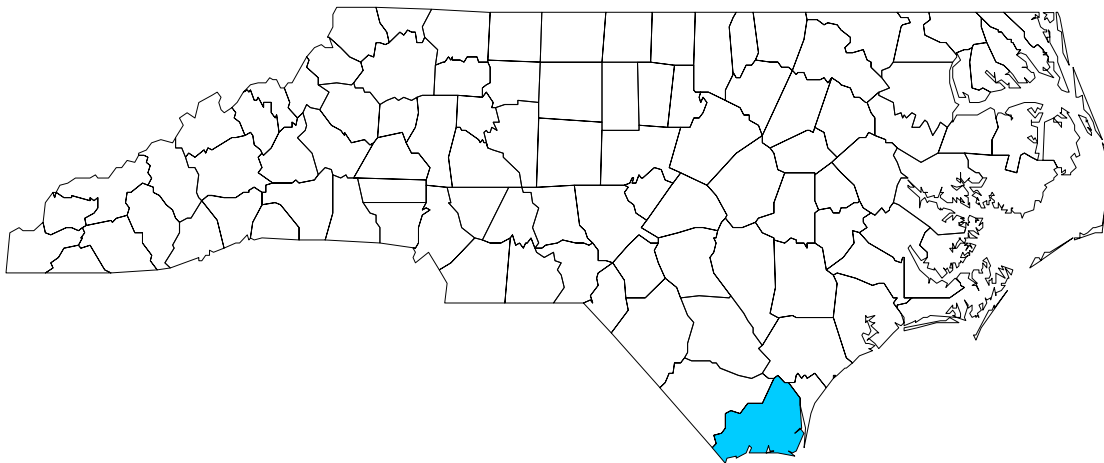




# Aging Study of Brunswick County



April 1, 2008

North Carolina Department of Health and Human Services  
Division of Aging and Adult Services



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## Legislative Request

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Section 1 of S.L. 2007-355 directed the Department of Health and Human Services, Division of Aging and Adult Services (DAAS), to work with the Division of Health Service Regulation; Division of Medical Assistance; Division of Public Health; and Division of Mental Health, Developmental Disabilities, and Substance Abuse Services to study programs and services for older adults in Brunswick, Buncombe, Gaston, Henderson, Moore, and New Hanover counties. These counties currently have, or are projected to have by 2030, the largest numbers of individuals age 60 and older when compared to individuals age 17 and younger. In conducting the study, the Division was directed to utilize existing data and resources and to include the Area Agencies on Aging serving each county studied. For each of the six counties, the Division was to include:

1. A profile of the current older adult population.
2. A profile of the projected growth for the older adult population.
3. An assessment of the anticipated impact on programs and services that address the needs of the older adult population.
4. Identification of programs and services that are currently in place.
5. Identification of programs and services that are needed to meet the growth projections.
6. Current funding sources for programs and services serving the older adult population.
7. Anticipated funding needs for programs and services serving the older adult population.
8. A delineation of the programs and services that are shared or offered jointly with another county.

The General Assembly further directed DAAS to make an interim report on the study to the North Carolina Study Commission on Aging on or before November 1, 2007, which was done. A final report of the findings and recommendations is due on or before April 1, 2008, to the 2008 Regular Session of the 2007 General Assembly, the NC Study Commission on Aging, and to the Board of County Commissioners of each county studied. In addition, S.L. 2007-355 directed DAAS to offer recommendations for a comprehensive, statewide study after examining what other states have done. DAAS submitted its report on this to the General Assembly in January, and presented recommendations to the Study Commission on Aging at its first meeting in 2008.

## Approach

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In undertaking this study, the Division of Aging and Adult Services (DAAS) followed the instructions given by the General Assembly in profiling each of the six counties. North Carolina's older population is not only increasing but is truly diverse. To reflect the diversity of North Carolina's communities and the needs of its older adults, the livable and senior-friendly concept was utilized to frame a number of tables and charts in this study. The livable and senior-friendly community initiative provides a very practical, tested framework to enable places in North Carolina, regardless of their size, to respond to the changing and unique needs, wants, and assets of their older population as well as to accommodate residents of all ages.

The profile of the current older adult population and their projected growth was pulled from existing data that DAAS regularly maintains for the purposes of local, regional and state planning. DAAS has produced charts and tables showing population growth, including projections between 2000 and 2030 utilizing current U.S. Census information. In addition, DAAS consulted with Dr. Jim Mitchell and Dr. Don Bradley of East Carolina University to examine the demographic changes in coastal counties and communities, and in particular, what is known about the dynamics of aging migration and its effect on attempting to meet the needs and interests of both aged immigrants and "natives." North Carolina has a number of experts in Gerontology whose contribution to the larger study envisioned by the General Assembly in Section 2 of S.L. 2007-355 (S.B. 448) would be invaluable.

In order to identify programs currently available, funding sources, as well as, projected future needs, DAAS used several existing resources to begin framing part of the profile, including the (1) *County Aging Profiles*- <http://www.ncdhhs.gov/aging/cprofile/cprofile.htm>; (2) *County Data Packages*- <http://www.ncdhhs.gov/aging/expenddata.htm>; and (3) *Inventory of State Resources for Older Adults*- [http://www.ncdhhs.gov/aging/stplan/NC\\_Aging\\_Services\\_Plan\\_2007.pdf](http://www.ncdhhs.gov/aging/stplan/NC_Aging_Services_Plan_2007.pdf).

DAAS worked closely with each Area Agency on Aging (AAA) serving the six study counties to assess priority concerns. The AAAs used assessment tools that are part of the *2008-2012 Area Plans on Aging*. AAAs also identified local surveys and plans that have been completed and are relevant to assessing available and needed programs and services. In addition, DAAS requested relevant information and views from all appropriate DHHS divisions (i.e., Division of Medical Assistance; Division of Public Health; Division of Social Services; Division of Health Service Regulation; Division of Mental Health, Developmental Disabilities, and Substance Abuse Services; Division of Vocational Rehabilitation; Division of Services for the Blind; Division of Deaf and Hard of Hearing; etc.) about the availability and adequacy of programs and services for each county being studied. These divisions also provided information on special initiatives relative to these counties.

## Executive Summary

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Brunswick County demographics indicate a significant increase in the number of older adults in the coming years. By 2030, the number of older adults 65-84 is expected to increase by 130% and older adults 85+ by 340%. Of those residents who are blind or visually impaired, 75% are over age 55.

Assessment of the current programs and services and future needs indicates an increased demand for home and community-based services. Currently, the county lacks many programs and services needed by older adults to stay healthy and age in place. Brunswick County is embarking on constructing 5 new senior program facilities located near major population centers during the next five years. The groundbreaking on the first one is scheduled for June 2008 in Southport.

The Division of Health Service Regulation determined in the 2008 State Medical Facilities Plan that there was no need for additional adult care home beds, nursing home beds, Medicare-certified home health agencies, or hospice home care agencies. A need was determined for seven inpatient hospice beds.

It is critical that counties evaluate their readiness for a growing population by evaluating their current needs and services as well as anticipate future needs. The needs of the older adults are regularly reported to the Brunswick County Board of Commissioners by Brunswick Senior Resources, Inc. (BSRI). Providers in the county have expressed an interest in developing a five-to-ten year plan to maintain frail elderly in their own homes for as long as possible. The Division of Aging and Adult Services encourages the development of Aging Leadership Planning Teams. Aging Leadership Planning Teams are citizen-driven and broadly focused planning teams at the county level. They utilize the livable and senior-friendly community framework to plan for culture and systems changes in the community to promote independence, dignity, and choice for older adults.

## Demographics and Projected Growth

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The State of North Carolina is on the verge of a dramatic demographic transformation due largely to the anticipated aging of the baby boomers (those born between 1946 and 1964). Today, the proportion of the state's population who are seniors, ages 65 and older, is roughly 12 percent. By 2030, when the youngest baby boomers are retirement age, the proportion should reach 17.7 percent or 2.1 million older North Carolinians including the surviving boomers who will be between ages 66 and 84.

At the same time Brunswick County will experience a larger percentage growth than that of the state. The current population 2005 census estimate for residents 60 and older is 22,239. This is expected to grow to 47,864 by 2030, a 115.23% increase. Brunswick County's projected growth is above the state figure (97.4%) for 2005-2030.

Figures and tables in this section:

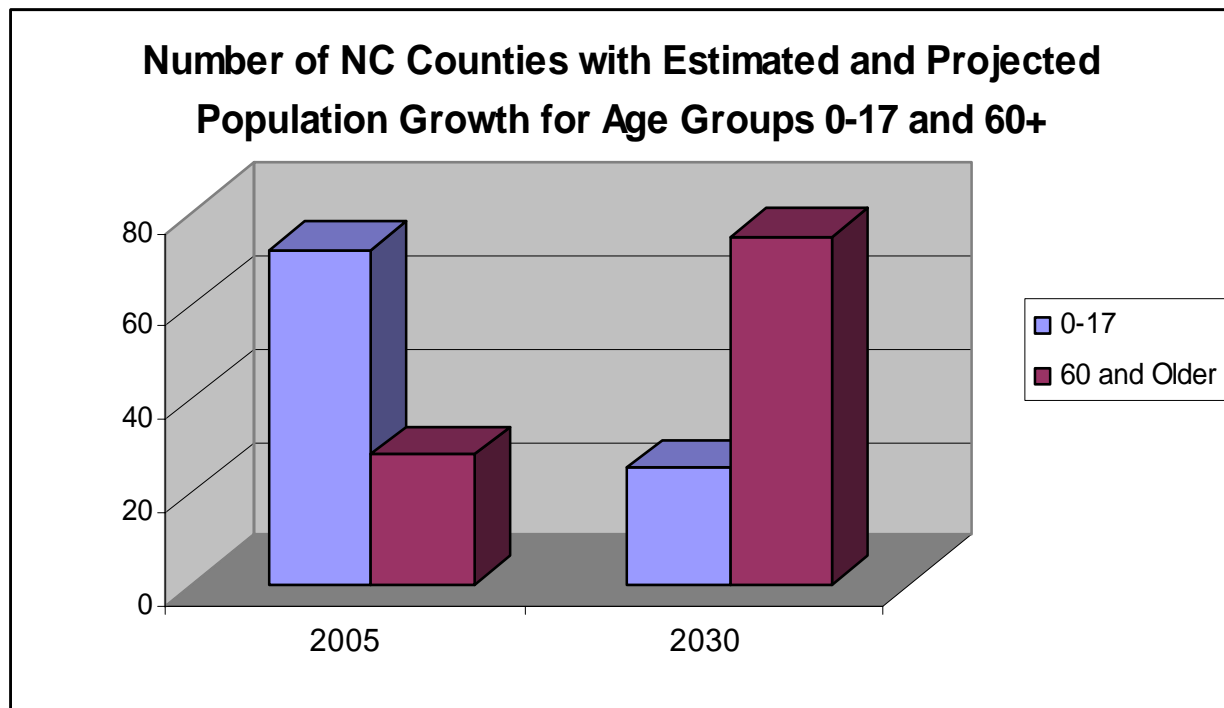
1. Comparison of Estimated and Projected Population Growth (Groups 0-17 and 60+) between 2005-2030
2. Number of NC Counties with Estimated and Projected Population Growth for Age Groups 0-17 and 60+
3. Brunswick County Projections (2005-2030)
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5. 2008 County Profiles of Persons Age 60 and Older
6. 2008 County Profiles of Percentage of Persons Age 60 and Older
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8. Brunswick County Profile
9. Demographics of Older Adults Who Have Vision Loss in Brunswick County
10. 2002-2006 Ten Leading Causes of Death for Older Adults Age 65 and Older

## Comparison of Estimated and Projected Population Growth for Age Groups 0-17 and 60+ Between 2005-2030

Counties in Bold are those where the population 60+ is greater than 0-17

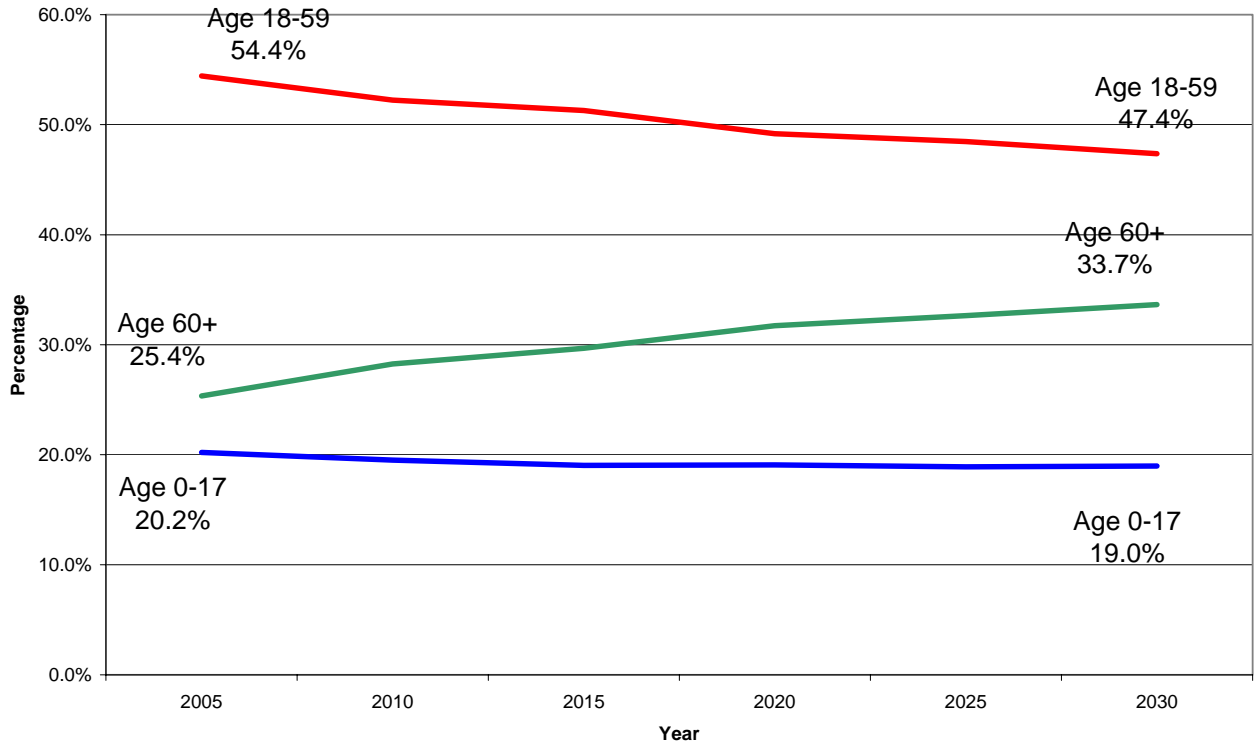
2005			2030		
County/State	0-17	60+	County/State	0-17	60+
<b>Brunswick</b>	17,729	22,239	<b>Brunswick</b>	26,998	47,864
Buncombe	46,360	43,824	<b>Buncombe</b>	55,919	78,806
Gaston	45,837	33,681	<b>Gaston</b>	45,279	56,125
<b>Henderson</b>	20,068	26,581	<b>Henderson</b>	29,485	46,035
<b>Moore</b>	16,600	22,046	<b>Moore</b>	22,297	37,880
New Hanover	36,429	31,859	<b>New Hanover</b>	46,701	68,883
North Carolina	2,091,889	1,424,450	<b>North Carolina</b>	2,760,896	2,811,519

Data retrieved from North Carolina State Data Center Website on 06/14/2006



Data retrieved from North Carolina State Data Center Website on 6/14/2006

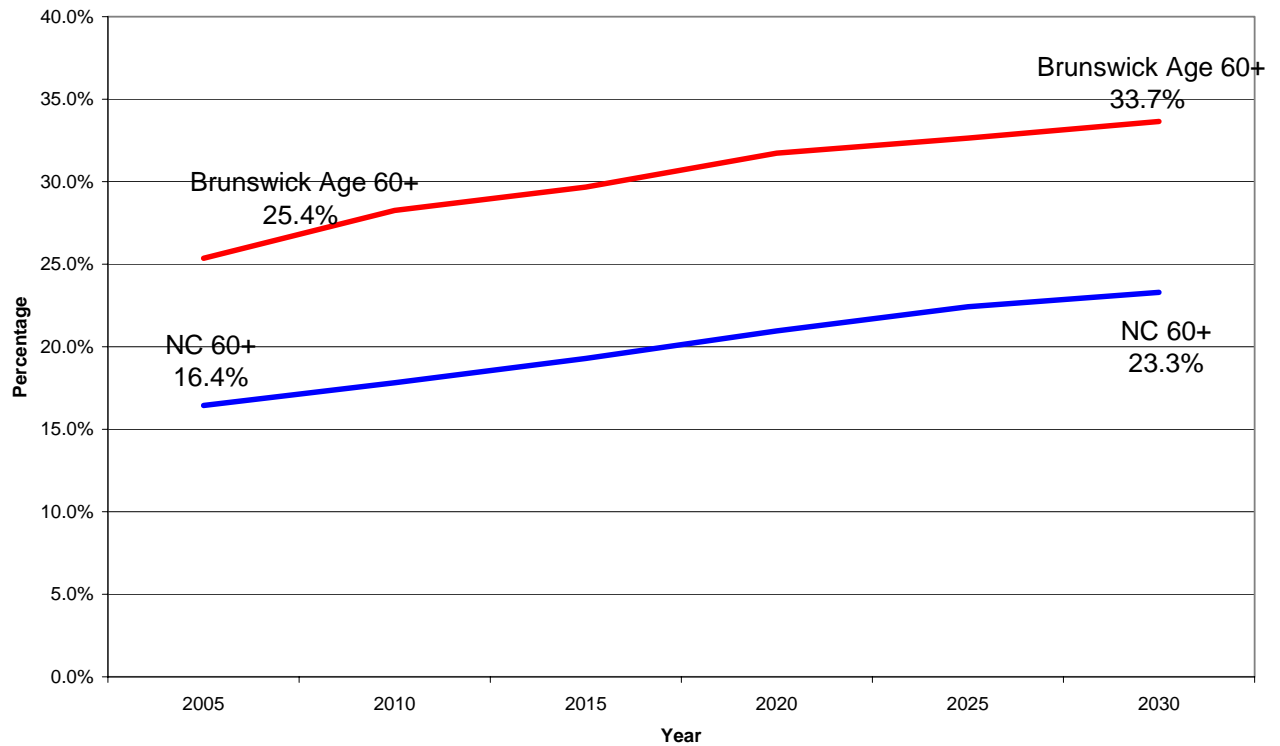
### Brunswick County Projections



In Brunswick County, the population of adults age 60 and older (60+) is greater than age groups 0 to 17 and this gap will continue to increase.



### Brunswick County and State Population Projections 60+



Brunswick County exceeds the North Carolina proportion of its population who are 60 and older (60+).

### 2008 County Profiles of Persons Age 60 and Older

COUNTY	60+*	60+ Poor*	60+ Minority*	60+ Rural*	60+ Poor Minority*	60+ Native Americans**	60+ Severe Disabilities***	70+*
BRUNSWICK	25,194	2,145	2,178	16,734	185	53	2,147	11,363
BUNCOMBE	46,022	4,634	2,825	13,436	284	56	5,033	24,159
GASTON	35,821	4,045	3,805	7,955	430	47	3,849	17,846
HENDERSON	27,969	2,280	662	13,103	54	19	2,763	15,631
MOORE	23,280	2,239	2,264	13,736	218	52	2,606	13,136
NEW HANOVER	35,436	3,136	4,683	1,602	414	49	3,562	17,296
<b>N.C.</b>	<b>1,517,309</b>	<b>188,193</b>	<b>271,249</b>	<b>660,337</b>	<b>37,671</b>	<b>9,559</b>	<b>170,879</b>	<b>752,782</b>

### 2008 County Profiles of Percentage of Persons Age 60 and Older

COUNTY	% of 60+ Poor*	% of 60+ Minority*	% of 60+ Rural*	% of 60+ Poor Minority*	% 60+ Native Americans**	% of 60+ Severe Disabilities***	% of 60+, who are 70+
BRUNSWICK	8.5	8.6	66.4	0.7	0.2	8.5	45.1
BUNCOMBE	10.1	6.1	29.2	0.6	0.1	10.9	52.5
GASTON	11.3	10.6	22.2	1.2	0.1	10.7	49.8
HENDERSON	8.2	2.4	46.8	0.2	0.1	9.9	55.9
MOORE	9.6	9.7	59.0	0.9	0.2	11.2	56.4
NEW HANOVER	8.8	13.2	4.5	1.2	0.1	10.1	48.8
<b>N.C.</b>	<b>12.4</b>	<b>17.9</b>	<b>43.5</b>	<b>1.2</b>	<b>0.6</b>	<b>11.3</b>	<b>49.6</b>

Sources of information

\*NC Division of Aging and Adult Services (2007) SFY 07-08 Funding Formula Factors

\*\* 2000 Census Summary File 1 PCT12C

\*\*\* Estimated from information on 60+ above and 2000 Census Summary File 3P41; Adults age 65 and older with self-care disability

In Brunswick County, 66.4% of older adults who are 60+ live in the rural areas as compared to 43.5% of the state. The county has a lower rate of those 60+ who are poor, minority, or have severe disabilities compared to the state.

### Projected Increase in Population Age 60 and Older (2008-2012)

	2008	Population Increase								2012
	60+ Pop	2008 - 2009		2008 - 2010		2008 - 2011		2008 - 2012		60+
County	(Base Year)	#	%	#	%	#	%	#	%	Population
Brunswick	28,540	1,621	5.7%	2,922	10.2%	3,927	13.8%	5,173	18.1%	33,713
Buncombe	48,324	1,412	2.9%	2,769	5.7%	4,058	8.4%	5,607	11.6%	53,931
Gaston	37,751	1,016	2.7%	2,022	5.4%	2,950	7.8%	3,998	10.6%	41,749
Henderson	29,193	820	2.8%	1,614	5.5%	2,250	7.7%	2,987	10.2%	32,180
Moore	24,176	630	2.6%	1,211	5.0%	1,687	7.0%	2,264	9.4%	26,440
New Hanover	36,937	1,666	4.5%	3,042	8.2%	4,419	12.0%	5,967	16.2%	42,904
<b>North Carolina</b>	<b>1,583,636</b>	<b>50,576</b>	<b>2.81%</b>	<b>100,684</b>	<b>5.57%</b>	<b>147,881</b>	<b>8.15%</b>	<b>202,069</b>	<b>11.13%</b>	<b>1,785,705</b>

SOURCE: NC State Data Center

Brunswick County is already seeing the impact of the growing older adult population. By the year 2012, the older adult population 60+ will increase by 18.1% as compared to 11.1% statewide.

# Brunswick County Profile

The Brunswick County profile gives a snapshot of the demographics and livable and senior-friendly components. The county's projected growth of older adults between 2006 and 2030 for adults (65+) exceeds the state. The growth of adults 85+ is projected to increase 340% as compared to the state (96%). About 22% of adults age 65+ live with two or more disabilities, and 25% of the 75+ population have incomes near poverty (100-199%).

## Demographics of Aging

	<u>County</u>	<u>NC</u>
Total population, 2006 <sup>1</sup>	94,964	8,860,341
Projected total population, 2020 <sup>2</sup>	138,169	10,850,228
Population age 60+, 2006 <sup>3</sup>	25,024	1,469,689
Population age 85+, 2006 <sup>3</sup>	1,291	132,412
Baby boomers (as % of total population), 2006 <sup>3</sup>	32.7%	29.7%
Rural population for all ages (as % of total population), 2000 <sup>4</sup>	66.4%	39.8%
Persons age 65+ without HS diploma (as % of age group), 2000 <sup>5</sup>	31.9%	41.6%
Persons age 45-64 without HS diploma (as % of age group), 2000 <sup>5</sup>	18.6%	19.9%
Persons age 65+ with graduate school education (as % of age group), 2000 <sup>5</sup>	5.4%	5.5%
Persons age 45-64 with graduate school education (as % of age group), 2000 <sup>5</sup>	7.4%	8.8%
Persons age 65+ with limited or no English (as % of age group), 2000 <sup>6</sup>	0.5%	0.5%
Grandparents raising grandchildren age less than 18, 2000 <sup>7</sup>	849	79,810
Veterans age 65+ (as % of age group), 2000 <sup>8</sup>	36.9%	26.8%

<b>Distribution by Age<sup>1, 2</sup></b>	<b><u>0-17 (%)</u></b>		<b><u>18-49 (%)</u></b>		<b><u>50-64 (%)</u></b>		<b><u>65-84 (%)</u></b>		<b><u>85+ (%)</u></b>	
	<u>County</u>	<u>NC</u>	<u>County</u>	<u>NC</u>	<u>County</u>	<u>NC</u>	<u>County</u>	<u>NC</u>	<u>County</u>	<u>NC</u>
Age groups, 2006	19.9	24.2	38.1	46.4	23.4	17.4	17.1	10.5	1.4	1.5
Projection for 2030	18.9	23.2	34.2	42.0	20.6	17.2	22.8	15.5	3.5	2.1
Growth, 2006-2030	64.3	32.5	54.9	25.2	52.0	37.4	130.0	105.1	339.8	96.1

<b>Distribution by Race/ Hispanic Origin<sup>9</sup></b>	<b><u>White (%)</u></b>		<b><u>African American (%)</u></b>		<b><u>Native American (%)</u></b>		<b><u>Asian (%)</u></b>		<b><u>Hispanic/ Latino (%)</u></b>	
	<u>County</u>	<u>NC</u>	<u>County</u>	<u>NC</u>	<u>County</u>	<u>NC</u>	<u>County</u>	<u>NC</u>	<u>County</u>	<u>NC</u>
Population age 60+ (as % of age group), 2000	90.5	82.0	8.7	16.0	0.3	0.7	0.1	0.5	0.4	0.7
Population age 45-59 (as % of age group), 2000	86.0	77.2	12.2	18.9	0.6	1.1	0.3	1.2	0.9	1.7

## Healthy Aging

<b>Health Professionals Shortage Areas<sup>10</sup></b>	<b><u>Status</u></b>
Whole county designated as Primary Medical Care Shortage Area as of September, 2006	No
Whole county designated as Dental Care Shortage Area as of September, 2006	No

	<u>County</u>	<u>NC</u>
Persons age 65+ in community with 0 disabilities* (as % of age group), 2000 <sup>11</sup>	59.6%	54.3%
Persons age 65+ in community with 1 disability* (as % of age group ), 2000 <sup>11</sup>	18.1%	20.6%
Persons age 65+ in community with 2 or more disabilities* (as % of age group), 2000 <sup>11</sup>	22.3%	25.1%
* The US Census Bureau defines disability as “a long-lasting physical, mental, or emotional condition. This condition can make it difficult for persons to do activities such as walking, climbing stairs, dressing, bathing, learning, or remembering.”		
Medicare beneficiaries immunized for influenza, 2000 <sup>12</sup>	32.6%	43.5%
Persons age 65+ living alone (as % of age group), 2000 <sup>13</sup>	22.0%	28.3%

## Long-term Care and Aging

	<u>County</u>	<u>NC</u>
Men age 65+ in nursing homes, 2000 <sup>14</sup>	47	11,207
Women age 65+ in nursing homes, 2000 <sup>14</sup>	145	33,630
Persons age 65+ in nursing homes per 1000, 1999 <sup>15</sup>	25.4	42.2
Persons age 65+ in adult care homes per 1000, 1999 <sup>15</sup>	7.0	36.5
CAP/DA* clients age 18+ per 1000 Medicaid eligibles, 1999 <sup>15</sup>	24.6	36.0
PCS** clients age 18+ per 1000 Medicaid eligibles, 1999 <sup>15</sup>	68.9	57.7
Adult day care/health clients age 60+ served per 1000, 1999 <sup>15</sup>	0.5	1.0
In-home aides clients, age 60+ per 1000, 1999 <sup>15</sup>	6.3	9.9

\*Medicaid Community Alternatives Program for Disabled Adults \*\*Medicaid Personal Care Services

Medicaid-eligible persons age 65+, SFY 2007 <sup>16</sup>	1,651	180,092
Total Medicaid expenditures for persons age 65+, SFY 2007 <sup>16</sup>	\$12,277,822	\$1,418,991,691
Per Capita Medicaid expenditures for persons age 65+, SFY 2007 <sup>16</sup>	\$7,437	\$7,879
The amount Medicaid spent on home-based care (CAP/DA, CAP/MR, home health, and PCS) for every \$100 spent in nursing homes for clients age 60+, SFY 2006 <sup>17</sup>	\$30.1	\$46.9
Special Assistance (SA) expenditures for persons age 60+ in adult care homes, SFY 2006 <sup>17</sup>	\$398,673	\$70,999,119
Number of clients 60+ receiving SA in adult care homes, SFY 2006	108	18,056
Per Capita SA expenditures for 60+ in adult care homes, SFY 2006	\$3,691	\$3,932

## Economic Security

County in Wilmington, NC, Metropolitan Statistical Area<sup>18</sup>

	<u>County</u>	<u>NC</u>
Median household income for age group 55-64, 1999 <sup>19</sup>	\$39,284	\$42,250
Median household income for age group 65-74, 1999 <sup>19</sup>	\$32,327	\$28,521
Median household income for age group 75+, 1999 <sup>19</sup>	\$21,230	\$19,303

	<u>Age 55-64(%)</u>		<u>Age 65-74(%)</u>		<u>Age 75+(%)</u>	
	<u>County</u>	<u>NC</u>	<u>County</u>	<u>NC</u>	<u>County</u>	<u>NC</u>
Persons below poverty (as % of age group), 1999 NC <sup>20</sup>	8.5	9.5	6.1	10.5	12.3	16.9
Persons in 100-199% of poverty (as % of age group), 1999 <sup>20</sup>	15.8	12.9	18.3	20.4	24.6	27.1

	<u>County</u>	<u>NC</u>
Total Social Security (SS) benefits for beneficiaries age 65+, 2006 <sup>21</sup>	\$17.1 million	\$1,031 million
SS beneficiaries age 65+ (as % of age group), 2006 <sup>22</sup>	92.6%	97.0%
Average monthly SS amount received by beneficiaries age 65+, 2006 <sup>21, 22</sup>	\$1,048	\$1,003

	<b><u>County</u></b>	<b><u>NC</u></b>
Medicare Part A enrollees age 65+ (as % of all enrollees), 2000 <sup>23</sup>	75.9%	77.0%
Medicare/Medicaid dually eligible persons age 65+, 2001 <sup>24</sup>	1,219	140,535
Persons age 45-59 in labor force* (as % of total labor force), 2000 <sup>25</sup>	32.2%	27.7%
Persons age 60-64 in labor force* (as % of age group), 2000 <sup>25</sup>	4.9%	3.6%
Persons age 65+ in labor force* (as % of age group), 2000 <sup>25</sup>	5.0%	3.5%
Persons age 65+ In labor force* (as % of age group), 2000 <sup>25</sup>	13.7%	14.4%
Unemployed persons age 65+ (as % of population age 65+ in labor Force*), 2000 <sup>25</sup>	4.9%	8.3%
*Include both employed and job seekers		

## Senior-Friendly Communities

	<b><u>County</u></b>	<b><u>NC</u></b>
Homeowners age 45-64 (as % of age group), 2000 <sup>26</sup>	88.2%	80.3%
Homeowners age 65+ (as % of age group), 2000 <sup>27</sup>	91.4%	82.0%
Households with persons age 60+ and without complete plumbing, 2000 <sup>27</sup>	NA	8,184
Home-delivered meals served to persons age 60+ per 1000, 1999 <sup>15</sup>	23.1	18.6
Food Stamp clients age 60+, SFY 2006 <sup>28</sup>	816	92,078
Total Food Stamp expenditures for clients age 60+, SFY 2006 <sup>29</sup>	\$551,554	\$63,572,835
Monthly Food Stamp expenditure per client age 60+, SFY 2006 <sup>29</sup>	\$56	\$58
Householder age 55-64 without car (as % of age group), 2000 <sup>29</sup>	4.8%	6.0%
Householder age 65-74 without car (as % of age group), 2000 <sup>30</sup>	4.5%	9.0%
Householder age 75+ without car (as % of age group), 2000 <sup>30</sup>	16.8%	21.3%
Persons providing regular care for adults age 60+ (as % of age group), 2006 * <sup>30</sup>	<b><u>Age 18-44</u></b> 9.3%	<b><u>Age 45-64</u></b> 19.0%
		<b><u>Age 65+</u></b> 18.0%
*Only statewide information available at present		

**Demographics of Older Adults Who Have Vision Loss in Brunswick County**  
**According to the Register for the Blind:** 246 individuals of all ages

Gender	Visually Impaired	Visually Impaired	Blind	Blind	Totals
	55-65	65 +	55-64	65 +	
Male	4	13	7	44	68
Female	1	30	16	68	115
Total	5	43	23	112	183

Source: Division of Services for the Blind, December 2007

The State of North Carolina established a system of reporting blindness to the Department of Health and Human Services in accordance with General Statutes. The Register for the Blind describes the conditions and causes of blindness and related information. Of those residents who are blind or visually impaired in Brunswick County, 74.4% are over age 55.

**2002-2006 Ten Leading Causes of Death For Older Adults ages 65 & Over**  
**By County of Residence and Age Group**  
**Ranking, Number of Deaths, and Unadjusted Death Rates per 100,000 Population**

<b>Brunswick County</b>			<b># OF DEATHS</b>	<b>DEATH RATE</b>	<b>North Carolina</b>		
<b>AGE GROUP:</b>	<b>RANK</b>	<b>CAUSE OF DEATH:</b>			<b>RANK</b>	<b>CAUSE OF DEATH:</b>	
<b>65-84 YEARS</b>	<b>1</b>	<b>Cancer - All Sites</b>	652	923.1	<b>1</b>	<b>Cancer - All Sites</b>	45,328
	<b>2</b>	<b>Diseases of the heart</b>	559	791.4	<b>2</b>	<b>Diseases of the heart</b>	42,408
	<b>3</b>	<b>Chronic lower respiratory diseases</b>	182	257.7	<b>3</b>	<b>Chronic lower respiratory diseases</b>	12,540
	<b>4</b>	<b>Cerebrovascular disease</b>	107	151.5	<b>4</b>	<b>Cerebrovascular disease</b>	11,799
	<b>5</b>	<b>Diabetes mellitus</b>	73	103.4	<b>5</b>	<b>Diabetes mellitus</b>	6,011
	<b>6</b>	<b>Nephritis, nephrotic syndrome, &amp; nephrosis</b>	44	62.3	<b>6</b>	<b>Alzheimer's disease</b>	4,581
	<b>7</b>	<b>Septicemia</b>	41	58	<b>7</b>	<b>Nephritis, nephrotic syndrome, &amp;</b>	3,865
	<b>8</b>	<b>Pneumonia &amp; influenza</b>	32	45.3	<b>8</b>	<b>Pneumonia &amp; influenza</b>	3,780
	<b>9</b>	<b>Other Unintentional injuries</b>	29	41.1	<b>9</b>	<b>Septicemia</b>	3,002
	<b>10</b>	<b>Aortic aneurism and dissection</b>	19	26.9	<b>10</b>	<b>Other Unintentional injuries</b>	2,796
		<b>Pneumonitis due to solids &amp; liquids</b>	19	26.9		<b>TOTAL DEATHS --- ALL CAUSES</b>	168,613
		<b>TOTAL DEATHS --- ALL CAUSES</b>	2,088	2956.3			3754.5
<b>85+ YEARS</b>	<b>1</b>	<b>Diseases of the heart</b>	269	4963.1	<b>1</b>	<b>Diseases of the heart</b>	27,670
	<b>2</b>	<b>Cancer - All Sites</b>	94	1734.3	<b>2</b>	<b>Cancer - All Sites</b>	10,132
	<b>3</b>	<b>Cerebrovascular disease</b>	76	1402.2	<b>3</b>	<b>Cerebrovascular disease</b>	9,322
	<b>4</b>	<b>Chronic lower respiratory diseases</b>	53	977.9	<b>4</b>	<b>Alzheimer's disease</b>	6,263
	<b>5</b>	<b>Pneumonia &amp; influenza</b>	36	664.2	<b>5</b>	<b>Pneumonia &amp; influenza</b>	4,145
	<b>6</b>	<b>Septicemia</b>	28	516.6	<b>6</b>	<b>Chronic lower respiratory diseases</b>	3,788
	<b>7</b>	<b>Alzheimer's disease</b>	26	479.7	<b>7</b>	<b>Nephritis, nephrotic syndrome, &amp;</b>	2,132
		<b>Nephritis, nephrotic syndrome, &amp; nephrosis</b>	26	479.7	<b>8</b>	<b>Diabetes mellitus</b>	1,998
	<b>9</b>	<b>Atherosclerosis</b>	21	387.5	<b>9</b>	<b>Other Unintentional injuries</b>	1,967
	<b>10</b>	<b>Diabetes mellitus</b>	19	350.6	<b>10</b>	<b>Pneumonitis due to solids &amp; liquids</b>	1,600
		<b>TOTAL DEATHS --- ALL CAUSES</b>	826	15239.9		<b>TOTAL DEATHS --- ALL CAUSES</b>	91,161

TECHNICAL NOTE: RATES BASED ON SMALL NUMBERS (FEWER THAN 20 CASES) ARE UNSTABLE AND SHOULD BE INTERPRETED WITH CAUTION  
North Carolina County Health Data Book – 2008  
Division of Public Health  
State Center for Health Statistics

The top five causes of death for the age group 65-84 are the same for Brunswick County and the state; the same is true for the top three causes of death among persons age 85 and older. For population 85+ age group, Alzheimer's disease ranks seventh in the causes of death in Brunswick County as compared to fourth statewide.



## Current Programs and Expenditures

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North Carolina has many programs and services available to older adults throughout the state. Federal, state, and local dollars are used to support a wide continuum of services and supports to meet the various needs of older adults in any given community. The array of services is administered by many divisions and agencies. This complex service delivery system can create a wide variation in the availability of services in each county. Some programs and services may be available, some may not exist, and others may have waiting lists. This section provides information on the current programs offered in Brunswick County, the funding sources, eligibility, number of clients served, and if the program is shared or jointly offered with another county. In order to better understand all types of services impacting older adults, DAAS has made available an *Inventory of State Resources for Older Adults* which is an extensive compilation of services and programs administered for older North Carolinians by agencies within state government, and especially among the divisions and offices of the Department of Health and Human Services. The document can be found at [http://www.ncdhhs.gov/aging/stplan/NC\\_Aging\\_Services\\_Plan\\_2007.pdf](http://www.ncdhhs.gov/aging/stplan/NC_Aging_Services_Plan_2007.pdf)

Figures and tables in this section:

1. Core Indicators for a Livable and Senior-Friendly Community
2. Core Indicators for a Livable and Senior-Friendly Community Descriptions
3. Brunswick County 60+ Services, Funding Sources, Eligibility, and Expenditure Matrix
4. Inventory of Home and Community Care Block Grant Providers/Services
5. Brunswick County Waiting list of Clients by Service
6. Long-Term Care Ombudsman Program (Federal Fiscal Years 2005, 2006, 2007)
7. Guardianship Program (State Fiscal Years 2005, 2006, 2007)
8. Inventory of Adult Care Home Beds
9. Inventory of Nursing Home and Hospital Nursing Care Beds
10. Inventory of Hospice Residential Beds
11. Community Alternatives Program for Disabled Adults (CAP/DA)
12. Local Management Entity (LME)

## Core Indicators for a Livable and Senior-Friendly Community

	Brunswick	Buncombe	Gaston	Henderson	Moore	New Hanover
<b>Physical and Accessible Environment</b>						
<i>Walkability Audits</i>						
<b>Healthy Aging</b>						
<i>Chronic Care Program</i>						
<i>EBHP- Chronic Disease Self Management</i>						
<i>EBHP- Arthritis Foundation Exercise Program</i>						
<i>EBHP- Arthritis Foundation Aquatic Program</i>						
<i>Food and Nutrition Services Utilization</i>						
<i>Mobile Dentistry</i>						
<i>PACE</i>						
<i>Vaccination Rates- Influenza</i>						
<i>Vaccination Rates- Pneumonia</i>						
<b>Economic Security</b>						
<i>Benefits Navigator</i>						
<b>Technology</b>						
<i>Assistive Technology Instructors</i>						
<b>Safety and Security</b>						
<i>S.A.F.E. in Long Term Care</i>						
<i>Special Medical Needs Registry</i>						
<i>Victims Assistance Program</i>						
<b>Social and Cultural</b>						
<i>Senior Tar Heel Legislature</i>						
<b>Access/Choice in Services and Supports</b>						
<i>Aging and Disability Resource Connections</i>						
<i>Adult Day Services</i>						
<i>Emphasis on Medicaid Home and Community Care</i>						
<i>Interagency Case Staffing</i>						
<i>Multipurpose Senior Center</i>						
<i>NC NOVA</i>						
<i>Project C.A.R.E.</i>						
<i>Special Assistance In-Home</i>						
<b>Public Accountability and Responsiveness</b>						
<i>Adult Care Home Quality Improvement Program</i>						
<i>Aging Leadership Planning Teams</i>						

The Core Indicators give a snapshot of the components of some of the activities, programs, and services that support a livable and senior-friendly community. Brunswick County shows a deficit in 17 of the 26 elements listed as core indicators. Its strength appears to be in the Safety and Security area of activity. The Food and Nutrition Services utilization rate for the county is 27.32% which is below the state (30.41%). A list of indicator descriptions and the explanation of the shading criteria are described below.

# Core Indicators for a Livable and Senior-Friendly Community: Descriptions

## Physical and Accessible Environment

**Walkability Audits:** A walkability audit broadly assesses pedestrian facilities, destinations, and surroundings along and near a walking route and identifies specific improvements that would make the route more attractive and useful to pedestrians. Walkability is an important component to livable and senior-friendly communities.

- **Black:** County has conducted audits within the past two years to assess the walkability of downtown areas, neighborhoods, etc., especially for people with special needs.
- **White:** County has not conducted walkability audit within the past two years.

## Healthy Aging

**Chronic Care Program:** The North Carolina General Assembly directed the N.C. Department of Health and Human Services in 2005 to “expand the scope of Community Care of North Carolina (CCNC) care management model to recipients of Medicaid and dually eligible individuals with chronic conditions and long-term care needs....” In the chronic care initiative, the CCNC networks, in partnership with community long term care provider organizations, are expected to provide a comprehensive and integrated package of screening and assessment, case management and care coordination, in addition to the primary, preventive and medical coordination and treatment that is available to all enrollees. The Office of Rural Health and Community Care is administering this program.

- **Black:** County is participating in the Chronic Care Program.
- **White:** County is not participating in the Chronic Care Program.

**Evidence-Based Program, Chronic Disease Self Management (CDSMP):** The NC Division of Aging and Adult Services (DAAS) and Division of Public Health (DPH) received a 3 year grant from the U.S. Administration on Aging to carry out a campaign to implement and sustain the Stanford University Chronic Disease Self-Management Program (CDSMP) to reduce the risk of disease and disability among seniors. NC will target low-income, minority, and/or rural older adults experiencing chronic health conditions such as hypertension, arthritis, heart disease, stroke, lung disease, and diabetes. The program is currently available in 46 counties.

- **Black:** County has a Master CDSMP trainer.
- **White:** County has no Master CDSMP trainer.

**Evidence-Based Program, Arthritis Foundation Exercise Program (AFEP):** Formerly People with Arthritis Can Exercise or PACE, is an evidenced-based health promotion, community-based recreational exercise program developed by the Arthritis Foundation. The program's demonstrated benefits include improved functional ability, decreased depression, and increased confidence in one's ability to exercise. AFEP is offered by the Arthritis Foundation.

- **Black:** County has AFEP courses available.
- **White:** County does not have AFEP courses available.

**Evidence-Based Program, Arthritis Foundation Aquatic Program (AFAP):** An evidence-based water exercise program created by the Arthritis Foundation for people with arthritis and related conditions. The classes are conducted by a trained instructor and are designed to improve flexibility, joint range of motion, endurance, strength, and daily function and to decrease pain. The Division of Public Health is administering this program.

- **Black:** County has AFAP courses available.
- **White:** County does not have AFEP courses available.

**Food and Nutrition Services Utilization for those 65+:** Food and Nutrition Services (FNS), previously known as Food Stamps, is a federal food assistance program that helps low-income families. The purpose of Food and Nutrition Services is to end hunger and improve nutrition and health. It helps eligible low-income households buy the food they need for a nutritionally adequate diet. The state participation rate for the Food and Nutrition Services program for those 65+ and eligible is 30.4% as of December 2007. The Division of Social Services administers this program.

- **Black:** County utilization rate is at or above that of the state.
- **White:** County utilization rate is below that of the state.

**Mobile Dentistry:** Mobile dentistry improves access to dental care for seniors and persons with disabilities who have difficulty receiving care in private dental offices due to their medical, physical and/or mental condition. The service is provided by a fully mobile state-of-the-art dental office staffed by a dentist, dental hygienist, and dental assistants providing oral hygiene and dental care.

- **Black:** County has access to mobile dentistry services.
- **White:** County does not have access to mobile dentistry services.

**Programs of All inclusive Care for the Elderly (PACE):** PACE is a capitated benefit authorized by the Balanced Budget Act of 1997 (BBA) that features a comprehensive service delivery system and integrated Medicare and Medicaid financing. The Division of Medical Assistance is administering this program.

- **Black:** County has an active PACE program or has received approval from the state and CMS to implement a PACE program.
- **Gray:** County has completed a feasibility study or is in the planning phase for PACE.
- **White:** County does not have a PACE program.

**Influenza Vaccination:** The 2010 NC Healthy Carolinians immunization objective is to increase the proportion of adults 65 years of age or older who have ever been vaccinated annually against influenza. According to CCME, the state vaccination rate is 33.7% based on 2004 CMS data of Medicare-only beneficiaries.

- **Black:** County immunization rate is at or above that of the state rate.
- **White:** County immunization rate is below that of the state rate.

**Pneumonia Vaccination:** The 2010 NC Healthy Carolinians immunization objective is to increase the proportion of adults 65 years of age or older who have ever been vaccinated against pneumococcal disease. According to CCME, the state vaccination rate is 45.6% based on 2004 CMS data of Medicare-only beneficiaries.

- **Black:** County immunization rate is at or above the state rate.
- **White:** County immunization rate is below the state rate.

### **Economic Security**

**Benefits Navigator:** Benefits Navigator is a program using trained volunteers to help older adults and persons with disabilities access public benefits they need for economic security and well-being. The training focuses on Medicaid, MQB (or Medicare-Aid), Social Security, Food and Nutrition Services, and the Low Income Energy Assistance Program. DAAS administers this program. Medicare information and counseling is addressed by the Seniors Health Insurance Information Program (SHIIP).

- **Black:** County has at least one trained Benefits Navigator volunteer.
- **White:** County has no trained Benefits Navigator volunteers.

### **Technology**

**Technology Instructor:** Technology instructors are employees of the Division of Services for the Blind (DSB) that provide older adults who have vision loss with local access to training in the use of assistive technology like large print and/or speech output for computers that enable them to handle their correspondence, personal finances, and medication independently.

- **Black:** DSB has a technology instructor to serve the county.
- **White:** DSB does not have a technology instructor to serve the county.

### **Safety and Security**

**Strategic Alliances for Elders (S.A.F.E) in Long Term Care:** Program staff train patrol officers, investigators, and other local law enforcement personnel about the unique situations and challenges that may present themselves when investigating alleged crimes against residents of long term care settings. DAAS works with the NC Justice Academy to administer this program.

- **Black:** County has SAFE law enforcement officers trained.
- **White:** County has no SAFE law enforcement officers trained.

**Special Medical Needs Registry:** Special Medical Needs Registries contain the names and addresses of individuals with medical and other special needs. The registry is an emergency preparedness tool and is used for communicating with and for people having special medical needs, to aid pre-event emergency planning and for evacuation and sheltering during actual emergencies.

- **Black:** County maintains special medical needs registry.
- **White:** County does not maintain special medical needs registry.

**Victims Assistance Program:** The Division of Aging and Adult Services and the Office of the Attorney General have developed a Victims Assistance Program. This program provides intense training to volunteers to help them become effective mentors to victims of fraud. The goals of this program are to reduce the ongoing incidence of consumer fraud and to establish a protocol for early detection of signs and symptoms of fraud among the vulnerable aging population.

- **Black:** County has a trained Victims Assistance Program volunteer.
- **White:** County does not have a trained Victims Assistance Program volunteer.

## **Social and Cultural**

**Senior Tar Heel Legislature (STHL):** The Senior Tar Heel Legislature, established by state statute, assesses the legislative needs of older citizens by convening a forum modeled after the North Carolina General Assembly. It also provides information to senior citizens on the legislative process and promotes citizen involvement and advocacy. Delegates and alternates must be age 60 or older. DAAS provides staff support to the STHL.

- **Black:** County has at both a delegate and alternate.
- **Gray:** County has a delegate only.
- **White:** County has neither a delegate nor alternate.

## **Access and Choice in Services and Supports**

**Aging and Disability Resource Connection (ADRC):** ADRCs are a no wrong door portal of entry into long term services and supports. ADRCs are visible and trusted places where people can turn for information on the full range of long term support options. They serve elderly persons, younger individuals with disabilities, family caregivers, as well as persons planning for future long term support needs. The Office of Long Term Services and Supports is coordinating the piloting, promotion of ADRCs, and expansion of ADRCs.

- **Black:** County has an ADRC project.
- **White:** County does not have an ADRC project.

**Adult Day Services:** Adult day services provide an organized program of services during the day in a community group setting for the purpose of supporting the personal independence of older adults and promoting their social, physical, and emotional well-being. Programs must offer a variety of activities designed to meet the individual needs and interests of the participants. There are two types of adult day services in NC: (1) adult day care, and (2) adult day health. DAAS is responsible for certifying adult day services.

- **Black:** County has both certified adult day and day health services.
- **Gray:** County has at least one certified adult day center or adult day health program.
- **White:** County does not have a certified adult day center or adult day health program.

**Emphasis on Medicaid Home and Community Care:** The amount Medicaid spent on home-based care (CAP/DA, CAP/MR, home health and PCS) for every \$100 spent in nursing homes for clients age 60+ gives an indication of the balance between support of helping older adults age in place with home and community services as compared to placement in a facility. The state figure for 2006 is 46.9%.

- **Black:** County's percentage of Medicaid expenditures on home/community care dollars versus nursing home dollars exceeds the State average.
- **Gray:** County's percentage of Medicaid expenditures on home/community care dollars versus nursing home dollars is nearly the same as the State figure of 46%-47%.
- **White:** County's percentage of Medicaid expenditures on home/community care dollars versus nursing home dollars is below the State figure.

**Interagency Case Staffing for Aging and Adult Services:** An interagency/interdisciplinary group meets regularly to discuss, manage, and locate resources for complex or challenging cases. This approach is considered to be an effective tool for helping consumers and targeting resources.

- **Black:** County has active case staffing group that meets on a regular basis.
- **White:** County does not have an active case staffing group.

**Multipurpose Senior Centers:** A multipurpose senior center is a community facility where older adults come together for services and activities that reflect their skills and interests and respond to their diverse needs. Centers are a resource for the entire community, providing services and information on aging, and assisting family and friends who care for older persons. DAAS administers a voluntary certification program that recognizes Centers of Excellence and Centers of Merit based on established criteria and a peer review process.

- **Black:** County has at least one certified Senior Center of Merit or Excellence.
- **Gray:** County has at least one multipurpose senior center or is in the planning stage of developing a multipurpose senior center, but none that is certified.
- **White:** County does not have a multipurpose senior center.

**NC New Organizational Vision Award (NOVA):** NC NOVA is a voluntary, special licensure model which covers a comprehensive set of workplace expectations. The program seeks to recognize providers who actively support and empower their direct care workforce across long term care related settings. The Carolinas Center for Medical Excellence (CCME) reviews the applications for NC NOVA.

- **Black:** County has an agency or facility that has obtained NC NOVA licensure status.
- **White:** County does not have an agency or facility that has obtained NC NOVA licensure status.

**Caregiver Alternatives to Running on Empty (Project C.A.R.E):** Project C.A.R.E. uses a consumer-directed, family consultant model to provide comprehensive respite support to dementia caregivers. Through an in-home intervention, Alzheimer's families are assisted in resolving caregiving issues, connected with community resources and if eligible, provided with funding for respite care. DAAS is administering this federally funded Alzheimer's demonstration program in 14 counties.

- **Black:** County is participating in Project C.A.R.E.
- **White:** County is not participating in Project C.A.R.E.

**State/County Special Assistance In-Home Program (SA-IH):** The State/County Special Assistance In-Home Program for Adults provides a cash supplement to help Medicaid-eligible individuals who are at risk of entering an Adult Care Home and would like to remain at home. SA/IH provides an alternative to placement in an Adult Care Home for individuals who could live at home safely with additional support services and income. DAAS administers this program, working with county departments of social services. It is currently available in 91 counties.

- **Black:** County is participating in SA/IH program.
- **White:** County is not participating in SA/IH program.

### **Public Accountability and Responsiveness**

**Adult Care Home Quality Improvement Program (ACHQI):** A quality improvement pilot program, established by the General Assembly, designed specifically for Adult Care and Family Care Homes. Participating homes receive consultative support from county departments of social services to assess, improve, and monitor the safety of medication use in their environments. Other areas for quality improvement are planned for the future. DAAS is responsible for administering this program in four counties (Alamance, Buncombe, Nash and Rutherford).

- **Black:** One or more adult care homes or family care homes participate in the ACHQI program.
- **White:** No adult care homes or family care homes in the county participate in the ACHQI program.

**Aging Leadership Planning Teams:** Aging Leadership Planning Teams are citizen-driven and broadly focused planning teams at the county level. Teams lead in planning for aging through a collaborative process. They utilize the livable and senior-friendly community framework to plan for culture and systems changes in the community to promote independence, dignity and choice for older adults.

- **Black:** County has an Aging Leadership Planning Team that meets on an ongoing basis.
- **White:** County does not have an Aging Leadership Planning Team.



## Brunswick County 60+ Services, Funding Sources, Eligibility, and Expenditure Matrix

Divisions/Programs	Funding sources	Eligibility	Number of clients		Expenditures		% Change in	
			2005-2006	2006-2007	2005-2006	2006-2007	Clients 2006-2007	Expenditure 2006-2007
<b>Department of Transportation (DOT)</b>								
Elderly and Disabled Transportation Assistance Program	Rural Operating Assistance Program	60+, disabled	NA	NA	\$67,634	\$65,029	NA	-3.9
Elderly and Disabled Transportation Assistance Program (Supplemental)	Rural Operating Assistance Program	60+, disabled	NA	NA	\$0	\$23,370	NA	
<b>DOT TOTAL</b>					<b>\$67,634</b>	<b>\$88,399</b>		<b>30.7</b>
<b>Division of Aging and Adult Services (DAAS)</b>								
Congregate Nutrition	HCCBG	60+	519	619	\$129,164	\$125,010	19.3	-3.2
Family Caregiver Support - Access*	OAA, Title 111-E	See note below	NA	NA	\$5,650	\$0	NA	
Family Caregiver Support - Respite Care*	OAA, Title 111-E	See note below	NA	NA	\$19,004	\$29,390	NA	54.7
Family Caregiver Support - Supplemental Services*	OAA, Title 111-E	See note below	NA	NA	\$2,516	\$0	NA	
Health Promotion/Disease Prevention	OAA, Title 111-D	60+	NA	NA	\$7,429	\$7,692	NA	3.5
Home Delivered Meals	HCCBG	60+, homebound	372	489	\$121,594	\$169,900	31.5	39.7
Housing and Home Improvement	HCCBG	60+	44	64	\$17,700	\$26,455	45.5	49.5
In Home Aide Level 1	HCCBG, State In-Home fund	60+, functionally impaired	4	NA	\$17,430	\$17,829	NA	2.3
In Home Aide Level 2	HCCBG, State In-Home fund	60+, functionally impaired	41	44	\$227,128	\$236,652	7.3	4.2
In Home Aide Level 3	HCCBG, State In-Home fund	60+, functionally impaired	4	4	\$40,078	\$43,124	0.0	7.6
Legal*	OAA, Title 111-B	60+	NA	NA	\$3,601	\$3,699	NA	2.7
Medication Management	OAA, Title 111-D	60+	NA	NA	\$1,318	\$1,376	NA	4.4
Senior Center	State, HCCBG	60+	NA	NA	\$91,701	\$113,676	NA	24.0
Transportation, General	HCCBG	60+	98	88	\$82,372	\$74,430	-10.2	-9.6
<b>DAAS TOTAL</b>					<b>\$766,685</b>	<b>\$849,233</b>		<b>10.8</b>

Divisions/Programs	Funding sources	Eligibility	Number of clients		Expenditures		% Change in	
			2005-2006	2006-2007	2005-2006	2006-2007	Clients 2006-2007	Expenditure 2006-2007
<b>Division of Medical Assistance (DMA)</b>	TITLE XIX of the Social Security Act	Medicaid eligible, may receive any or all the medical services subject to limitations, duration and scope as defined in the State Medicaid						
ACH-PCS Basic/Enhanced			109	128	\$535,582	\$699,952	17.4	30.7
ACH-Transportation			106	126	\$15,352	\$18,734	18.9	22.0
CAP/DA			64	63	\$1,225,938	\$1,070,736	-1.6	-12.7
CAP/MR*			1	NA	\$50,451	\$157,134	NA	211.5
Clinics*			417	335	\$180,530	\$161,967	-19.7	-10.3
Dental*			372	415	\$166,636	\$157,517	11.6	-5.5
Home Health*			755	734	\$638,127	\$719,129	-2.8	12.7
Hospice*			39	43	\$279,439	\$368,936	10.3	32.0
ICF-MR*			3	4	\$320,661	\$504,712	33.3	57.4
Inpatient Hospital*			300	242	\$847,099	\$983,572	-19.3	16.1
Inpatient Mental Hospital*			2	NA	\$1,433	\$0	NA	
LAB&XRAY/Physicians*			1,612	1,545	\$1,036,412	\$908,736	-4.2	-12.3
Medicare Part A&B Premiums			1,833	1,837	\$1,928,824	\$2,113,999	0.2	9.6
Medicare Part D Clawback			1,274	1,422	\$510,679	\$1,257,662	11.6	146.3
Nursing Homes*			376	389	\$9,535,240	\$9,515,448	3.5	-0.2
Other Care*			718	705	\$168,168	\$172,095	-1.8	2.3
Other Practitioners*			856	791	\$84,005	\$333,860	-7.6	297.4
Outpatient Hospital*			725	889	\$652,010	\$599,599	22.6	-8.0
Prescribed Drugs			1,493	938	\$3,809,960	\$881,225	-37.2	-76.9
Regular Personal Care (PCS)*			202	225	\$958,867	\$981,741	11.4	2.4
<b>DMA TOTAL</b>					<b>\$22,945,413</b>	<b>\$21,606,754</b>		<b>-5.8</b>
<b>Division of Mental Health/Developmental Disabilities/Substance Abuse (DMH/DD/SAS)</b>								
Developmental Disabilities*	Medicaid, Medicare, State Appropriations	Meet eligibility for developmental disabilities	4	6	\$17,005	\$26,248	50.0	54.4
Mental Health*	Medicaid, Medicare, State Appropriations		57	53	\$8,915	\$7,715	-7.0	-13.5
Psychiatric Hospitals*	Medicaid, Medicare, State Appropriations	12+ and Meet Medical Eligibility Criteria = Dangerous to Self and/or Others having Mental Illness	1	NA	\$94,130	\$124,286	NA	32.0
Substance Abuse*	Medicaid, Medicare, State Appropriations		6	7	\$5,325	\$4,652	16.7	-12.6
<b>DMH/DD/SAS TOTAL</b>					<b>\$125,375</b>	<b>\$162,901</b>		<b>29.9</b>

Divisions/Programs	Funding sources	Eligibility	Number of clients		Expenditures		% Change in	
			2005-2006	2006-2007	2005-2006	2006-2007	Clients 2006-2007	Expenditure 2006-2007
<b>Division of Social Services (DSS)</b>								
ACH Case Management & Screening	Medicaid	Medicaid recipient and meet criteria for Medicaid Enhanced PCS	37	39	\$27,339	\$25,121	5.4	-8.1
Adult Day Care	State Adult Day Care Fund, SSBG	Adults who "need" the service and fall into the target population	1	NA	3,662	\$0	NA	0.0
Adult Placement	SSBG	Adults who "need" the service and fall into the target population	5	NA	\$951	\$174	NA	-81.7
Adult Protective Services	SSBG, State APS Fund	Adults who "need" the service and fall into the target population	34	47	\$25,156	\$17,810	38.2	-29.2
At-Risk Case Management	Medicaid	Medicaid recipient and meet criteria for being "at-risk"	6	NA	\$240	\$620	NA	158.3
Energy Assistance	LIEAP,CIP	Meet income guidelines	560	563	\$25,227	\$51,816	0.5	105.4
Food Stamps	USDA	Meet income guidelines	816	949	\$551,554	\$577,374	16.3	4.7
Guardianship	SSBG	Adults who "need" the service and fall into the target population	11	9	\$6,057	\$6,634	-18.2	9.5
In-Home Aide	SSBG, State In-Home Fund	Adults who "need" the service and fall into the target population	112	120	\$210,519	\$150,804	7.1	-28.4
Other			70	69	\$194,862	\$166,842	-1.4	-14.4
Special Assistance: Adult Care Homes	S/C Special Assistance for Adults Program	Adults who have an adult care home level of care need; must meet income need and asset requirements	108	119	\$398,673	\$466,473	10.2	17.0
Transportation	SSBG		7	7	\$22,839	\$32,118	0.0	40.6
<b>DSS TOTAL</b>					<b>\$1,467,079</b>	<b>\$1,495,786</b>		<b>2.0</b>
<b>Division of Vocational Rehabilitation (DVR)</b>								
Independent Living*	State	See note below	11	13	\$13,604	\$32,077	18.2	135.8
Vocational Rehabilitation*	Federal, 21.3%State		5	8	\$12,162	\$5,690	60.0	-53.2
<b>DVR TOTAL</b>					<b>\$25,766</b>	<b>\$37,767</b>		<b>46.6</b>
<b>County Total</b>					<b>\$25,397,950</b>	<b>\$24,240,843</b>		<b>-4.6</b>

\* Providers may not be based in the specific county, NA denotes that data were not available

**Family Caregiver Support Program Services (eligibility)**

Family caregivers who provide care to older (60+) individuals or individuals (of any age) with Alzheimer's disease and related disorders with neurological and organic brain dysfunction, the State involved shall give priority to caregivers who provide care for older individuals with such disease or disorder and for grandparents or older individuals who are relative caregivers, the State involved shall give priority to caregivers who provide care for children with severe disabilities. Child age 18 or under who: Lives with primary relative caregiver, because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child: Has a legal relationship to the relative caregiver including adoption OR Is being raised informally by the relative caregiver: Older individuals caring for individuals with severe disabilities including children with severe disabilities (cannot be a parent).

**Independent Living (IL) Rehabilitation Program (eligibility)**

IL services may be provided to an individual with a significant physical or mental impairment whose ability to function independently in the family or community or whose ability to obtain, maintain, or advance in employment is substantially limited and for whom the delivery of independent living services will improve the ability to function, continue functioning, or move towards functioning independently in the family or community or to continue in employment, respectively. [IL State Plan; 34 CFR 364.4 and 364.51; 1998 Amendments to the Rehabilitation Act of 1973 Sec. 7(21)(B)]

**Vocational Rehabilitation Program (eligibility)**

In order to be eligible for vocational rehabilitation services the individual must:

1. Be an individual with a disability. This is defined to mean that (1) the individual has a physical or mental impairment which for such individual constitutes or results in a substantial impediment to employment; and (2) the individual can benefit from vocational rehabilitation services in terms of an employment outcome; AND
2. Require vocational rehabilitation services to prepare for, secure, retain gainful employment consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, and informed choice.

If an individual has been determined pursuant to title II or title XVI of the Social Security Act to be a person with a disability, the individual is presumed to be eligible to receive services if the individual intends to achieve an employment outcome.

[The 1998 Amendments to the Rehabilitation Act of 1973 Section 1029A091)]

This report shows some significant changes in expenditure in some of the services between 2005-2006 and 2006-2007. Though there are some decreases in the expenditure, there are increases for others (e.g., CAP/MR and energy assistance).

## Division of Aging and Adult Services (DAAS)

### Inventory of Home and Community Care Block Grant (HCCBG) Providers/Services

Provider	Services
<b>BRUNSWICK CO DSS</b>	<i>IN-HOME LEVEL 1 - HOME MANAGEMENT IN-HOME LEVEL 2 - PERSONAL CARE IN-HOME LEVEL 3 - PERSONAL CARE</i>
<b>BRUNSWICK SENIOR RESOURCES</b>	<i>TRANSPORTATION CONGREGATE NUTRITION HOUSING AND HOME IMPROVEMENT HOME- DELIVERED MEALS SENIOR CENTER OPERATIONS</i>
<b>LEGAL AID OF NC-WILMINGTON</b>	<i>LEGAL SERVICES</i>

Source: DAAS, Aging Services Directory 1/3/2008

HCCBG awards a combination of federal Older Americans Act funds and state appropriations to counties through Area Agencies on Aging (AAA) to serve adults 60 and older who require services to remain in the community. Through local planning, counties have the ability to choose from eighteen services, determine what level of funding those services will receive, and the provider(s) of service. Brunswick County has relatively few providers of the HCCBG compared to some other counties in the state. Brunswick County provides in-home aide, home-delivered meals services, and transportation which are three core services for helping vulnerable seniors remain living in the community.

### Brunswick County Waiting List of Clients by Service

Service Description	Clients on Wait List
In Home Aide - Level 1	34
In Home Aide - Level 2	111
In Home Aide - Level 3	27
Adult Day Health	1
<b>Total</b>	<b>173</b>

Source: Division of Aging and Adult Services 6/07

As of June 30, 2007 there were 173 people on the waiting list for home and community-based services funded through the Division of Aging and Adults Services. The reporting of waiting list information is voluntary for providers. Therefore, the numbers may not reflect all the needs in the county. It should also be noted that the numbers of clients on the waiting list are duplicated counts, meaning one person may be on the waiting list for more than one service.

### Long-Term Care Ombudsman Program (Federal Fiscal Years 2005, 2006, 2007)

<b>Brunswick County</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
Number of Complaints	28	61	56
Action Taken on Complaints:			
Resolved:	20	53	40
Partially Resolved	2	4	2
Not resolved	1	0	4
Withdrawn	5	4	4
Not Substantiated	0	0	2
Referred to:			
DHSR	0	3	0
DSS	0	2	4
APS	0	0	0
Percent of all LTC Ombudsman Program state complaints coming from this county	0.9	2	1.7
Total number of complaints against nursing homes	23	35	23
Total number of complaints against adult care homes	5	25	33

Source: Division of Aging and Adult Services 3/2008

In Brunswick County, well over half of the complaints reported to the Long-Term Care Ombudsman program were resolved over all three years. The number of complaints have increased for adult care homes between 2006 and 2007. While at the same time, the number of complaints for nursing homes has decreased.

### Guardianship Program (State Fiscal Years 2005, 2006, 2007)

<b>Counties</b>	<b># Receiving Services (2005)</b>	<b># Receiving Services (2006)</b>	<b># Receiving Services (2007)</b>
Brunswick	22	26	24
Buncombe	103	78	88
Gaston	108	89	83
Henderson	76	71	82
Moore	38	50	45
New Hanover	52	49	56

Source: Division of Aging and Adult Services 3/2008

Guardianship Services are services provided to an individual alleged to be in need of a guardian or services to those for whom the agency director or assistant director has been appointed as legal guardian. The services includes the assessment of an individual's need for guardianship; activities aimed at locating the appropriate person(s) to serve as guardian(s); and when necessary, petitioning or assisting the family to petition for the adjudication of incompetence for an adult and the appointment of a guardian for an adult or minor under the provisions of G.S. 35A. Working with other community agencies to locate an appropriate guardian for an individual and working with the clerk of court concerning an

individual case are also included in this service, as is coordination of activities with the agency attorney regarding court action on a specific case. Ongoing case work with clients for whom the agency's director or assistant director has been appointed as guardian is also part of this service. This includes contacts with the client, the client's family as part of a service plan, or with facility staff; completing quarterly reviews; and completing and filing annual accounting and status reports with the clerk of court as required by law.

The above table shows the total number of Guardianship Services provided in the six counties to adults of all ages between 2005 and 2007. The number of Guardianship Services in Brunswick County has slightly decreased between 2006 and 2007.

### **Division of Services for the Blind (DSB)**

DSB provides individuals who are blind and visually impaired specialized and individualized services in all 100 counties. These services are provided by Social Workers for the Blind, Independent Living Rehabilitation Counselors, Orientation and Mobility Specialists, Nurse Eye Care Consultants, Deaf Blind Specialists, Vocational Rehabilitation Counselors, and Assistive Technology Specialists and Instructors. Services are rendered in the homes of clients and in community-based classes called "Mini Centers." Mini Centers provide instruction in a small group setting to older adults in the use of adaptive techniques and equipment for performing daily living tasks after vision loss. Additionally, older adults who have vision loss now have increased availability of local access to training in the use of assistive technology like large print and/or speech output for computers that enable them to handle their correspondence, personal finances and medication independently. This service is available as a result of Assistive Technology Instructors being added to the staff. Support groups for individuals who are blind and visually impaired are available in Brunswick County. In addition, visually impaired and adults who are blind in all the study counties attend annual events: Camp Dogwood (near Lake Gaston) and the Visually Impaired Person Fishing Tournament in the Outer Banks. In Brunswick County, bowling activities with accommodations are available every Tuesday at the local bowling alley. The Social Worker for the Blind applies for grant funds available through the Rural Operating Assistance Program for \$5000 to assist with transportation for leisure services, which is provided by the local transit service. Transportation services for leisure services have exceeded appropriated funding, but the services have been able to continue to be provided.

## Division of Health Services Regulation (DHSR)

### Inventory of Adult Care Home Beds (Fall 2007)

Facility Name	LicBedsin NH	LicBedsin Hosp	Adult Care Homes	Total Licensed Beds	License Pending			Available SMFP	Total Available	Sum of Exclusions	TOTAL Planning Inventory
					CON	ACH (Exempt)	ACH (Pipeline)				
Autumn Care of Shallotte	10	0	0	10	0	0	0	0	10	0	10
Brunswick Cove Nursing Center	40	0	0	40	0	0	0	0	40	0	40
Carillon Assisted Living of Southport	0	0	96	96	0	0	0	0	96	0	96
Corinthian Place	0	0	78	78	0	22	0	0	100	0	100
J. Arthur Doshier Hospital	0	14	0	14	0	0	0	0	14	0	14
Ocean Trail Convalescent Center, Inc.	17	0	0	17	0	0	0	0	17	0	17
Shallotte Assisted Living	0	0	80	80	0	0	0	0	80	0	80
<b>TOTALS</b>	<b>67</b>	<b>14</b>	<b>254</b>	<b>335</b>	<b>0</b>	<b>22</b>	<b>0</b>	<b>0</b>	<b>357</b>	<b>0</b>	<b>357</b>

Source: 2008 State Medical Facilities Plan (SMFP)  
<http://www.dhhs.state.nc.us/dhsr/ncsmfp/index.html>

According to the 2008 State Medical Facilities Plan, Brunswick County has a total of 335 licensed adult care home beds. A statewide moratorium was placed on the development of new adult care home beds in 1997. However, legislation allowed for the development of additional adult care home beds under defined circumstances. Such beds are referred to as “exempt” or “pipeline” beds. The “total available” of adult care home beds (licensed + license pending + previously allocated) was 357. Exclusion for one-half of the adult care home beds in continuing care retirement communities accounted for 0 excluded beds resulting in an adjusted “planning inventory” of 357 adult care home beds.

### Inventory of Nursing Home and Hospital Nursing Care Beds (Fall 2007)

Facility Name	Licensed Nursing Beds		TOTAL	CON Approved or Pending		Available in SMFP	Total Available	Sum of Exclu- sions	Total Planning Inventory
	Nursing Homes	Hospitals		Nursing Home	Hospital				
Autumn Care of Shallotte	130	0	130				130		130
Brunswick Cove Nursing Center	175	0	175				175	0	175
J. Arthur Doshier Hospital	0	50	50				50	0	50
Ocean Trail Convalescent Center, Inc	99	0	99				99	0	99
Universal Health Center	0	0	0	90			90	0	90
<b>TOTALS</b>	<b>404</b>	<b>50</b>	<b>454</b>	<b>90</b>	<b>0</b>	<b>70</b>	<b>614</b>	<b>0</b>	<b>614</b>

Source: 2008 State Medical Facilities Plan (SMFP)  
<http://www.dhhs.state.nc.us/dhsr/ncsmfp/index.html>



Above is a listing of the current inventory of nursing care beds in the county, taken from the 2008 State Medical Facilities Plan. The 2005 SMFP had a need determination for 90 nursing care beds and the 2007 Plan had a need determination for 70 nursing care beds. These previous determinations are reflected in the "certificate of need (CON) approved or pending" column and the "available in SMFP" column. State Veterans Nursing Homes, Hospitals, Mental Retardation Centers and Special Care Centers are not in the "County" Totals.

### Inventory of Hospice

Brunswick County currently has no residential hospice beds and no certificate of need awarded. There are also no inpatient licensed hospice beds. According to the 2007 Hospice Data Supplements, 7 hospice home care agencies provided 23,802 days of care to individuals residing in Brunswick County; of those served there were 272 deaths.

### Division of Medical Assistance (DMA)

#### Community Alternatives Program for Disabled Adults (CAP/DA)

County	Allocation	# Serving	# on Waiting List	FTE	# Referrals Received a month
<b>Brunswick</b>	70	54	70	3	8
<b>Buncombe</b>	289	240	144	8 & 1 PT	16
<b>Henderson</b>	80	57	0	2	5
<b>Gaston</b>	165	153	58	5	16
<b>Moore</b>	108	104	60	3	6-8
<b>New Hanover</b>	150	131	26	7	5

Source: DMA 2/08

The Community Alternatives Program for Disabled Adults (CAP/DA) is a Medicaid waiver program which provides a package of services to allow adults (age 18 and older) who qualify for nursing facility care to remain in their private residences. The lead agency for CAP/DA is Brunswick County Department of Social Services. As of February 2008, the program was serving a total of 54 clients and had 70 individuals on the waiting list. The CAP/DA Consultant noted that the program had recently experienced a number of deaths and placements which contributes to why there were 16 available slots.

## **Division of Mental Health/Developmental Disabilities/Substance Abuse Services (DMH/DD/SAS)**

### **Local Management Entity (LME)**

Southeastern Center for Mental Health, Developmental Disabilities & Substance Abuse Services Emergency phone number-910-251-6551

Access Unit Coordinator - Debra Vuocolo (910-251-6613)

Geriatric/Adult Mental Health Specialty Team Leader - Christine Hebert (910-799-7057)

## **Assessment of Future Needs and Projected Cost Estimates**

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Communities across North Carolina are faced with increasingly difficult choices and decisions about how to grow, plan for changes, and improve the quality of life for all citizens. The needs of older adults will continue to change and grow as the population grows. Counties across the state have waiting lists for services and inadequate funding. The demand on public funds is certain to continue as the population increases. Because the future interests of older adults, their families, and communities are at stake, we need to assure all towns, cities, and counties within the state are livable and senior-friendly.

Figures and tables in this section:

1. Summary of Assessment of Livable and Senior-Friendliness Concerns
2. Comments from Brunswick County Survey Respondents
3. Summary of Assessment for Developing Comprehensive and Coordinated System for Supportive Services, Nutrition Services, Multipurpose Senior Centers, Health Care, and Residential Care
4. Comments from Brunswick County Survey Respondents
5. Summary of Need Determination-2008 North Carolina State Medical Facilities Plan
6. Cost Estimates for Selected Home and Community Care Block Grant Services through June 30, 2013
7. Cost Estimates for State Adult Day Care Fund and State In-Home Fund Services through June 30, 2013
8. Cost Estimates for State/County Special Assistance In-Home (SA/IH) Program through June 30, 2013

## **Assessment of Livability and Senior-Friendliness Concerns by County**

To assess the concerns of Brunswick County's livable and senior-friendliness, the Cape Fear Area Agency on Aging surveyed various stakeholders including older adults during December 2007 and January 2008. Those who responded to the survey were asked to identify the 3 highest concerns they see in Brunswick County in each of the 8 components of the livable and senior-friendly community frame work. The surveys were available on-line and in hard copy format. This table is part of the *2008-2012 Area Plan for Aging*, developed by each of the Regional Area Agencies on Aging. An X denotes high priority need of programs, services, and issues in the county. All the counties identified housing/utilities, transportation, medical alert, and assistive devices/technology as high priorities. Five of the six counties identified preventive care, health care cost, fraud/exploration, and community sensitivity as high concerns. In addition Brunswick County residents identified concerns around recreational facilities, medication, wellness & fitness, long-term care cost, support of working caregivers, telephone and cell phone access, emergency preparedness and response, cultural and social opportunities, life-long learning, volunteerism, home and community services, senior centers, community needs assessment, planning and coordination, and representation in public affairs. Following are the responses and written comments from the survey. There were no comments on Social and Cultural Opportunity, or Access/Choices in Services and Supports.

### Summary of Assessment of Livability and Senior-Friendliness Concerns by County

<b>Physical &amp; Accessible Environment</b>	<b>Brunswick</b>	<b>Buncombe</b>	<b>Gaston</b>	<b>Henderson</b>	<b>Moore</b>	<b>New Hanover</b>
Air & water quality		X			X	X
Driver safety						
Housing & utilities	X	X	X	X	X	X
Land use						
Neighborhood organization						
Noise control						
Recreational facilities	X					
Road safety						
Shopping						
Transportation	X	X	X	X	X	X
Zoning						
Other: walkable neighborhoods				X		
<b>Healthy Aging</b>						
Adult immunization			X			
Dental health		X	X	X		
Hospitals						
Leisure						
Medicare & Medicaid acceptance		X			X	
Medications	X				X	
Mental health				X		X
Nutrition			X			
Preventive care	X	X		X	X	X
Primary care						
Rehabilitation						
Vision & hearing care						
Wellness & fitness	X					X
Other:						
<b>Economic Security</b>						
Age discrimination						
Financial planning	X	X				
Health care cost	X		X	X	X	X
Income				X		
Job opportunities		X				
Job retooling						
Job training						
Long-term care cost	X		X		X	X
Public benefits counseling		X				
Senior-friendly businesses						
Support of working caregivers	X			X	X	
Tax credits & exemptions			X			X
Other: In home				X		

<b>Technology</b>	<b>Brunswick</b>	<b>Buncombe</b>	<b>Gaston</b>	<b>Henderson</b>	<b>Moore</b>	<b>New Hanover</b>
Assistive & adaptive devices	X	X	X	X	X	X
Distance-learning						
Internet access			X			
Medical alert	X	X	X	X	X	X
NCcareLINK		X		X		X
Tele-medicine						
Telephone & cell phone access	X		X		X	X
Other:						
<b>Safety &amp; Security</b>						
Abuse & neglect	X	X		X		
Domestic violence						
Emergency preparedness & response	X	X		X	X	
Fire safety						
Fraud & exploitation	X	X	X		X	X
Outreach to isolated & vulnerable	X		X	X	X	X
LTC residents' rights			X			
Other:						
<b>Social &amp; Cultural Opportunity</b>						
The Arts						
Community sensitivity		X	X	X	X	X
Cultural & social programs	X	X	X		X	
Intergenerational relations				X		
Libraries						
Lifelong learning	X		X			
Media						
Racial, ethnic, and linguistic diversity				X		
Spiritual growth						
Volunteerism	X	X			X	X
Other:						
<b>Access/Choice in Services &amp; Supports</b>						
Care management		X		X		
Caregiver support			X	X	X	X
Drug assistance	X				X	
End-of-life care						
Grandparents-raising-grandchildren						
Guardianship						
Home & community services	X		X	X	X	
Information & assistance (I&A)		X				
Legal services						
Long-term care facilities			X			
Senior centers	X	X	X			
Other:						

<b>Public Accountability and Responsiveness</b>	<b>Brunswick</b>	<b>Buncombe</b>	<b>Gaston</b>	<b>Henderson</b>	<b>Moore</b>	<b>New Hanover</b>
Community needs assessments	X				X	
Planning & coordination	X	X		X	X	
Program evaluation		X				
Public & private funding sources		X	X	X		
Public benefits			X			
Representation in public affairs	X			X		X
Taxes			X		X	X

### **Comments from Brunswick County Survey Respondents**

#### **Physical & Accessible Environment:**

1. Housing and Utilities is the number one Component/Element of high concern. Seniors cannot afford the basic maintenance for minor home repair. The minor turns major and impacts the senior's safety.
2. Taxes.

#### **Healthy Aging:**

1. Need more in the way of education on healthy aging; need adult day care services.
2. Memory Assessment Exams at early adulthood – 50+ age covered as preventive medicine and covered by health insurance & Medicare.
3. In Brunswick County, Brunswick Senior Resources, Inc. (BSRI) is the only resource to assist seniors with the “donut hole” gap coverage. BSRI is a non-profit dependent upon grants and donations.
4. Medicare does not cover dental health care. The patient's overall health and self esteem is impacted due to poor dental hygiene. They become isolated and withdrawn.
5. Medicare does not cover vision or hearing devices. Seniors cannot conduct business from a telephone if they have hearing loss. They become dependent upon transportation to handle the slightest business matter.

#### **Economic Security:**

1. Seniors are in need of a financial planning advisor (free or low-cost). The year they receive the Social Security benefit, an advisor should assess their income and assets. The beneficiaries can receive advice that will affect their well being and our overall economy. The incoming amount is always less than outgoing and consolidation is a necessity for most.

#### **Safety & Security:**

1. I am seeing an increased number of criminal cases involving exploitation – just last week 2 caregivers pled guilty & are now required to pay back all monies to the victims.
2. Community Security: Crime & drug infested areas.
3. Medical Alert: Need medical alert devices available to all seniors.

**Technology:**

1. In-home monitoring services need to be more widely available and affordable.
2. A lifeline basic telephone service (\$10 or less) should be available to all seniors, not for Medicaid eligible only. The discount given to Medicaid eligibles is affordable based on Social Security benefit and all seniors should have access to that benefit.

**Public Accountability & Responsiveness**

1. The utility funding source is an issue. The electric, oil and gas prices are astronomical in comparison to the monthly Social Security check.



## **Assessment for Developing Comprehensive and Coordinated System for Supportive Services, Nutrition Services, Multipurpose Senior Centers, Health Care, and Residential Care by Brunswick County**

The Cape Fear Area Agency on Aging surveyed various stakeholders including older adults to assess the barriers of each county in the development of a comprehensive and coordinated system for supportive services, nutrition services, multipurpose senior centers, health care, and residential care by county. The survey was conducted during December 2007 and January 2008. Those who responded to the survey were asked to identify the 3 highest concerns for each of the service categories. The surveys were available on-line and in hard copy format. This table is part of the *2008-2012 Area Plan for Aging*, developed by each of the Regional Area Agencies on Aging. An X denotes high priority need of programs, services, and needs in the county. Among all the counties deficiencies in transportation, and home-delivered meals were identified concerns relative to developing a comprehensive and coordinated system for supportive services. Five of the six counties identified dental care and mental health counseling as key issues. In addition Brunswick County residents identified concerns relative to adult day services, emergency preparedness plans, housing/home improvement, congregate nutrition, nutrition counseling, senior centers, primary health care, CAP/DA, adult care homes, and Special Assistance-In Home. Following are the responses and written comments from the survey.

**Summary of Assessment for Developing Comprehensive and Coordinated System for Supportive Services, Nutrition Services, Multipurpose Senior Centers, Health Care, and Residential Care by County**

<b>Supportive Services</b>	<b>Brunswick</b>	<b>Buncombe</b>	<b>Gaston</b>	<b>Henderson</b>	<b>Moore</b>	<b>New Hanover</b>
Adult day care	X	X			X	
Adult day health care		X	X		X	
Adult placement services		X				X
Benefits counseling						
Care management		X		X		
Emergency preparedness plans	X			X		
Energy assistance		X	X			
Family caregiver counseling		X		X		X
Family caregiver training					X	
Financial counseling		X		X		
Guardianship						
Housing and home improvement	X			X		
In-home aide (homemaker)		X		X	X	
In-home aide (personal care)		X		X	X	
Information & assistance		X		X		
Job training & placement for older workers		X				
Legal assistance						
Personal & family counseling						
Respite (in-home, group, and institutional/overnight)		X	X		X	
Senior companion						
Transportation-general	X	X	X	X	X	X
Transportation-medical	X	X	X			
Volunteer program						
Other: Medicaid deductible issue		X				
Other: Part D counseling		X				
<b>Nutrition</b>						
Congregate nutrition	X			X		
Home-delivered meals	X	X	X	X	X	X
Nutrition counseling	X			X	X	X
Nutrition education						X

Senior Centers	Brunswick	Buncombe	Gaston	Henderson	Moore	New Hanover
Senior Centers	X	X		X		X
<b>Health Care</b>						
Dental care		X	X	X	X	X
Health promotion		X				
Health screening	X					X
Home health/Skilled nursing		X				
Hospice						
Medication management/counseling		X	X	X	X	
Mental health counseling	X	X	X	X		X
Primary Health Care	X	X			X	X
<b>Residential Care</b>						
Assisted Living/Adult Care Homes	X				X	
CAP/DA	X	X			X	X
Nursing facility care			X			X
SA In-Home Option	X				X	X
Other: Affordable housing alternatives		X				
Other: Dementia Specific Care		X				

### Comments from Brunswick County Survey Respondents

#### Supportive Services:

##### **Adult day care:**

1. Cost of service.
2. There is no Adult Day program in Brunswick County, which adds to the stress of care giver.

##### **Adult long term care placement services:**

1. Skilled nursing facilities (SNF) placement options are limited.

##### **Emergency preparedness plans:**

1. Need more education/planning.

##### **Housing and home improvement:**

1. Lack of senior housing.
2. Much substandard housing.

##### **In-home aide (homemaker):**

1. 2-year waiting list adds to the burden of caregivers.

**Legal assistance:**

1. Closest Legal Aid is in Wilmington.

**Job training & placement for older workers:**

1. Not yet handled in community colleges.

**Transportation – general:**

1. Location within Brunswick County.
2. Limited capacity of transport system.

**Transportation – medical:**

1. Lack of volunteers.

*Nutrition***Home-delivered meals:**

1. Lack of volunteers.

*Health Care***Hospice:**

1. Facilities not available in Brunswick County.

## Division of Health Services Regulation

### Summary of Need Determination- 2008 North Carolina State Medical Facilities Plan

County	Adult Care Home Beds	Nursing Home Beds	Home Health Agencies or Offices	Hospice Home Care Offices	Inpatient Hospice Beds
Brunswick	0	0	0	0	7
Buncombe	0	0	0	0	0
Gaston	0	0	0	0	7
Henderson	0	0	0	0	7
Moore	0	0	0	0	0
New Hanover	0	0	0	0	0

The Division of Health Service Regulation (DHSR) established in the 2008 State Medical Facilities Plan (SMFP) that there was a need for seven inpatient Hospice Beds in Brunswick County. There was no need determined for additional adult care home beds, nursing home beds, home health agencies, or hospice care offices in the county. There were no substantial changes in the application of the need methodology from that used in the North Carolina 2007 State Medical Facilities Plan. Detailed information about the methodology used by DHSR in determining need is available at <http://www.dhhs.state.nc.us/dhsr/ncsmfp/index.html>.

## Cost Estimates for Selected Home and Community Care Block Grant Services through June 30, 2013 Brunswick County

The projection of costs to provide community-based aging services through the Home and Community Care Block Grant (HCCBG) reflects services most in demand based on the DAAS waiting lists for services and the projected growth of age 60 and over population, as projected by the State Data Center. The projected percentile growth in annual service costs takes into account that at least 2.5% funding growth is required to maintain current service levels plus the projected growth in age 60 and over population.

<b>Brunswick</b>	2008 07 co. exp	2009 service \$ est.	2010 service \$ est.	2011 service \$ est.	2012 service \$ est.	2013 service \$ est.	2008-2013 service \$ est.	2008-2013 service \$ est. %	2008-2013 60+ est. %
Home Del. Meals	\$152,910	\$165,418	\$176,683	\$186,736	\$198,575	\$211,621	\$58,711	38.40%	
In-Home Aide L 1	\$16,046	\$17,359	\$18,541	\$19,596	\$20,838	\$22,207	\$6,161	38.40%	
In-Home Aide L 2	\$212,987	\$230,409	\$246,100	\$260,103	\$276,594	\$294,766	\$81,779	38.40%	
In-Home Aide L 3	\$38,812	\$41,987	\$44,846	\$47,398	\$50,403	\$53,714	\$14,902	38.40%	
Home Improv.	\$23,810	\$25,758	\$27,512	\$29,077	\$30,920	\$32,951	\$9,141	38.40%	
Gen. Transport.	\$66,987	\$72,467	\$77,402	\$81,806	\$86,993	\$92,708	\$25,721	38.40%	
<b>Total</b>	<b>\$511,552</b>	<b>\$553,398</b>	<b>\$591,084</b>	<b>\$624,716</b>	<b>\$664,323</b>	<b>\$707,967</b>	<b>\$196,415</b>	<b>38.40%</b>	<b>22.93%</b>
		@ 8.18%	@ 6.81%	@ 5.69%	@ 6.34%	@ 6.57%			
<b>Projected total cost incr</b>		<b>\$41,846</b>	<b>\$37,686</b>	<b>\$33,632</b>	<b>\$39,607</b>	<b>\$43,644</b>			
<b>60+ estimate</b>	<b>28,540</b>	<b>30,161</b>	<b>31,462</b>	<b>32,467</b>	<b>33,713</b>	<b>35,085</b>			
<b>Projected 60+ pop incr</b>		<b>1,621</b>	<b>1,301</b>	<b>1,005</b>	<b>1,246</b>	<b>1,372</b>			<b>6,545</b>

Source: Division of Aging and Adult Services

The cost estimates of the selected Home and Community Care Block Grant services between 2008 and 2013 indicate an increase of 38%. Considering the projected demographics of the oldest-old in the county by 2030, there will be a dramatic increase in the cost and need for an array of long-term services and supports.

**Cost Estimates for State Adult Day Care Fund and State In-Home Fund Services through June 30, 2013**  
**Brunswick County**

The State Adult Day Care Fund (SADCF) and the State In-Home Fund serve adults over the age of 18. However, over 85% of those served are age 50 and over. 54.25% of the SADCF funds awarded to counties are federal SSBG funds and the remaining 45.75% are state appropriations. 100% of funding State In-Home funding awarded to counties is federal SSBG. The projected percentile growth in annual services costs takes into account that at least 2.5% annual funding growth is required to maintain current services levels plus the projected growth in over age 50 populations.

<b>Brunswick</b>	2008 Expended	2009 Award	2010 Award	2011 Award	2012 Award	2013 Award	2008-2013 Service \$ Est.	2008-2013 Service \$ Est. %	2008-2013 50+ Est. %
SADCF	\$3,406	\$3,656	\$3,888	\$4,101	\$4,333	\$4,578	\$1,172	34.41%	
State In-Home	\$4,928	\$5,290	\$5,625	\$5,933	\$6,269	\$6,624	\$1,696	34.42%	
<b>Total</b>	<b>\$8,334</b>	<b>\$8,946</b>	<b>\$9,513</b>	<b>\$10,034</b>	<b>\$10,602</b>	<b>\$11,202</b>	<b>\$2,868</b>	34.41%	<b>19.31%</b>
		7.34%	6.34%	5.48%	5.66%	5.66%			
<b>50+ estimate</b>	<b>44,822</b>	<b>46,992</b>	<b>48,798</b>	<b>50,250</b>	<b>51,837</b>	<b>53,475</b>			
<b>Projected total cost incr</b>		<b>\$612</b>	<b>\$567</b>	<b>\$521</b>	<b>\$568</b>	<b>\$600</b>			
<b>Projected 50+ pop incr</b>		<b>2,170</b>	<b>1,806</b>	<b>1,452</b>	<b>1,587</b>	<b>1,638</b>			<b>8,653</b>

Source: Division of Aging and Adult Services

The cost estimates of the State Adult Day Care and the State In-Home Funds between 2008 and 2013 indicate an increase of 34%.

### Cost Estimates for State/County Special Assistance In-Home (SA/IH) Program through June 30, 2013

County	2007-2008	2008-2009	2010-2011	2012-2013	% Change 2007-2013
<b>Brunswick</b>					
In-Home	NA	NA	NA	NA	NA
<b>Buncombe</b>					
In-Home	\$112,628	\$220,210	\$430,555	\$841,821	647.4
<b>Gaston</b>					
In-Home	\$113,794	\$198,036	\$344,642	\$599,780	427.1
<b>Henderson</b>					
In-Home	\$138,274	\$172,013	\$213,984	\$266,196	92.5
<b>Moore</b>					
In-Home	\$78,555	\$138,037	\$242,558	\$426,224	442.6
<b>New Hanover</b>					
In-Home	\$113,405	\$152,314	\$204,573	\$274,762	142.3

NA denotes not available

Brunswick County does not participate in the Special Assistance In-Home Program.

### Division of Services for the Blind

Funding and resources for transportation services for older blind and visually impaired individuals need to be dramatically increased statewide. Additionally, more accessible and affordable housing and long-term care facilities are needed. Access to public transportation should be considered prior to their development.

Additional funding is needed for the DSB Independent Living Services as the population and needs of older adults in these counties increases. Brunswick County continues to be a desirable area for seniors retiring, and funding for in-home aide services are needed to meet the demands of daily living for the blind and visually impaired. The DSB Independent Living Program for Older Adults Who Are Blind is currently funded by a federal grant and matching state funds. This program received expansion budget funds for the first time in State Fiscal Year 2007-008. The additional funding has enabled DSB to add three Independent Living Rehabilitation Counselors, and one Assistive Technology Instructor position with remaining money going to case services. DSB did not receive the full amount of expansion budget funds requested. Given that the major causes of vision loss - cataracts, macular degeneration, glaucoma, and diabetic retinopathy become more prevalent among older people, DSB expects the need for the specialized services and training it provides to grow as the aging population in the state increases.



## **Appendix**

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**Cape Fear 2020: Senior Health**

**References for Brunswick County Profile**

## ***Cape Fear 2020: Senior Health***

By Stephanie Beecken

The population is booming all across the Cape Fear region. Many of those newcomers include people who come here to retire. In today's Cape Fear 2020 report, we take a closer look at how the aging population will be served in the years to come and on the future of local senior services and housing.

Harrison Lanier has been working out at the Leland Senior Center for more than a year. He's watched the small space become more and more crowded. Lanier said, "It's very apparent if you look around, we're very crowded here for the number of people that are coming. I think some additional space here would really help out."

The Leland facility is one of eight senior centers currently serving Brunswick County. The Brunswick Senior Resources Director says that's not enough to meet the demand. Russell said, "The biggest trend really is growth. We are now on our fifth year of program operation and our numbers have grown four fold."

Lanier said, "We're working it out now but it would really be a help if we could get some more room."

To make more room, the county and 'Brunswick Senior Resources Inc.' is planning on building a new senior center in Calabash and another in Supply. The centers in Leland, Shallotte and Southport will be replaced with new buildings almost three times the size. The first of those new facilities will be in Southport. It is scheduled to be complete by next year. The remaining four centers are projected to be done by 2013.

Brunswick County isn't the only area experiencing a boom in the retiree population. Directly across the river in Wilmington assisted living centers like Kempton at Brightmore have to make changes to their facility to accommodate the growing number of seniors.

The President of the Assisted Living Management Services, Cindy Stancil, says the population in the number of seniors is growing and that many seniors are moving to Wilmington from out of state to live closer to their children. Marcella DeCicci moved in the Kempton at Brightmore a little over a year ago. She said, "I had to make a choice; my kids didn't want me alone in New York. I had to make a decision to go either Wilmington or Florida." She chose the Brightmore community in Wilmington.

Right now the Brightmore Assisted living center serves 300 people and according to Stancil that's not enough. Stancil said, "What has created the perfect aging storm that is coming is that we have low birth rate, we've had aging of the baby boomers and then we have medical progress and breakthroughs that is ensuring us longevity."

To accommodate that growth Brightmore is building a new campus. The new building will be located in Porters Neck and will serve 300 additional seniors. Construction will start next year and will be complete by 2011.

Marcell DeCicci has a few suggestions for the new buildings. She said, "It would be nice to have a little store of our own so we could purchase little things that we need now and then -- and they can build a little theater if they're going to do that much building."

According to the state's demographics website, in 2006 the Cape Fear Region's population was around 385 thousand and by the year 2020 it's projected to be almost 500 thousand. According to Jim Russel, Brunswick County is the fourteenth fastest growing county in the US and with in the next five years will have a total of ten senior centers available to serve the aging population.

For more information visit [BRUNSWICKSENIORRESOURCES.ORG](http://BRUNSWICKSENIORRESOURCES.ORG) [1] or [BRIGHTMOREOFWILMINGTON.COM](http://BRIGHTMOREOFWILMINGTON.COM) [2]

By: Stephanie Beecken

Published on WWAY NewsChannel 3 (<http://www.wwaytv3.com>)

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