to transportation-related obstacles and language differences, the eligibility criteria of some community programs and resources are such that every member of the family must be documented, even if the resources are intended for children who are all American citizens.

One participant also expressed concerns related to workers' compensation benefits for medical expenses incurred as a result of an accident in the workplace. He described having to pay for treatment out of pocket when the contractor refused to submit a workers' compensation claim even though the accident had occurred at a construction jobsite.

**"We don't have any place to go when we have an accident at work. We don't know of any place that will treat us without having to pay so much money because going to a place like that is so expensive. As immigrants, where can we go? I work in construction and if there's an accident, the contractor doesn't want to pay for it. I've known people who just go home and pray because they don't know where to go. "**

Finally, participants from all three of the African American groups and from the LGBTQ+ group described experiences of discrimination based on their race and sexual identity. A participant from the LGBTQ+ group resided in a private retirement community that did not allow same sex couples until quite recently and, to date, there are still none living in the community. (This participant does not have a partner.)

**"When I moved here in 2018, they had just started allowing same sex couples to move in here. We were barred before that...And there are people here who, for religious reasons, still think that we shouldn't be here."**

## RECOMMENDATIONS

The following recommendations came directly from participants or were generated by the research team to align with the needs and challenges they expressed. Some recommendations (or the needs and challenges that seeded them) were voiced more frequently and have been placed roughly in descending order of those raised across all participants. The number of themes/need areas potentially impacted by the recommendation's implementation is the second prioritization criteria. Although not included as an explicit criterion, nearly all recommendations could contribute to improved health outcomes and concomitant decreases in state Medicaid/Medicare spending.

- Produce and disseminate by postal mail a statewide directory of resources and services with pertinent eligibility guidelines that could also include the names of businesses offering low-cost home repairs and inserts with county-specific resources and services
- Expand transportation services to decrease wait times and to cover other needs such as grocery shopping, exercise and events that promote social connection and consider offering a low-cost transportation option with eligibility determined by sliding fee scale.
- Provide free or low-cost home safety modifications or home improvements and repairs
- Use churches and community buildings where older adults already congregate as a gathering space for educational, creative, informative and other social engagement events
- Expand home and community-based preventative health services such as weekly nursing checks for those with early stage dementia, multiple chronic conditions or disabilities
- Provide more opportunities for older adults to be involved in the decision-making process for the policies and programs that impact them
- Expand the availability of senior center-owned vans by increasing the daily usage limit to 8 hours and the daily mileage limit and consider van sharing across senior centers to permit larger group participation in any given event
- Provide capacity-building opportunities at senior centers with limited funding to support efforts by staff to seek grants, write proposals and conduct data collection and management for project reporting
- Establish used durable medical equipment lending libraries statewide.
- Advocate for Social Security and Medicare payroll taxes paid by undocumented workers to be returned to the state to fund programs for them.
- Encourage non-profits and community-based organizations to provide "pro-rated" services based on the number of eligible/documented household members
- Fund senior centers equitably statewide based on older adult population estimates instead of property tax revenue
- Expand opportunities for social connection/engagement, especially those with an intergenerational component, such as intergenerational adult day programs

- Provide more opportunities for older adults to share their knowledge, wisdom and expertise with their community
- Consider expansion of recruitment strategies to increase the number of doctors and allied health providers of color statewide for improved patient-provider racial concordance, communication and outcomes (See Notes section – Note #2.)
- Consider an app (similar to Meet Up) sponsored by the Area Agencies on Aging with groups for newcomers and by interest or hobby; it could also be used to cross-pollinate events across neighborhoods to foster connectivity
- Offer housing supports for healthcare worker recruitment to increase workforce and reduce their commute times
- Partner with private corporations for sponsorship of social events & activities

The table below crosswalks each recommendation with an equity perspective and with the six overarching themes/need areas to identify which are potentially impacted if the recommendation were implemented.

<b>Recommendation</b>	<b>Awareness</b>	<b>Access</b>	<b>Aging in Place</b>	<b>Affordability</b>	<b>Social Connection</b>	<b>Share Wisdom</b>	<b>Equity</b>
Produce and disseminate by postal mail a statewide directory of resources and services with pertinent eligibility guidelines that could also include the names of businesses offering low-cost home repairs and inserts with county-specific resources and services	x	x	x	x	x	x	x
Expand transportation services to decrease wait times and to cover other needs such as grocery shopping, exercise and events that promote social connection and consider offering a low-cost transportation option with eligibility determined by sliding fee scale		x	x	x	x	x	x
Provide free or low-cost home safety modifications or home improvements and repairs			x	x			x
Use churches and community buildings where older adults already congregate as a gathering space for educational, creative, informative and other social engagement events	x	x	x		x	x	x
Expand home and community-based preventative health services such as weekly nursing checks for those with early stage dementia, multiple chronic conditions or disabilities		x	x	x			x
Provide more opportunities for older adults to be involved in the decision-making process for the policies and programs that impact them	x	x	x	x	x	x	x
Expand the availability of senior center-owned vans by increasing the daily usage limit to 8 hours and the daily		x		x	x	x	x

mileage limit and consider van sharing across senior centers to permit larger group participation in any given event							
Provide capacity-building opportunities at senior centers with limited funding to support efforts by staff to seek grants, write proposals and conduct data collection and management for project reporting		x	x	x		x	x
Establish used durable medical equipment lending libraries statewide.		x	x	x			x
Advocate for Social Security and Medicare payroll taxes paid by undocumented workers to be returned to the state to fund programs for them		x	x	x		x	x
Encourage non-profits and community-based organizations to provide "pro-rated" services based on the number of eligible/documentated household members		x	x	x			x
Fund senior centers equitably statewide based on older adult population estimates instead of property tax revenue	x	x			x	x	x
Expand opportunities for social connection/engagement, especially those with an intergenerational component, such as intergenerational adult day programs					x	x	
Provide more opportunities for older adults to share their knowledge, wisdom and expertise with the community					x	x	
Consider expansion of recruitment strategies to increase the number of doctors and allied health providers of color statewide for improved patient-provider racial concordance, communication and outcomes		x				x	x
Consider an app (similar to Meet Up) sponsored by the AAAs with groups for newcomers and by interest or hobby; it could also be used to cross-pollinate events across neighborhoods to foster connectivity	x				x	x	
Offer housing supports for healthcare worker recruitment to increase workforce and reduce their commute times		x	x				
Partner with private corporations for sponsorship of social events & activities					x		

## DATA INVENTORIES OF PARTICIPANTS' STRENGTHS, NEEDS & CHALLENGES BY MPA DOMAIN

The following four pages are summaries of the data collected vis a vis the strengths, challenges, and needs that were described by focus group participants during the seven sessions. The data were then apportioned across the MPA's four domains: Strengthening Communities for a Lifetime, Supporting Older Adults and Their Families, Optimizing Health and Well-being and Affording Aging. Some were included in more than one domain, as appropriate. Recommendations are also included in the four summaries; many of these came directly from group participants, while others were generated in alignment with identified needs and challenges and through the lens of the overarching themes.

## Strengthening Communities for a Lifetime Domain Summary

### Strengths

- Support with home and yard maintenance
- Transportation services (e.g. taxi voucher program with \$100 in vouchers for \$25)
- Trips, events and activities (with peers and intergenerational) sponsored by senior centers, tribal entities, faith-based entities, etc. that provide opportunities for education, creativity, social connection/ engagement and the celebration of heritage or pride in race, ethnicity, tribe or identity (e.g., Black history, Native American heritage, LGBTQ+ Pride events, etc.)
- Adult day programs
- Robocall programs that notify community members of events and activities in their area or neighborhood
- Support from family, friends, senior center staff and tribal elders, especially long relationships (some for 6+ decades)
- Meals on Wheels, food banks and other food insecurity resources

### Challenges

- Increases in housing costs which are more difficult to manage with fixed income that often doesn't have adequate annual cost of living adjustments/increases
- Wait times for transportation services can be extensive - 5 or 6 hours from pick up to drop off with most of this time spent in the van or waiting for the van
- Lack of safety in some areas precludes participation in activities after 6 pm
- Inability to access some services due to undocumented status (not permitted to get a driver's license and/or ineligible for some services if **any** member of the household is undocumented)
- Language barrier precludes participation in events/activities aimed at promoting social connection and engagement

### Needs

- Rent controlled housing
- Transportation services for non-medical needs (such as grocery shopping and social connection)
- Expanded transportation services to improve wait times and extend eligibility
- Safer neighborhoods for participation in outdoor activities after 6 pm
- Opportunities to spend time and/or share wisdom and experience with others, especially younger generations
- Delivery service from food bank and other food insecurity programs, especially for families whose heads of household are not permitted to get a driver's license

### Recommendations

- Rental assistance program
- Increase availability of transportation services to decrease wait times and expand services to cover other needs (grocery shopping, exercise and events that promote social connection)
- Offer a low-cost transportation option based on a sliding fee scale
- Expand home and community-based preventative health services such as weekly nursing checks for those with early stage dementia, multiple chronic conditions or disabilities
- Expand availability of senior center-owned vans to 8 hours per day and increase the daily mileage limit to permit longer trips
- Consider van sharing across senior center areas to permit larger group participation
- Expand intergenerational programming
- Establish/increase corporate partnerships for sponsorship of social events & activities
- Consider an app (like Meet Up) with groups for newcomers and by interest or hobby which could also be used to cross-pollinate events across neighborhoods to foster connectivity

Strengthening Communities for a Lifetime domain: North Carolinians will live in communities, neighborhoods, and homes that support thriving at all stages and ages. Focus areas include: Housing and Homelessness, Transportation and Accessibility, Community Safety and Protection, Social Connection and Inclusion, Food Security and Nutrition and Environmental Sustainability.



## Supporting Older Adults and Their Families Domain Summary

### Strengths

- Caregivers (often spouses and adult children but also friends) and general support from family, friends, senior center staff and tribal elders, etc.
- Program(s) that pay friends and family members for caregiving
- Home-based supports and services such as paid caregivers
- Caregiver respite
- Home safety information and modifications such as grab bars
- Durable medical equipment such as shower chairs, walkers, raised toilet seats, etc.
- Adult day programs
- Drive-through voting for people who are disabled or who have health conditions
- Visits by a Rabbi or clergy to those who are homebound

### Needs

- Home safety assessments and modifications for persons with fall risk, disabilities or mobility issues
- Help with basic repairs and maintenance to facilitate aging in place
- Support with simple housekeeping needs once or twice a month, especially after a surgery or hospital stay
- Transportation for non-medical needs such as grocery shopping when unable to drive
- Durable medical equipment
- Information about how to prepare for the caregiving years
- Caregiver respite and training
- Subsidies/help with cost of paid caregivers
- Broadband internet
- Weekly check-ins for those with early stage dementia

### Challenges

- Lack of flexibility in the workplace for caregivers, some of whom are caring for children and older adult parents and must accompany them when they go to doctor's appointments in addition to their own appointments
- Confusion/lack of awareness about the availability of durable medical equipment that can facilitate and support aging in place and the eligibility guidelines for it
- Lack of parking at some public sites (e.g. library in Weaverville) prohibits access for those with disabilities or mobility issues
- Most neighborhoods, especially those that are affordable, are not within walking distance of grocery stores & other needs

### Recommendations

- Offer free home safety assessments and modifications for persons with disabilities, fall risk or mobility issues which can lead to decreased falls and expenditures (See Note #1.)
- Expand transportation services for other needs (e.g. grocery shopping, prescriptions)
- Establish lending "libraries" of used durable medical equipment
- Expand home and community-based preventative health services such as weekly nursing checks for those with early stage dementia, multiple chronic conditions or disabilities
- Produce and disseminate by postal mail a statewide directory of resources and services with eligibility guidelines inserts with county-specific resources and services and the names of businesses offering low-cost home repairs

Supporting Older Adults and Their Families domain: North Carolinians will have access to services and resources that will enable them to stay in their homes and communities as they age and will support their families in their efforts to provide care when needed. Focus areas may include: Service Options and Payment Models, Caregiver Support, Expansion of Public and Private Resources, Utilization of Adaptive and Assistive Technologies, Addressing the Needs of Persons with Dementia and Support for Persons with Special Challenges.

## Optimizing Health and Well-Being Domain Summary

### Strengths

- “Extra Help” program’s free care and medications
- Community-based medical care such as vaccination programs that offer free or low cost services that are easy to access
- Public health departments and Federally-Qualified Health Centers that offer discounted care and prescriptions
- Onsite MAHEC clinic located in retirement community with rotating specialists
- Local access to fitness equipment or exercise opportunities
- Staying active through opportunities and programming for exercise, craft activities (beading, sewing, quilting, woodworking, pottery, weaving) and cognitive stimulation (puzzles, Osher Lifelong Learning Institute courses, etc.), often sponsored by their senior center, tribe or Department of Parks and Recreation
- Outdoor public spaces and resources such as Parks & Rec/Community Centers with outdoor activities

### Challenges

- Confusion and inconsistent messaging about the availability and eligibility guidelines for durable medical equipment
- Confusion about differences in Medicare plans and ongoing stress about selecting the best plan to suit individual needs
- Lack of insurance (<age 65)
- Long wait times for specialists (sometimes as long as 5 months)
- High prescription costs and having to get them from Canada
- Maintaining the sacred nature of holy days when workplaces require employees to work on Saturdays or Sundays

### Needs

- Patient-provider racial concordance
- Improved/expanded local access to fitness equipment or exercise opportunities
- Improved/expanded local access to medical services, especially urgent care and specialists
- Support with addressing lingering pandemic-related fears and concerns that continue to impact social engagement
- An income-based sliding fee scale or subsidies to reduce the cost of ambulance services (some participants reported putting their health/lives at risk by driving themselves to the hospital because they could not afford to pay for an ambulance)
- Affordable long term care options

### Recommendations

- Expand home and community-based preventative health services such as weekly nursing checks for those with early stage dementia, multiple chronic conditions or disabilities
- Consider tuition reimbursement and other incentive programs to support the education and specialized gerontological training of doctors and allied health providers of color to ensure patient-provider racial concordance which can lead to a more effective therapeutic relationship, improved communication, increased trust and adherence to medical advice and lower healthcare expenditures through improved health outcomes. See Notes section - Note #2.
- Consider housing supports for the healthcare workforce to enable them to live closer to the areas they serve

Optimizing Health and Well-Being domain: North Carolinians will have access to person-centered services and supports that will optimize their life-expectancy and health quality. Focus areas may include: Community Health Resources, Healthy Aging Programs, Continuum of Care, Healthcare Financing and Delivery Innovations, Healthcare Workforce Support and Health Equity and Access.

## Affording Aging Domain Summary

### Strengths

- Volunteering and advocacy, especially inclusion and equity-related
- VITA (Volunteer Income Tax Assistance) program
- OLLI (Osher Lifelong Learning Institute)
- Intergenerational relationships and programming that provides opportunities for reverse mentoring or that fosters reciprocal exchange of knowledge, wisdom and experience
- Opportunities to share knowledge and expertise (e.g., cooking, canning, knitting, gardening, etc.)

### Needs

- Food insecurity program delivery to families with undocumented heads of households who are unable to get a driver's license
- Improved access to interpreters or language concordant medical services (Title VI protections against discrimination on the basis of national origin include English proficiency. See Note #3.)
- Information about estate planning
- Opportunities to contribute and share knowledge, experience and expertise with others in the community

### Challenges

- Fear of calling the police for help due to undocumented status
- Inability to advocate for themselves and demand equal access to labor protections (such as filing a workers compensation claim) due to their undocumented status resulting in having to pay for the care needed from a work-related accident
- Inability to access some services due to undocumented status (not permitted to get a driver's license and/or some services are not available to families if **any** member of the household is undocumented)
- Language barrier and little free time/transportation for English classes
- Frustration from working hard and paying taxes all their lives and being ineligible now for some services or resources that others who have never worked qualify for
- Concerns about outliving assets and inability to pay for long term care
- Managing the cost of living on a fixed income amidst inflation and other increases in living costs

### Recommendations

- Expand home and community-based preventative health services such as weekly nursing checks for those with early stage dementia, multiple chronic conditions or disabilities
- Provide capacity-building opportunities at senior centers with limited funding to support efforts by staff to seek grants, write proposals and conduct data collection and management for project reporting
- Fund senior centers equitably statewide based on older adult population estimates instead of property tax revenue
- Provide opportunities for older adults to be involved in the decision-making processes for the policies/programs that affect them
- Provide more opportunities for older adults to share their knowledge, wisdom and expertise with others in the community
- Encourage non-profits and community-based orgs to provide "pro-rated" services based on the number of documented household members
- Advocate for Social Security and Medicare payroll taxes paid by undocumented workers to be returned to the state to fund programs for them. (See Note #4.)

Affording Aging domain: North Carolinians will have the means to effectively strategize for their later stages of life, ensuring sufficient and sustainable financial provisions, fostering avenues for personal growth and advancement, and actively contributing their knowledge and expertise to the betterment of their communities. Focus areas may include: Inclusion and Equity (Equal Opportunity, Access, and Representation), Financial Preparation, Workforce Opportunities, Lifelong Learning, Intergenerational Engagement and Leadership Development.

## CONCLUSION

**“The center of activity for senior citizens in East Arcadia IS the East Arcadia Senior Center and the services that she’s talking about come through it. We love each other and we come out to have fun and...crack jokes and do crafts and exercise and do other things to keep our minds active. If we did not have the center, we would be lost so far as people taking care of us.”**

This research sought to capture the strengths, challenges and needs of older adults across North Carolina to inform the development of North Carolina’s Multisector Plan for Aging. By speaking with seven shared identity groups of older adults across the state, the research team was able to understand the unique experiences of those who have been historically and structurally excluded from the decision-making processes that affect older adults. The vibrancy of these groups was palpable and the sense of community among several of the groups was heartwarming and inspiring. Most participants expressed deep gratitude for senior centers and other community-based programming and services and for the opportunity to share their perspective and experiences.

While the groups expressed gratitude for available and accessible resources, they also shared many ideas that would improve their experiences of aging, including:

1. increased awareness of available programs and resources and their access to them
2. improved support for their ability to stay in their homes and communities as they age
3. improved consistency, reliability and affordability of long-term care services and supports
4. increased opportunities for social connection and engagement
5. increased opportunities to share their wisdom and expertise, particularly intergenerationally

Because the members of historically marginalized and excluded communities are often those most impacted by health and economic inequities, ensuring that their voices continue to be heard and are included in future decision-making processes is vital.

The input received from these participants provides critical information about what is working well, what is missing and what works to do better for the growing older adult population in North Carolina and will be vital in developing a framework and guidelines to “create a future where every person can enjoy a fulfilling and empowered life, regardless of their age or circumstances.”

## Citations

1. <https://www.ncdhhs.gov/divisions/aging-and-adult-services/mpa-all-ages-all-stages-nc>
2. <https://www.ncdhhs.gov/2021-north-carolina-aging-profiles/open>
3. <https://www.ncdhhs.gov/2021-north-carolina-aging-profiles/open>
4. <https://jewishnc.org/north-carolinas-jewish-population-is-booming/>
5. [https://southernequality.org/wp-content/uploads/2021/08/SouthernLGBTQHealthSurvey\\_NCBreakout.pdf](https://southernequality.org/wp-content/uploads/2021/08/SouthernLGBTQHealthSurvey_NCBreakout.pdf)
6. <https://libguides.uncp.edu/specialcollections/lumbee>

## Notes

1. 'Supporting Older Adults and Their Families' need and recommendation: *Offer free home safety assessments and modifications for persons with fall risk, disabilities or mobility issues.* Multiple studies have demonstrated decreased fall occurrence
  - a. "The Home Safety Assessment and Modifications intervention was estimated in this modeling to produce considerable health gain and to be highly cost-effective among people aged 65+ years." <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5598974/>
  - b. "We found that home/environmental interventions can be effective in reducing the number of individuals who fall and the frequency of falls in community-dwelling people aged 65 and over. Home assessment and modification is a low-cost, highly cost-effective, and high-return intervention." <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8246567/>
  - c. "Participants with home modification had 17% lower odds of falls and 22% lower odds of fall-related injuries than those without home modification. This study suggests that home modification can be an effective strategy to prevent falls and fall-related injuries among older adults living in the community." <https://www.proquest.com/openview/ec681cbd832a806a4e74670463c53417/1?pq-origsite=gscholar&cbl=18750&diss=y>
2. 'Optimizing Health and Well-being' recommendation: *Consider tuition reimbursement and other incentive programs to support the education and specialized gerontological training of doctors and allied health providers of color to ensure patient-provider racial concordance.* Numerous studies have demonstrated the benefits associated with patient-provider racial concordance, including a more effective therapeutic relationship, improved communication, increased trust and adherence to medical advice and lower healthcare expenditures through improved health outcomes.
  - a. "We find that patient-physician race concordance increases consultation time and decreases the probability of inpatient admission and diagnostic testing. Subsequently, race-concordant patients have lower revisit rates after ED discharge."

<https://direct.mit.edu/rest/article-abstract/105/4/766/112419/Patient-Physician-Race-Concordance-Physician?redirectedFrom=fulltext>

- b. "Results examining 1.8 million hospital births in the state of Florida between 1992 and 2015 suggest that newborn-physician racial concordance is associated with a significant improvement in mortality for Black infants. Results further suggest that these benefits manifest during more challenging births and in hospitals that deliver more Black babies." <https://pubmed.ncbi.nlm.nih.gov/32817561/>
  - c. "A study from New York University Grossman School of Medicine and NYU Langone Health found that patients with hypertension and symptoms of cardiovascular disease were more likely to adhere to the medication guidelines when they were treated by doctors of the same race (including Black, Hispanic, and Asian)." <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7440568/>
  - d. "In a study led by researchers at Stanford University School of Medicine, more than 1,300 Black men in Oakland, California, were recruited to fill out a health questionnaire, after which they could get a free physician consultation and health screenings. The men assigned to a Black doctor were significantly more likely to bring up specific health concerns to the doctors and to go through screenings for diabetes and cholesterol after the consultation." <https://fsi.stanford.edu/news/more-african-american-doctors-would-lead-better-outcomes-black-men>
  - e. "Results indicated that black patients consistently experienced poorer communication quality, information-giving, patient participation, and participatory decision-making than white patients...Racial concordance was more clearly associated with better communication across all domains except quality, for which there was no effect." <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5591056/>
3. 'Affording Aging' domain need: *Improved access to interpreters or language concordant medical services (Title VI protections against discrimination on the basis of national origin includes English proficiency.)*
    - a. "Title VI of the Civil Rights Act of 1964 requires recipients of Federal financial assistance to take reasonable steps to make their programs, services, and activities accessible by eligible persons with limited English proficiency." <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/index.html#:~:text=Title%20VI%20of%20the%20Civil,persons%20with%20limited%20English%20proficiency>.
  4. 'Affording Aging' domain recommendation: *Advocate for Social Security and Medicare payroll taxes paid by undocumented workers to be returned to the state to fund programs for them.*
    - a. From 1998-2022, immigrants paid \$500 billion more into Social Security than they received. The total net benefit to Social Security from immigrants' payroll taxes is predicted to reach \$2.0 trillion by 2072 which is expected to ensure the long-term solvency of the program. <https://immigrationimpact.com/2022/04/14/immigrants-as-taxpayers-2022/>
    - b. New American Economy's 2021 Medicare Report stated that immigrants' contributions to Medicare have prolonged the solvency of the program and subsidized its care for roughly 60 million American seniors and disabled individuals. <https://research.newamericaneconomy.org/wp->

[content/uploads/sites/2/2021/05/NAE\\_Medicare\\_Report.pdf](#)

- c. The Social Security Administration's 2013 Chief Actuary report estimated that undocumented immigrants contributed \$12 billion into Social Security. [https://www.ssa.gov/oact/NOTES/pdf\\_notes/note151.pdf](https://www.ssa.gov/oact/NOTES/pdf_notes/note151.pdf). That figure grew to \$13 billion by 2016. <https://www.marketplace.org/2019/01/28/undocumented-immigrants-quietly-pay-billions-social-security-and-receive-no/>
- d. A 2016 report from the Institute on Taxation and Economic Policy (ITEP) estimated that at least 50% of undocumented immigrants pay personal income taxes using either a false social security number or an individual tax identification number (ITIN). <https://itep.sfo2.digitaloceanspaces.com/immigration2016.pdf>

## Appendix A: Focus Group Instrument with Guide

### Multi-Sector Plan for Aging Focus Group Question Guide and Moderator Script

Welcome: Welcome and thank you for joining us today for this focus group. My name is {moderator name} and I work at the North Carolina Center for Health and Wellness. I will be facilitating our discussion today. My colleague, [notetaker name], will be taking notes during our conversation.

Purpose: The Division of Aging and Adult Services is developing a plan for aging and living well in North Carolina that will help create and improve critical services for older adults statewide. To ensure that this plan truly helps older adults, it's important for us to learn as much as we can about your experiences aging in North Carolina – how things are going for you, what is working well for you and what isn't working well and needs to be improved.

Risk: We do not anticipate any risk in participating in our discussion today, although some of the topics we discuss may be sensitive, or you may feel uncomfortable with some of the questions. You do not have to answer any questions that you don't want to.

Benefits: The Division of Aging and Adult Services believes that everyone's ideas and opinions count, and they want to be sure that they hear from people with different backgrounds and a wide range of experiences so that they can consider all of their thoughts, needs and perspectives when they write the plan.

Logistics: Your comments will be kept private and confidential. This means that we will not include any names or other information that identifies you.

With your permission, we would like to record today's discussion. Any potentially identifying information will be removed from the recording. The recording will be securely stored, and only the study team will have access to it. Do we have everyone's permission to record the conversation?

Group Norms: Now I want to talk about the group norms today.

- We ask that you not share any information that you hear from others during this session outside of this room. We, as the study team, agree to do the same except for the anonymous quotes and overall themes that will be pulled from the recording for our report.
- There are no right or wrong answers. We expect that you will have different ideas and points of view from one another. Please share your perspective even if it differs from others in the group.
- Do not feel like you have to respond directly to me. If you want to follow up on something that someone else has said or provide an example, please feel free to do so. You can talk with each other about these questions. I am here to guide the conversation, listen, and make sure everyone has a chance to share.
- We are interested in hearing from each of you. If you are speaking too often, I may ask you to step back. If you have not been heard from, I may ask you to step forward. We want to make sure all of you have a chance to give your ideas.

Are there any other norms that you would like to suggest to the group before we begin our conversation?



Does everyone understand the risks and benefits and agree with the group norms and is everyone willing to continue participation today? Thank you! Do you have any questions before we begin?

Let's get started! We will begin with introductions. Please tell us your first name, where you are from and what brought you to the group.

First, we want to talk about your city or community and the services it has.

1. Which programs or services in your city or community help improve your health, wellbeing, or quality of life as you age?
  - a. Potentially probe or code for resources related to SDOH listed
2. Are there any resources or services you wish you could get in your community?
  - a. Potentially probe or code for resources related to SDOH listed
  - b. Are there any that you can't afford but wish you could?

Another aspect of your community that we want to hear about is related to social connection and engagement such as doing things with people, talking with people, and feeling like you're a part of the community.

3. Are there any specific programs or services that connect you with others socially? Are there any that connect you with younger people in your family or your community?
4. What gets in the way of you feeling socially engaged/connected in the ways you wish to?
  - a. Probe for technology

Now let's talk about the choices you have about where you live and about caregivers or supports that may help you stay in your home as you age.

5. What resources in your city or community support you in making choices about where you live or in staying in your home as you age? How so?
  - a. Is it important to you that you stay in your home as you age?
  - b. Are there things in the community that make it easier for you to stay in your home?
6. Does anyone help take care of you and your needs, and if so, what enables them to do so?

Let's take a short break. Please help yourself to the pastries and use the restroom if you need to. Please be back in [#] minutes at [time] so that we can continue with the rest of the questions.

Now, I'd like to hear about your culture and the traditions that are important to you for your health and wellness as you get older.

7. What aspects of your culture and what traditions are important to you and your wellbeing as you age?
  - a. What aspects of your culture help you stay healthy and happy?

Now we want to hear about the ways you might have shared your experience with other people in your community or neighborhood.

8. How have you shared your wisdom and skills with your neighborhood or community?

- a. Probe for through employment, volunteering, engaging with younger people, or doing leadership development?

Now we want to talk about your access to a doctor or medical care.

- 9. Has it ever been difficult for you to see a doctor or get healthcare services when you needed it? If so, why?
  - a. Probe for affordability and other SDOH

Let's move to a question about your finances.

- 10. Do you worry about your finances now or in the future? Why or why not?
  - a. Probe: Retirement, housing, medical bills, medication, medical equipment, food, etc.

And, last, we want to talk about any challenges you might be facing and hear about any ideas you have for improving things.

- 11. Do you have challenges that others around you might not have? If so, what are they?
  - a. Probe for equity-related
- 12. How does your community address these unique challenges? In what other ways could your community help?
  - a. Probe for equity-related
- 13. What would help you or your peers improve your health, wellbeing, or quality of life?

Thank you for sharing your thoughts and ideas at this session. We value your contributions. Once we're done with these focus groups, we will write a report that summarizes all of the responses and will share it with you. If you want a copy of the report, please give us your email address. Thank you again for coming and for sharing your experiences with us.

## Appendix B: Focus Group Instrument with Guide (Spanish)

### Grupo de discusión sobre el Plan Multisectorial para el Envejecimiento: Guía de preguntas y guion del moderador

**Bienvenido:** Bienvenidos y gracias por acompañarnos hoy en este grupo de discusión. Mi nombre es [nombre de la moderadora] y trabajo en el Centro de Salud y Bienestar de Carolina del Norte. Mi colega, [nombre de la tomadora de notas], tomará notas durante nuestra conversación.

**Propósito:** Como parte del compromiso de Carolina del Norte de construir un estado amigable con las personas mayores, la División de Servicios para el Envejecimiento y Personas Mayores (DAAS, por sus siglas en inglés) está desarrollando un plan para envejecer y vivir bien en Carolina del Norte. El plan será un modelo para crear y mejorar servicios críticos para adultos mayores en todo el estado. Para garantizar que el plan de envejecimiento realmente ayude a los adultos mayores, es importante que aprendamos todo lo que podamos sobre sus experiencias de envejecimiento en Carolina del Norte: cómo le van las cosas, qué le funciona bien y qué no y que necesita ser mejorado.

**Riesgo:** No anticipamos ningún riesgo al participar en nuestra discusión de hoy, aunque algunos de los temas que platicamos pueden ser delicados o usted puede sentirse incómodo con algunas de las preguntas. No es necesario que responda ninguna pregunta que no desee.

**Beneficios:** La División de Servicios para el Envejecimiento y Personas Mayores cree que las ideas y opiniones de todos cuentan, y quieren asegurarse de escuchar a personas de diferentes orígenes y una amplia gama de experiencias, para que puedan considerar una multitud de pensamientos y necesidades. y perspectivas cuando escriben el plan.

**Logística:** Luisa y Alex tomarán notas durante nuestra conversación. Sus comentarios se mantendrán privados y confidenciales. Esto significa que no incluiremos ningún nombre u otra información que lo identifique.

Con su permiso, nos gustaría grabar la conversación. Cualquier información potencialmente identificable se eliminará de la grabación. La grabación se almacenará de forma segura y solo el equipo del estudio tendrá acceso a ella. ¿Tenemos el permiso de todos para grabar la conversación?

**Normas de grupo:** Ahora quiero hablar sobre las normas de grupo para nuestra discusión.

- Le pedimos que no comparta ninguna información que escuche de otras personas durante esta sesión fuera de esta sala. Nosotros, como equipo de estudio, aceptamos hacer lo mismo excepto por las citas anónimas y los temas generales que se extraerán de la grabación para incluir en nuestro informe.
- No hay respuestas correctas o incorrectas. Esperamos que tengan ideas y puntos de vista diferentes entre sí. Comparta su perspectiva incluso si difiere de la de otros miembros del grupo.
- No sienta que tiene que responderme directamente. Si desea continuar con algo que otra persona haya dicho o brindar un ejemplo, no dude en hacerlo. Pueden hablar entre ustedes

sobre estas preguntas. Estoy aquí para guiar la conversación, escuchar y asegurarme de que todos tengan la oportunidad de compartir.

- Estamos interesados en escuchar a cada uno de ustedes. Si habla con demasiada frecuencia, puedo pedirle que dé un paso atrás. Si no hemos recibido noticias suyas, puedo pedirle que dé un paso al frente. Queremos asegurarnos de que todos ustedes tengan la oportunidad de dar sus ideas.

¿Hay alguna otra norma que le gustaría sugerir al grupo antes de comenzar nuestra conversación?  
¿Todos comprenden los riesgos y beneficios y están de acuerdo con las normas del grupo y están todos dispuestos a continuar participando hoy? ¡Gracias! ¿Tiene alguna otra pregunta antes de comenzar? ¡Empecemos! Comenzaremos con las presentaciones. Por favor díganos solamente su primer nombre, de dónde es y qué le trajo al grupo.

Empecemos hablando de su ciudad o comunidad y los servicios que tiene.

1. ¿Qué programas o servicios en su ciudad o comunidad ayudan a mejorar su salud, bienestar o calidad de vida a medida que envejece?
  - a. Potencialmente investigar o codificar recursos relacionados con los determinantes sociales de la salud enumerados
2. ¿Hay algún recurso o servicio que le gustaría poder obtener en su comunidad?
  - a. Potencialmente investigar o codificar recursos relacionados con los determinantes sociales de la salud enumerados
  - b. ¿Hay alguno que no pueda pagar, pero desearía poder hacerlo?

Otro aspecto de su comunidad del que queremos escuchar está relacionado con las conexiones y compromisos sociales, como hacer cosas con la gente, hablar con la gente y sentirse parte de la comunidad.

3. ¿Existe algún programa o servicio específico que lo conecte socialmente con otras personas? ¿Hay alguno que lo conecte con personas más jóvenes de su familia o de su comunidad?
4. ¿Qué se interpone en tu camino para sentirte socialmente conectado de la manera que deseas?
  - a. Potencialmente investigar sobre la tecnología

Ahora hablemos de las opciones que tiene sobre dónde vivir y sobre los cuidadores o apoyos que pueden ayudarle a permanecer en su hogar a medida que envejece.

5. ¿Qué recursos en su ciudad o comunidad lo apoyan a la hora de tomar decisiones sobre dónde vivir o quedarse en su hogar a medida que envejece? ¿Cómo es eso?
  - a. ¿Es importante para usted permanecer en su casa a medida que envejece?
  - b. ¿Hay cosas en la comunidad que le facilitan permanecer en su hogar?
6. ¿Alguien ayuda a cuidar de usted y de sus necesidades y, de ser así, qué les permite hacerlo?

Tomamos un pequeño descanso. Sírvase un refrigerio y use el baño si es necesario. Vuelva en \_\_\_ minutos a las \_\_\_ para que podamos continuar con el resto de las preguntas.

Ahora me gustaría hablar un poco sobre su cultura y las tradiciones que son importantes para usted para su salud y bienestar a medida que envejece.

7. ¿Qué aspectos de su cultura y qué tradiciones son importantes para usted y su bienestar a medida que envejece?

a. ¿Qué aspectos de su cultura le ayudan a mantenerse saludable y feliz?

Ahora queremos conocer las formas en que podría haber compartido su experiencia con otras personas en su comunidad o vecindario.

8. ¿Cómo ha compartido su sabiduría y habilidades con su vecindario o comunidad?

a. Investigar a través del empleo, el voluntariado, la interacción con gente más joven o el desarrollo del liderazgo?

Ahora queremos hablar sobre su acceso a un médico o atención médica.

9. ¿Alguna vez le ha resultado difícil consultar a un médico u obtener servicios de atención médica cuando los necesitaba? Si es así, ¿por qué?

a. Investigar sobre el costo y asequibilidad y otros determinantes sociales de la salud

Pasemos a una pregunta sobre sus finanzas.

10. ¿Se preocupa por sus finanzas ahora o en el futuro? ¿Por qué o por qué no?

a. Investigar sobre la jubilación, vivienda, facturas médicas, medicamentos, equipo médico, alimentación, etc.

Y, por último, queremos hablar sobre los desafíos que pueda enfrentar y escuchar cualquier idea que tenga para mejorar las cosas.

11. ¿Tiene desafíos que otros a su alrededor tal vez no tengan? Si es así, ¿Qué son?

a. Investigar sobre las desigualdades

12. ¿Cómo aborda su comunidad estos desafíos únicos? ¿De qué otras maneras podrían ayudar su comunidad?

a. ¿Qué le ayudaría a usted o a sus compañeros a mejorar su salud, bienestar o calidad de vida?

b. Investigar sobre las desigualdades

13. ¿Qué le ayudaría a usted o a sus compañeros a mejorar su salud, bienestar o calidad de vida?

Gracias por compartir sus pensamientos e ideas en esta sesión. Realmente valoramos sus contribuciones. Una vez que hayamos terminado con esta serie de grupos focales, escribiremos un informe que resuma todas las respuestas y lo compartiremos con usted. Si aún no lo ha hecho, proporcione su dirección de correo electrónico si desea una copia del informe. Gracias de nuevo por venir y compartir tus experiencias con nosotros.

Note: Questions on the focus group instruments (shown in Appendices A & B) were developed with input from the North Carolina Division of Aging and Adult Services, the All Ages, All Stages NC Steering Committee, the North Carolina Coalition on Aging, and AARP's Senior Advisor on Diversity, Equity and Inclusion. Some questions were adapted from Vermont's Listening Sessions Question Guide and other materials provided by the Center for Health Care Strategies' Learning Collaborative.