

# Leveraging Lived Experience Data to Inform Multisector Plans for Aging

ASA OnAging

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# Abstract

As states develop multisector plans for aging, they create a blueprint for the next 10 years of crucial service delivery. Data plays a vital role in informing these plans, enabling creation of a coordinated system aligning with local needs and ensuring plans effectively address the state's requirements. Regularly measuring indicators provides critical insights, allowing states to track progress over time, benchmark changes, and assess the quality of impact. This data-driven approach not only helps in adjusting strategies and improving service delivery, but also in making informed decisions that lead to better outcomes for older adults. Using NCI-AD and other sources, states can leverage the voices of people with lived experiences.



# Welcome and Who's Here

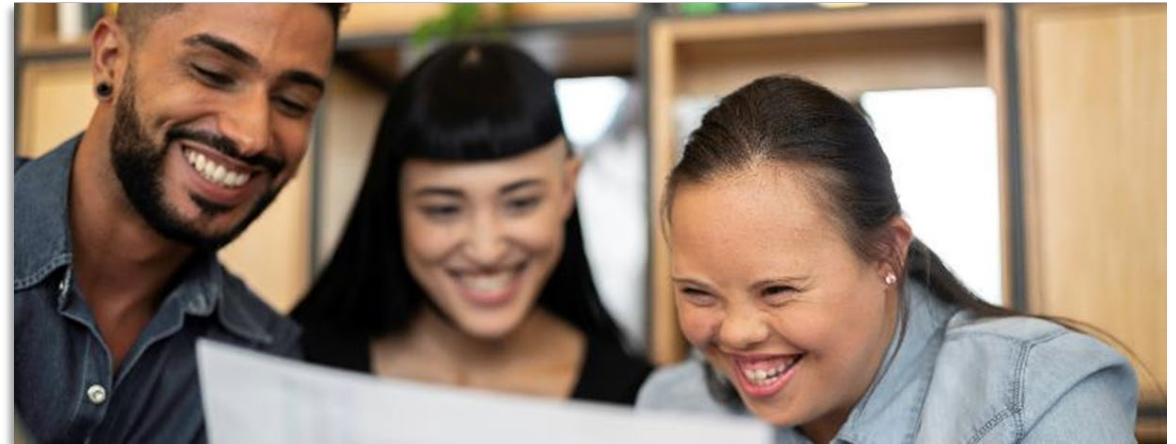
**What would you like to hear about today?**



# National Core Indicators: People Driven Data

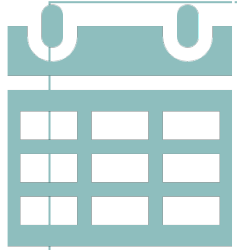
National Core Indicators is an initiative designed to **benchmark and track** performance that support **quality improvement efforts** in state systems supporting people with intellectual and developmental disabilities (NCI-IDD) and older adults and people with physical disabilities (NCI-AD).

Our goal is to **support states in their quality improvement** efforts using valid and reliable data collection efforts that hear directly from the people using and supporting systems.





# NCI-AD: An Overview



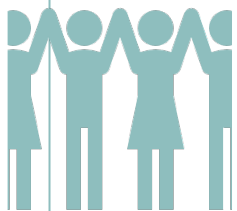
## Established

- 2015
- Grew out of NCI-IDD



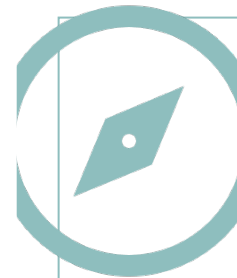
## Participating states

- 30 states



## Population addressed

- Older adults and people with physical disabilities receiving LTSS services



## Covers multiple domains

- AD domains and indicators
- **New** State of the Workforce Survey – Aging and Disabilities



## Adult Consumer Survey (ACS) A Person-Centered Approach

- **Standardized survey with a sample of individuals receiving services**
  - No pre-screening procedures
- **Survey includes:**
  - Demographic and service-related characteristics typically from existing records
  - Main survey section conducted with person receiving services
  - Some questions may be answered by a proxy respondent
- **Survey conducted in-person, via video conference, over the phone**
- **Standardized surveyor training**
- **Allows questions to be reworded or rephrased using familiar names and terms**
- **Survey portions take 50 minutes on average**
- **Minimum sample ~400**

# NCI-AD Domains

Community participation	Choice and control
Relationships	Satisfaction
Service coordination	Care coordination
Access to community	Access to needed equipment/modifications
Safety	Health care
Wellness	Medications
Rights and respect	Self-direction
Work	Everyday living
Affordability	Person-centered planning module (optional)
Access to technology	Self-direction (optional)



# Data can help measure differential access and experience with services

## Individual characteristics of people receiving services

Where people live

Gender

Race/Ethnicity

Disability

## The nature of their experiences with services

Interaction with staff and case managers

Self-direction

Choice and Control

## The context of their lives

Involvement with family and friends

Access to community involvement

Safety

## Health and well-being

Utilization of health services

Ability to manage chronic conditions

Mental healthcare

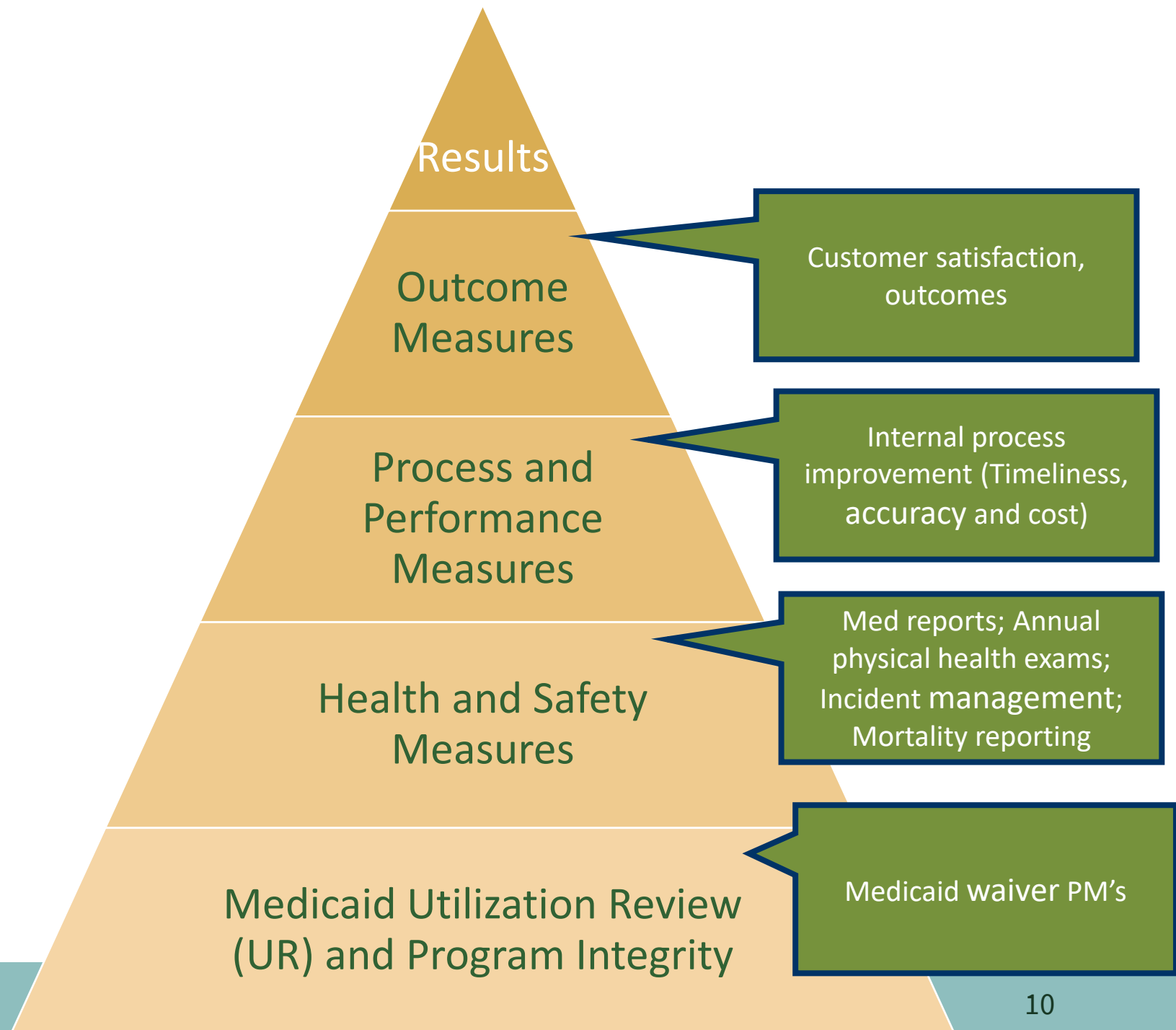


# Why data are important to understanding quality

Using Quality Framework

# Each Quality Strategy Requires Data

From the base to the top- all measures matter







Compliance with minimum standards punches your ticket to get in the game

Meeting these standards is the floor, not the ceiling

Go beyond for systemic improvement

# Why Focus on Older Americans Act (OAA) and Multi-Sector Plans on Aging (MPA)

Growing number of states including Aging services in NCI-AD ACS sample

To date few states include specific experience of care (EOC) measures to understand, benchmark, and track progress toward meeting state plan goals

- Measures are tested for the population
- Allows for benchmarking and tracking within state OAA, against other state programs, OAA norms across states
- Provides opportunity for states to sample by AAA for further comparison

OAA Final Rule includes guidance for using data for:

- Developing state and area plans
- Evidence-based practice
- Program evaluation

NCI-AD measures track to many common state plan and MPA goals

- States may add questions to target goals not captured in the standard survey
- Data can be incorporated into state Multi-sector plans on aging

# Sample\* ACS Questions by Common State Plan and MPA Goals

<b>Access to Services and Supports</b>	Gets enough support for everyday activities (if needs at least some assistance)	62% OAA 82% NCI-AD
	Services and supports help them live the life they want	88% OAA 88% NCI-AD
<b>Health, Wellness, and Nutrition</b>	Has worked with someone to reduce risk of falls (if someone has concerns about them falling or being unstable)	74% OAA 81% NCI-AD
	Ever has to skip meals due to financial worries	13% OAA 13% NCI-AD
<b>Emergency Preparedness and Safety</b>	Has an emergency plan in place in case of widescale emergency	76% OAA 79% NCI-AD
	Knows who to talk to if they are mistreated, hurt, disrespected by others	79% OAA 81% NCI-AD
<b>Workforce and Caregiving</b>	Paid support staff change too often*	27% OAA 28% NCI-AD
	Has a backup plan if people who are paid to help them do not show up	63% OAA 73% NCI-AD
<b>Community Access &amp; Participation</b>	Takes part in activities with others as much as they want to (in-person or virtually)	71% OAA 66% NCI-AD
	Has transportation to do the things they want outside of home	76% OAA 72% NCI-AD

\*This is not exhaustive, Rosa and Steph can work with states to align with State Plans and MPAs 😊



# Sample State Questions

## Technology

- In the last year, have you ever been given the option to attend a telehealth appointment instead of an in-person appointment by a doctor or other healthcare provider?
- How frequently did you opt for telehealth services for your healthcare when they were offered by a doctor or other health provider?
- Do you use any enabling technology such as an automated medication dispenser, a video doorbell, remote support, environment control system, etc.?
- Does enabling technology help you live more independently

# Sample State Questions

## Rights and protection from abuse

Can you access your bank accounts and financial resources (like a qualified income trust or special needs trust) when you want?

The State has an Adult Protective Services program to help people who are mistreated, hurt, disrespected, or neglected by others. Are you aware of this Adult Protective Services program?

Has someone talked to you about your individual rights (like the right to lock your bedroom door, the right to open your own mail, or the right to see a doctor if needed)?

Do you understand the “Rights and Responsibilities” that were reviewed with you?

If someone else administers your prescription medication, is that your choice?

Can you take a shower or a bath when you want to?

During the service plan meeting, were you informed of your rights as an individual receiving services? For example, roles and responsibilities of case manager and participant, how to file a complaint, choice of available long term care programs and services, right to change providers?

## Dementia Services

Have you discussed forgetting things with your doctor, nurse, or other healthcare professional?

Likert Scale: How much does forgetting things disrupt your ability to complete daily tasks and activities.

Would you reach out to your local area agency on aging to find resources related to memory loss or brain health?

Likert Scale: How often do you participate in activities aimed at helping brain health and memory function, such as puzzles, reading, socializing, learning new things, community health screenings, or health fairs?

Are you aware of the potential role that managing chronic conditions (e.g., diabetes, heart disease, blood pressure) and practicing healthy habits (e.g., smoking cessation, nutrition, sleep) plays in risk of developing dementia

Do you provide unpaid care for a family member or friend that has significant memory loss or a dementia diagnosis

Are you aware of available respite care options including caregiver support and resources offered by your area agency on aging for individuals caring for a family member or friend living with dementia or significant memory loss?

# Older Americans Act & Medicaid Outcomes

Select NCI-AD Adult Consumer Outcomes 2023-24



# For this analysis...

## Data are from 2023-24

21,000+ people

20 states

## Analysis criteria (NCI-AD and OAA):

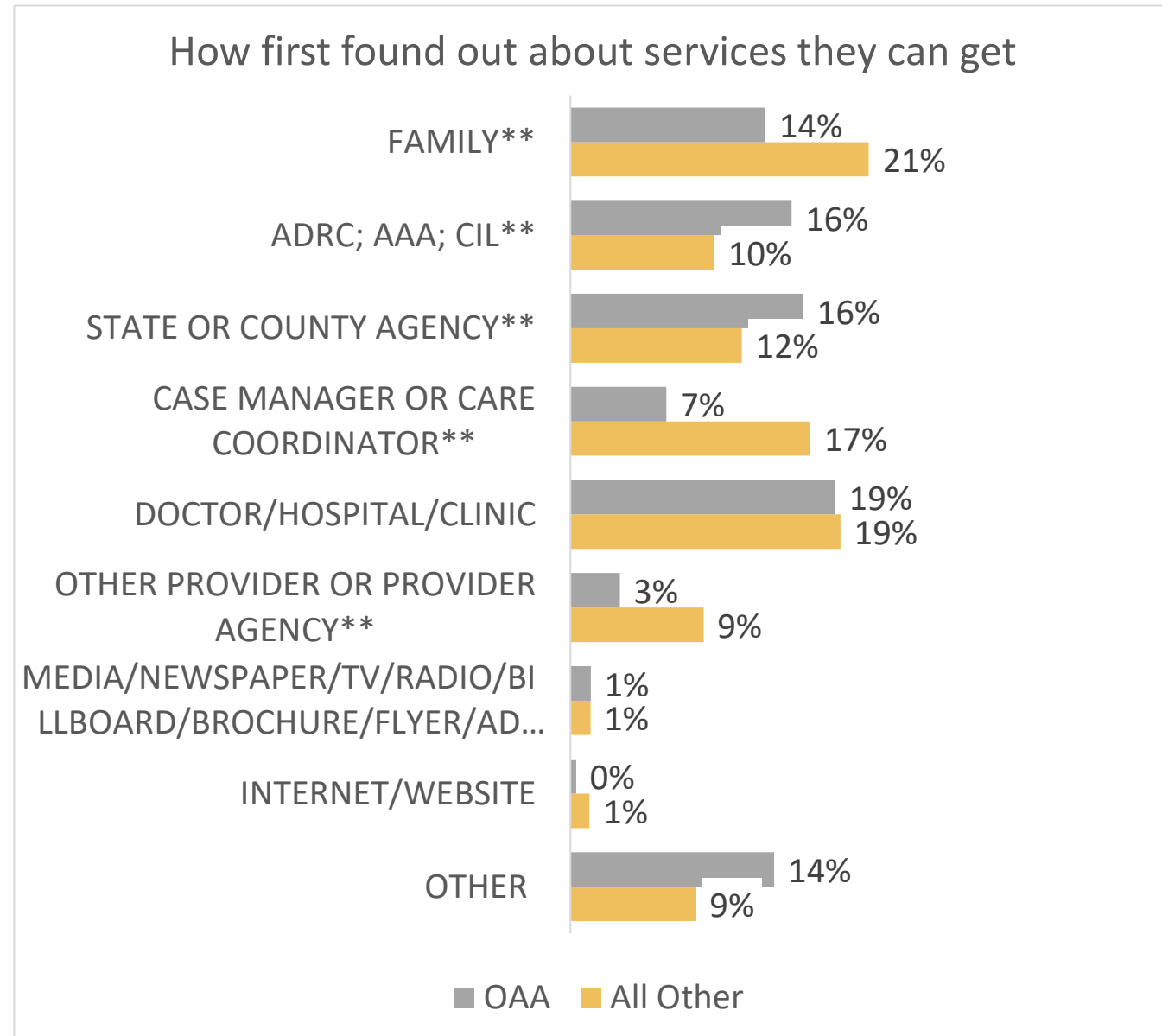
- People 60 and older
- Those *not receiving* nursing facility services

## Programs represented:

- OAA – 865 respondents
- All Other– 10,172 respondents
  - PACE- 304
  - MLTSS-5,581
  - Combined Medicaid-3,161
  - Aging Medicaid-1,048
  - PD Medicaid-78



OAA participants were informed about services and supports from the **ADRC/AAA and state/county at higher rates** and from **family, case managers, and other providers at lower rates.**



\*\*Sig. at .01



**OAA recipients whose preferred language was not English were more likely to report they got information about services in their preferred language\*\***

- **98% OAA**
- **93% All Other**

\*\*Sig. at .01



# OAA respondents had higher rates of living in individual homes or apartments

## Lives in own home or apartment\*\*

- **91% OAA**
- **75% NCI-AD**

## Lives alone\*

- **55% OAA**
- **51% NCI-AD Average**

\*\*Sig. at .01

\*Sig. at .05

## OAA respondents...

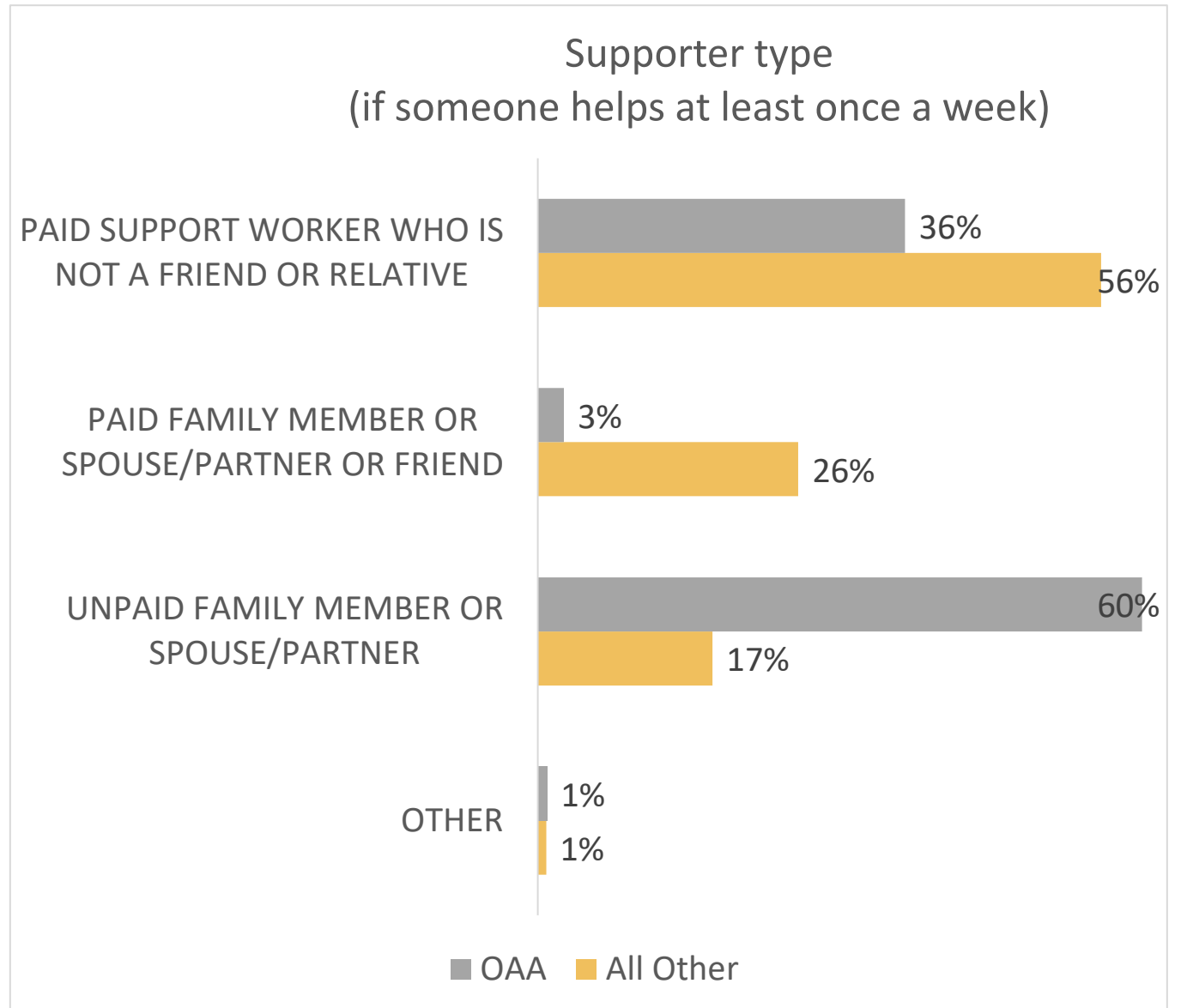
had **lower rates of reporting they have someone who helps** them on a regular basis (at least once a week)\*\*

- 63% OAA
- 89% NCI-AD

And were more than **three times as likely to rely on unpaid family/friends** to provide that support\*\*

They were also less likely to **have back up plan** if their paid support did not show up\*\*

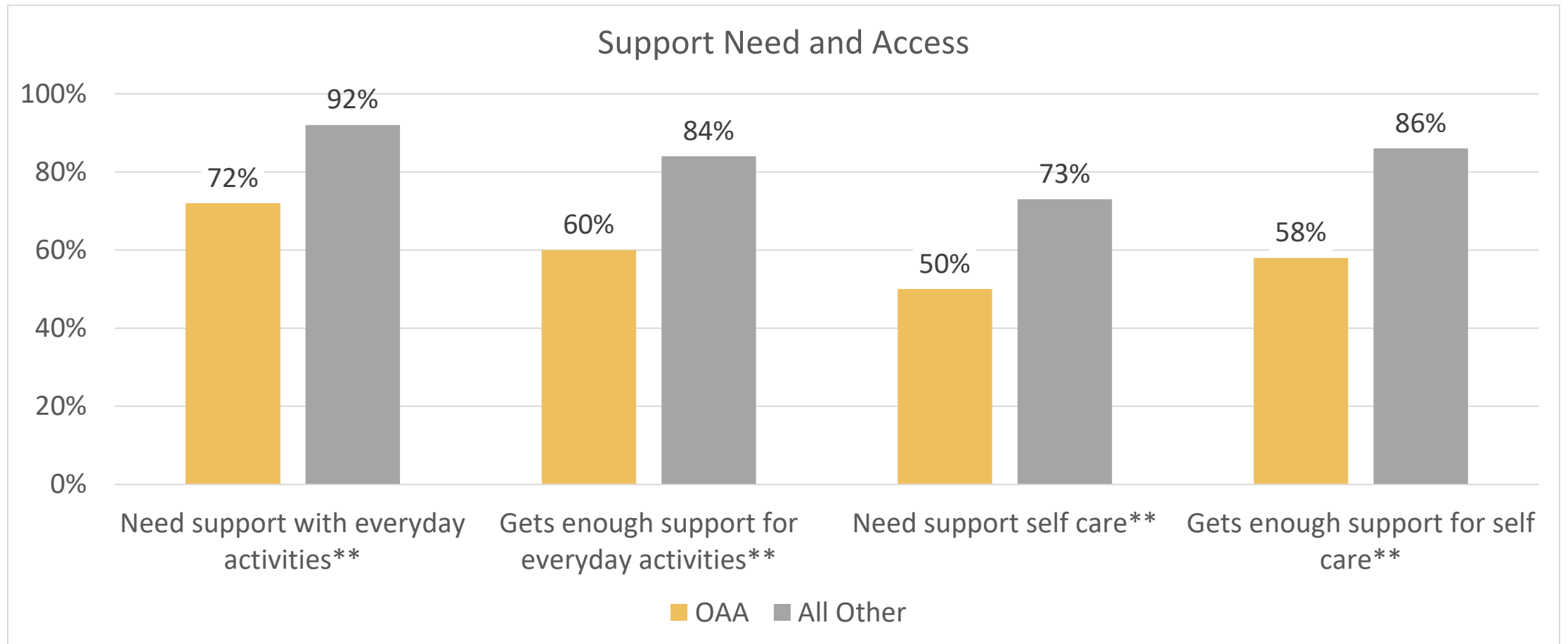
- 56% OAA
- 70% NCI-AD



\*\*Sig. at .01



# OAA respondents reported lower ADL/IADL support, but also had lower rates of getting the support they need.



\*\*Sig. at .01

# OAA respondents had higher rates of receiving home delivered meals compared to all other (70% v 20%)\*\* however...

Higher rates of OAA respondents **had to skip meals** due to financial worries \*

- **13%** OAA
- **10%** All Other

And fewer people reported they **have access to healthy foods** when they want them\*\*

- **83%** OAA
- **88%** All Other

\*\*Sig. at .01

\*Sig. at .05



# Emergency planning



CAN GET TO SAFETY QUICKLY IN  
AN EMERGENCY\*\*

81% OAA

88% ALL OTHER



HAS AN EMERGENCY PLAN IN  
PLACE\*\*

69% OAA

79% ALL OTHER

\*\*Sig. at .01



# Fewer OAA respondents reported services meet their needs and goals\*\*

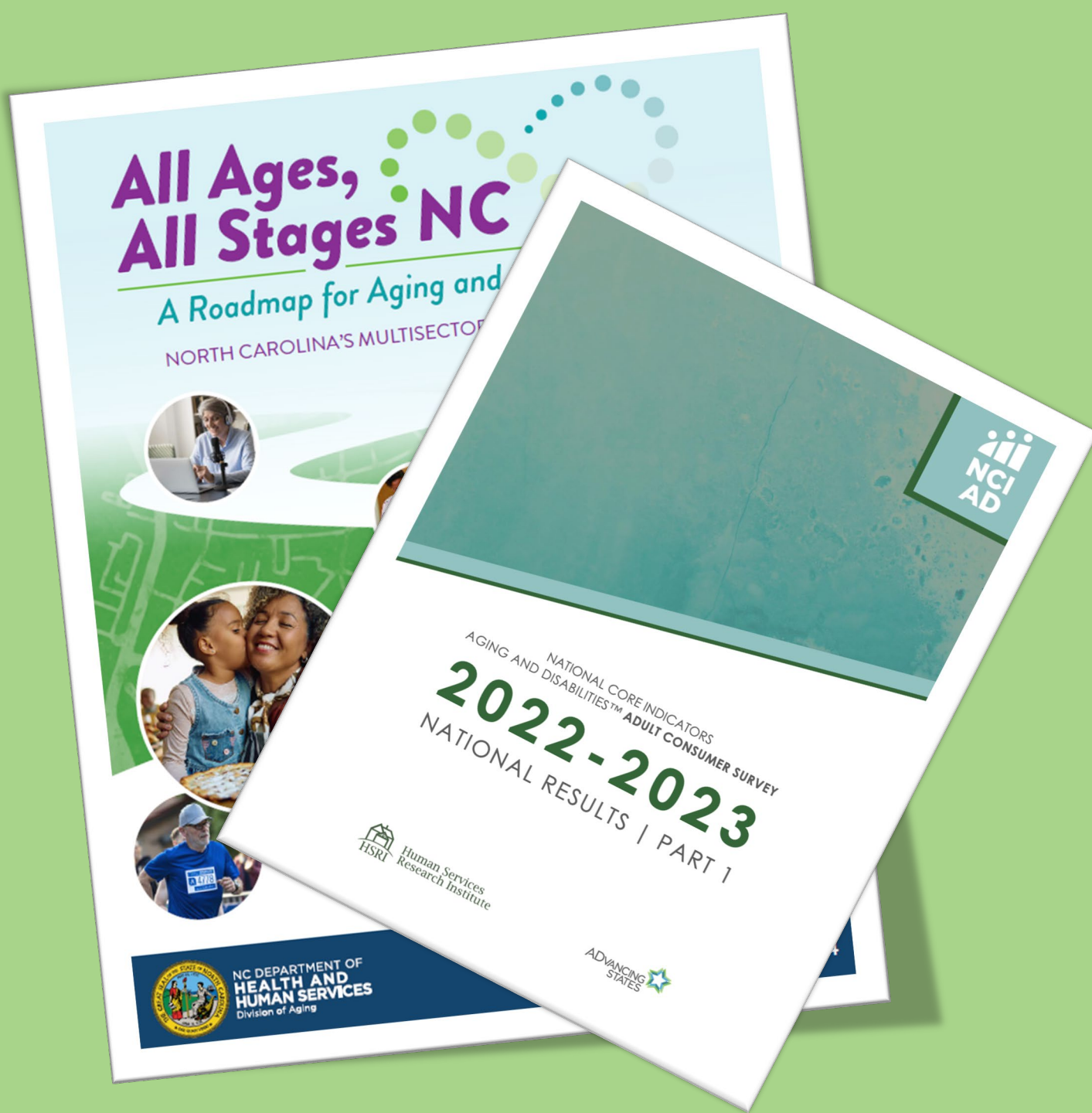
- **61% OAA**
- **76% NCI-AD**

\*\*Sig. at .01



# Leveraging Lived Experience to Inform Multisector Plans for Aging Insights from NC

Divya Venkataganesan  
Caylee Weaver







# Desired Results:

1. Consider how data may inform quality of OAA service deliver and how a state may track their progress over time.
2. Understand the role of data dashboards in monitoring and improving multisector plans.
3. Examine best practices for integrating survey results into strategic planning and policy development.
4. Recognize the importance of regularly measuring indicators to provide actionable insights and guide continuous improvement in aging services.

# Multisector Plan for Aging



A **cross-sector, state-led strategic planning resource** that can help states transform infrastructure and coordination of services for their rapidly aging population, and people with disabilities.

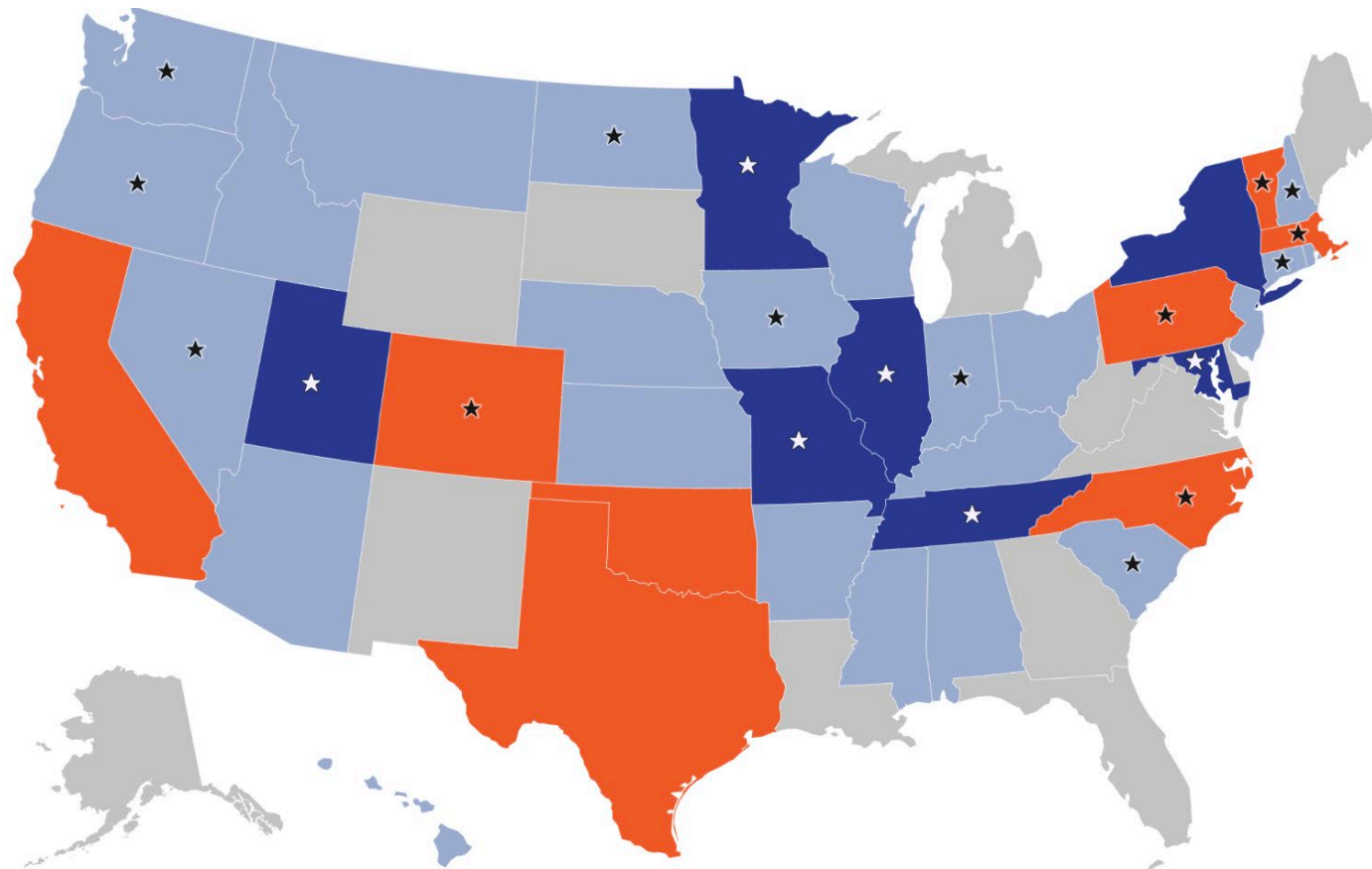
**Elevates  
common goals**

**Reduces  
duplication**

**Streamlines  
efforts**

***Strengthens rather than replaces!***

# MPA Activity Across States



- Interested or Actively Planning
- Legislation/Executive Order
- Implementing or Refreshing an MPA
- ★ MPA Learning Collaborative Participant
- Not Actively Engaged



# Data-Driven Decision Making

Data is needed before and throughout the MPA development process in the following ways:

- **Before** developing can begin on an MPA, compiling data allows plan creators and state leaders to learn about their populations. For example, understanding a population's demographic makeup provides a snapshot of the state and can help identify gaps and opportunities for the MPA to consider. This step also can uncover challenges that may affect certain demographics/communities, indicating how they are being served and what their needs are.
- **During** MPA development, data is needed to provide baseline measurements and indicators for the plans' goals and recommendations.
- **Ongoing:** Because MPAs are 10+ year plans, data needs to be used continuously, even after the plan is developed, to track progress over time.

***'BECAUSE MPAS ARE 10+ YEAR PLANS, DATA NEEDS TO BE USED CONTINUOUSLY, EVEN AFTER THE PLAN IS DEVELOPED.'***

# NC'S MPA Data Framework



## Planning

**Before (2022/2023):**  
Age My Way Survey &  
MPA Focus Groups



## Development

**During (2024):**  
Analyzing Current State of  
NC's Data Landscape;  
State and County Aging  
Profiles Dashboard  
I'm Still Here Campaign  
and Statewide Survey



## Implementation

**Ongoing/Now (2025):**  
Dashboards for Each Goal,  
Implementation Tracker, &  
Aligning NCI-AD Survey



# 2022 Planning: Age My Way NC



- **North Carolina is Aging. Will We be Prepared?**
- Age My Way NC is collaborative effort between NC and AARP NC to identify priorities for making communities great places for all ages
  - Surveyed **people 45+ statewide** to identify priorities (i.e., safe and walkable streets, age-friendly housing and transportation options, access to services, opportunities for residents to participate in community life)
    - 3,306 completed surveys, 1.8% margin of error
  - Results were augmented with other data to provide input to future planning



**AGE MY WAY NC**  
SURVEY

Age My Way NC Survey - We Want to hear from you.



# Age My Way Key Findings

- People want to stay in their communities and not relocate
- People want to age in their own homes
- Individuals worry about when they won't be able to drive
- People worry about becoming socially isolated
- Employment for older and disabled adults is important issue that needs to be addressed moving forward

## Explore our findings!

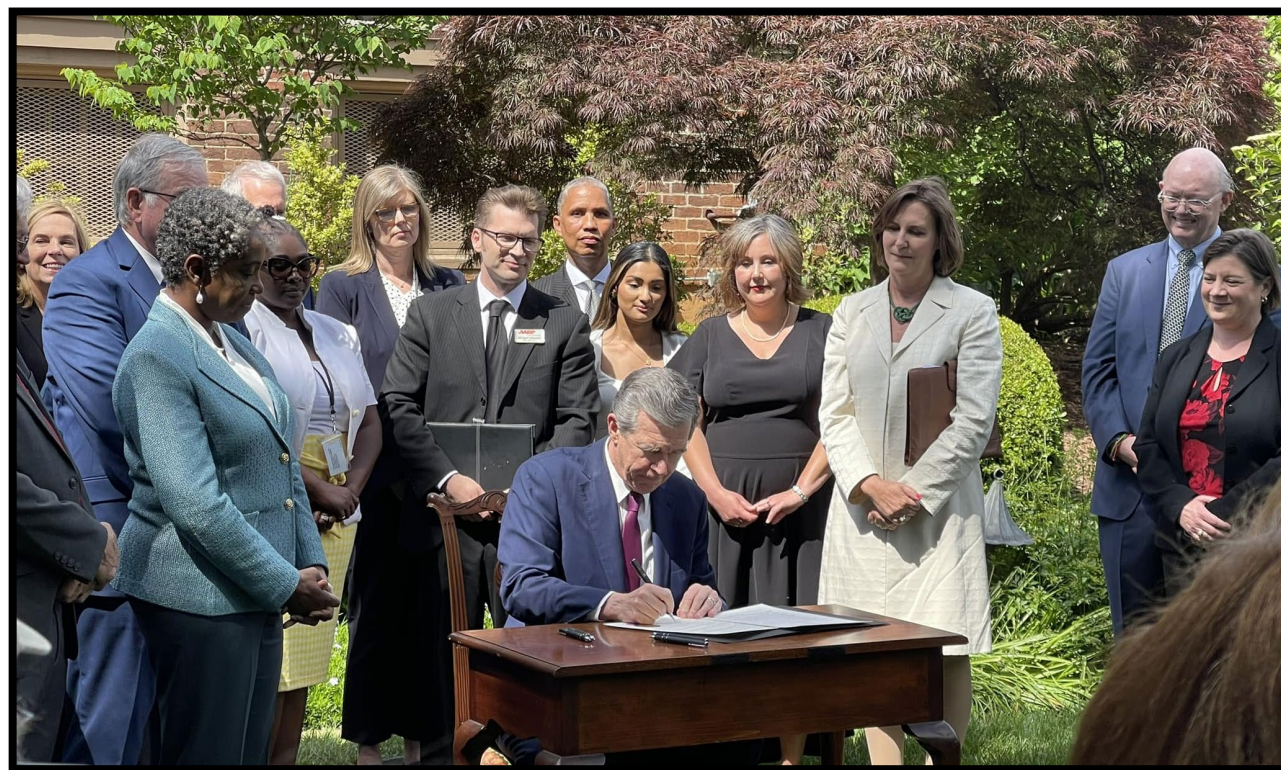
Take a few minutes to engage with the findings of our "Age My Way" survey, presented to help your policymakers understand and focus on projects that help make North Carolina Livable for people of all ages.

[Explore the Results](#)



**2023 Charge:**

# **Executive Order 280: NC's Commitment to Building an Age Friendly State**



**On May 3, 2023, Governor Cooper directed NC to build an age-friendly state through the multiple initiatives including developing the Multisector Plan for Aging.**



# 2023/2024 Development: All Ages, All Stages NC Focus Groups



What are the experiences and conditions most deeply affecting key **older adult populations (60+)** in North Carolina?

African  
Americans

Hispanic/Latinos

LGBTQ+  
individuals

Native  
Americans  
(Lumbee)

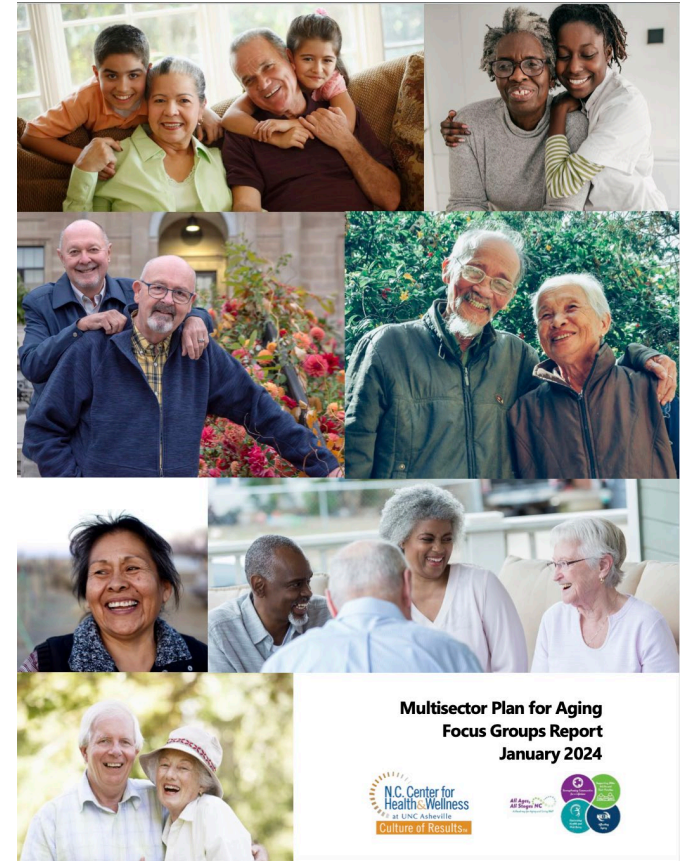
Holocaust  
survivors

Asian Americans



# Findings

- Theme #1 – Confusion and lack of awareness about available resources and services:
- Theme #2 – Challenges, inconsistency and need for expansion in transportation access supports
- Theme #3 – Barriers to aging in place
- Theme #4 – Affordability of aging and long-term care options:
- Theme #5 – Additional supports needed for social connection
- Theme #6 – Additional opportunities needed to share wisdom and expertise and to connect intergenerationally
- Inclusion and Equity (Equal Opportunity, Access and Representation)





# 2024 Development: I'm Still Here Campaign & Survey



- Methodology – online survey distributed via email link
- Timing – August and September 2024
- **Survey Recipients**
  - **Adults across the state of NC**
  - **Focus: Aged 60+**
- Length – 26 questions
- **Responses – 2,000+**
- **Completion rate – 72%**

**Reinforce NC's  
Commitment to the  
Mission of Being a State  
Where Aging Adults Can  
Thrive**

- Communicate the importance of addressing the needs of an aging population.
- Foster positive perceptions by promoting a positive view of aging, highlighting the strengths, experiences and contributions of older adults.

**Increase Awareness of the  
All Ages, All Stages  
Initiative.**

- Improve knowledge and understanding of domains
- Promote community engagement to mobilize individuals, organizations and policymakers to actively participate
- Provide information on topics such as healthcare, long-term care, housing, social services, etc

# Campaign Research Highlights



**Paid media effort delivered 72M impressions between April–November 2024; Total users to the website, during the campaign, was 29K.**  
**Targeted digital media encouraged people to learn more about the All Ages, All Stages initiative**

1. Respondents expressed satisfaction with the resources and programs available for NC's aging population and demonstrated a level of awareness of All Ages, All Stages NC.
2. This is a well-informed and engaged population. The internet and social media are their go-to sources for information.
3. Many indicated that they only "occasionally" encountered advertising related to aging population services, with the effectiveness of those messages rated as "somewhat effective."
4. Aging resources (and support) deemed important are affordability and comprehensive care.
5. Most respondents did not report experiencing or witnessing discrimination against older adults.

**Illuminate the opportunities (and challenges) of supporting an aging population**

## **Inspired Calls-to-Actions:**

- Change behavior
- Plan for own aging
- Seek out services
- Practice healthy living
- Support policy
- Create inclusive communities

# NC's Data Dashboard Phase 1 – State, Regional & County Aging Profiles



## North Carolina Aging Population Profile

Entire State  
Navigate to ...

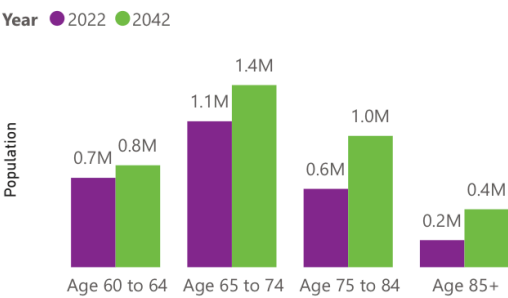
County Profile      Region Profile

People	People 65+	65+ as % of Total
10,705,403	1,876,555	18%

### Population Growth

	2022 Est.	2042 Proj.	2022 Est.	2042 Proj.	Proj. Growth
Age 0-17	2,265,759	2,651,547	21%	20%	17%
Age 18-44	3,839,982	4,556,697	36%	34%	19%
Age 45-59	2,055,771	2,500,794	19%	19%	22%
Age 60-64	667,336	760,985	6%	6%	14%
Age 60+	2,543,891	3,533,490	24%	27%	39%
Age 65+	1,876,555	2,772,505	18%	21%	48%
Age 85+	202,169	432,551	2%	3%	114%
Total	10,705,403	13,242,528			24%

### Projected Growth in Next 20 Years



### 65+ Projected Growth by Region

Area Agency on Aging	2022 Est.	2042 Proj.
A - Southwestern Commission	55,440	64,959
B - Land of Sky Regional Council	110,015	149,795
C - Foothills Regional Commission	49,454	58,682
D - High Country COG	47,149	55,111
E - Western Piedmont COG	76,023	100,272
F - Centralina COG	351,160	619,179
G - Piedmont Triad Regional Council	323,703	423,307
J - Central Pines Regional Council	319,028	602,533
K - Kerr Tar Regional COG	46,378	68,105
L - Upper Coastal Plain COG	60,158	61,621
M - Mid-Carolina Regional Council	79,238	101,964
N - Lumber River COG	47,054	56,257
O - Cape Fear COG	115,325	181,932
P - Eastern Carolina COG	108,639	123,802
Q - Mid-East Commission	50,107	57,079
R - Albemarle Commission	37,684	47,907
<b>Total</b>	<b>1,876,555</b>	<b>2,772,505</b>

### Age 65+ Race

Race	NC %	US %
White	78%	79%
Black or African American	17%	9%
American Indian and Alaska Native	1%	1%
Asian	2%	5%
Some Other Race	1%	3%
Two or More Races	2%	4%
<b>Total</b>	<b>100%</b>	<b>100%</b>

### Social and Economic Characteristics

Population Age 65 and Older	NC %	US %
0-99% Poverty	10%	10%
0-199% Poverty	29%	27%
Speaks English Less Than Very Well	2%	9%
Veterans	16%	15%
Living Alone	27%	26%
Less Than Highschool Education	13%	13%
Highschool Graduate (No College)	30%	30%
Has a Disability	33%	32%
In Labor Force	17%	19%

### Age 65+ Ethnicity

	NC %	US %
Hispanic/Latino	2%	9%
White Non-Hispanic/Latino	77%	75%



36,335

Age 60+ Grandparents responsible for Grandchildren



47,600

Age 60+ Moved from Other States or Abroad

# Demographic Deep Dive



Demographic Dive by County

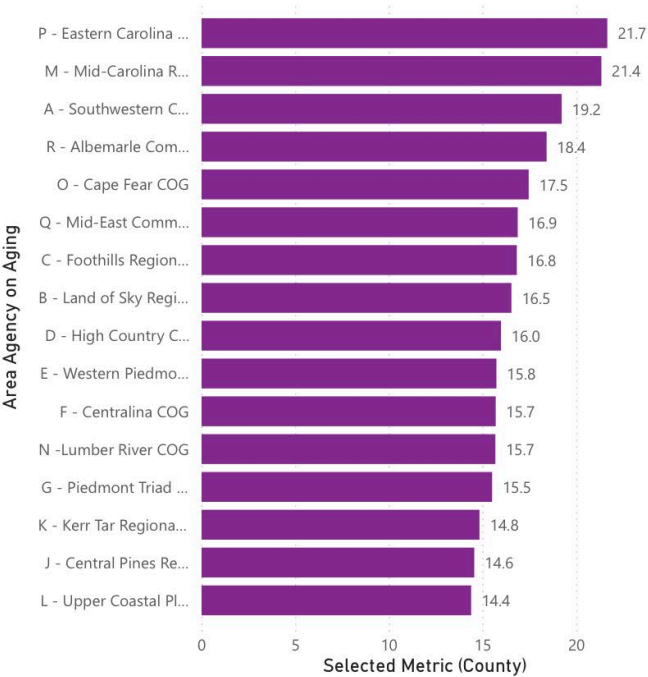
Dive into a specific demography metric using the selector on the right

Choose a demography metric from the list

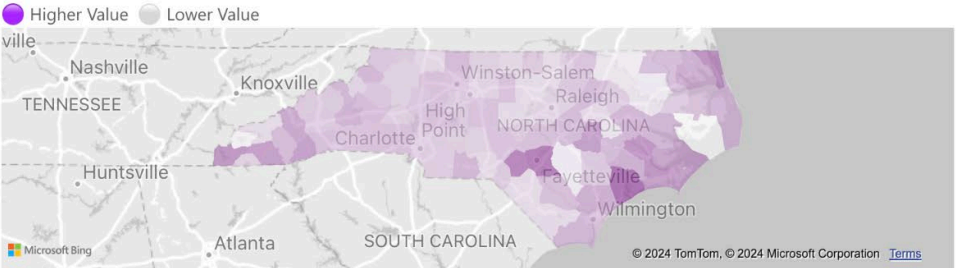
Age 65+ Veterans (County %) ▼

Age 65+ Veterans (County %) by Aging Region

Click bar(s) to filter map and table



Age 65+ Veterans (County %) by County



Use the dropdown or map to filter the table and by county

	Selected Counties	NC	US
All	16.4	16.4	15.4

Age 65+ Veterans (County %) by County

County	Area Agency on Aging	Selected Metric	# of People 65+	65+ % of Total Pop
Alamance	G - Piedmont Triad Regional Council	16.4	29,084	20%
Alexander	E - Western Piedmont COG	14.6	7,430	23%
Alleghany	D - High Country COG	15.7	3,079	26%
Anson	F - Centralina COG	18.3	4,339	19%
Ashe	D - High Country COG	16.1	7,112	28%
Avery	D - High Country COG	14.2	4,007	25%
Beaufort	Q - Mid-East Commission	18.4	10,927	26%
Bertie	Q - Mid-East Commission	11.1	4,253	20%
Bladen	N - Lumber River COG	16.9	6,801	19%
Total		16.4	1,747,359	19%

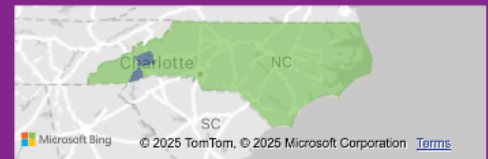
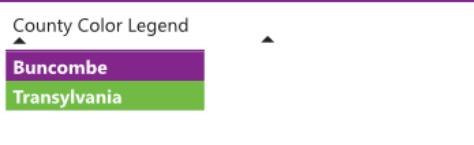
1. Age 60+ Grandparents Responsible for Grandchildren (County %)
2. Age 60+ Grandparents Responsible for Grandchildren (County)
3. Age 60+ Moved from Other States or Abroad (County %)
4. Age 60+ Moved from Other States or Abroad (County)
5. Age 65+ 0-199% Poverty (County %)
6. Age 65+ 0-199% Poverty (County)
7. Age 65+ 0-99% Poverty (County %)
8. Age 65+ 0-99% Poverty (County)
9. Age 65+ High School Graduate (County %)
10. Age 65+ High School Graduate (County)
11. Age 65+ In Labor Force (County %)
12. Age 65+ In Labor Force (County)
13. Age 65+ Less Than High School (County %)
14. Age 65+ Less Than High School (County)
15. Age 65+ Living Alone (County %)
16. Age 65+ Living Alone (County)
17. Age 65+ Median Household Income (County)
18. Age 65+ Speak English Less Than Very Well (County %)
19. Age 65+ Speak English Less Than Very Well (County)
20. Age 65+ Veterans (County %)
21. Age 65+ Veterans (County)
22. Age 65+ With Disability (County %)
23. Age 65+ With Disability (County)

# County Comparison Tool



## County Comparison

By Aging Region and County



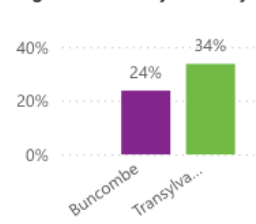
### County Selector

Area Agency on Aging, County (Long)

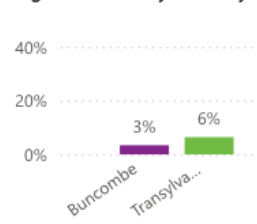
Search

- ☐ A - Southwestern Commission
  - ☐ Cherokee County, North Carolina
  - ☐ Clay County, North Carolina
  - ☐ Graham County, North Carolina
  - ☐ Haywood County, North Carolina
  - ☐ Jackson County, North Carolina
  - ☐ Macon County, North Carolina
  - ☐ Swain County, North Carolina
- ☒ B - Land of Sky Regional Council
  - ☒ Buncombe County, North Carolina
  - ☐ Henderson County, North Carolina
  - ☐ Madison County, North Carolina
  - ☒ Transylvania County, North Carolina
- ☐ C - Foothills Regional Commission
- ☐ D - High Country COG
- ☐ E - Western Piedmont COG
- ☐ F - Centralina COG
- ☐ G - Piedmont Triad Regional Council

Age 65+ (%) by County



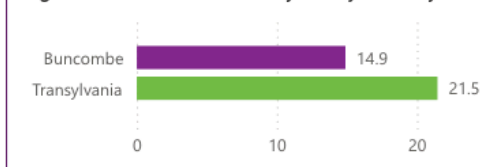
Age 85+ (%) by County



### Choose a demography metric from the list

Age 65+ Veterans (County %)

Age 65+ Veterans (County %) by County



### Comparison of 65+ Population by County

Buncombe, Transylvania

County (Short)	Rurality	Total Population	65+ Population	% of Pop 65+	Selected Metric (County)
Buncombe	Metro	271,790	56,572	21%	14.9
Transylvania	Non-Metro	33,243	10,247	31%	21.5
Total	Metro	305,033	66,819	22%	15.9

### Population Growth County Comparison

Year	Age 0-17	Age 18-44	Age 45-59	Age 60-64	Age 60+	Age 65+	Age 85+	Ages All
2023								
Buncombe	48,978	96,806	52,371	18,344	78,892	60,548	6,130	277,047
Transylvania	5,242	8,919	5,597	2,574	13,435	10,861	1,341	33,193
2043								
Buncombe	47,112	107,389	74,643	22,526	107,628	85,102	14,892	336,772
Transylvania	5,050	8,777	6,538	2,066	13,935	11,869	2,987	34,300



# Data Sources



## **Estimates/projections:**

- NC Office of State Budget and Management, Standard Population Estimates, Vintage 2023; Population Projections, Vintage 2024 [www.osbm.nc.gov/facts-figures/population-demographics](https://www.osbm.nc.gov/facts-figures/population-demographics).

## **Race/Ethnicity:**

- US Census Bureau (2024) 2019-2023 American Community Survey 5-year estimates Table B01001A Sex by Age White alone <https://data.census.gov/>
- US Census Bureau (2024) 2019-2023 American Community Survey 5-year estimates Table B01001B Sex by Age People who are Black or African American alone
- US Census Bureau (2024) 2019-2023 American Community Survey 5-year estimates Table B01001D Sex by Age People who are Asian alone
- US Census Bureau (2024) 2019-2023 American Community Survey 5-year estimates Table B01001C Sex by Age People who are American Indian or Alaska Native alone
- US Census Bureau (2024) 2019-2023 American Community Survey 5-year estimates Table B01001F Sex by Age People who are Some Other Race alone
- US Census Bureau (2024) 2019-2023 American Community Survey 5-year estimates Table B01001G Sex by Age People who are two or more races
- US Census Bureau (2024) 2019-2023 American Community Survey 5-year estimates Table B01001H. Sex by Age. White, not Hispanic or Latino.
- US Census Bureau (2024) 2019-2023 American Community Survey 5-year estimates Table B01001I Sex by Age People who Hispanic or Latino

## **Socio-economic characteristics:**

- US Census Bureau (2024) 2019-2023 American Community Survey 5-year estimates Table B17024 Age by ratio of income to poverty level in the past 12 months
- US Census Bureau (2024) 2019-2023 American Community Survey 5-year estimates Table B16004 Age by language spoken at home by ability to speak English for the population 5 years and over
- US Census Bureau (2024) 2019-2023 American Community Survey 5-year estimates Table B21001 Sex by age by Veteran status for the civilian population 18 years and over
- US Census Bureau (2024) 2019-2023 American Community Survey 5-year estimates Table B09020 Relationship by household type (Including living alone) for the population 65 years and over
- US Census Bureau (2024) 2019-2023 American Community Survey 5-year estimates Table B15001 Sex by age by educational attainment for the population 18 years and over
- US Census Bureau (2024) 2019-2023 American Community Survey 5-year estimates Table C18108 Age by number of disabilities
- US Census Bureau (2024) 2019-2023 American Community Survey 5-year estimates Table B23001 Sex by age by employment status for the population 16 years and over
- US Census Bureau (2024) 2019-2023 American Community Survey 5-year estimates Table B07001 Geographical mobility in the past year by age for current residence in the United States
- US Census Bureau (2024) 2019-2023 American Community Survey 5-year estimates Table B10051 Grandparents living with own grandchildren by responsibility for own grandchildren by presence of parent of grandchildren and age of grandparent
- US Census Bureau (2024) 2019-2023 American Community Survey 5-year estimates Table S1903 Median Income by Household Age

## **County-Level Rurality Classifications:**

- Health Resources & Services Administration (2022-2023) Area Health Research Files (AHRFs)





# Phase 2 – Coming in 2025/2026

In future phases, new **metrics/dashboards** and an **implementation tracker** will be added that align with the four goals and eight priorities of All Ages, All Stages NC.

## Supporting Older Adults and Their Families

Home and  
Community-Based  
Services

Family Caregiver  
Support

## Strengthening Communities for a Lifetime

Housing

Adult Protective  
Services

Age-Friendly State  
and Communities

## Optimizing Health and Well Being

Long-Term  
Services and  
Supports

Workforce

## Affording Aging

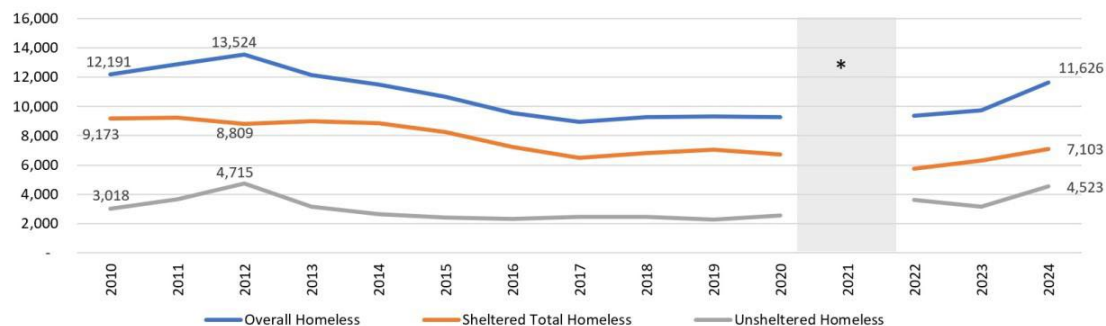
Potential of Older  
Adults



## EX: Housing Dashboard

- 29.2% of households with adults aged 65 and older in North Carolina spend 30% or more of their income on housing. [americashealthrankings.org](https://americashealthrankings.org)
- There is a shortage of rental homes affordable and available to extremely low-income households, with only 40 affordable and available rental homes for every 100 such households. [nchousing.org](https://nchousing.org)

Figure 1: After years of decreasing homelessness in North Carolina, recent data shows an increase.



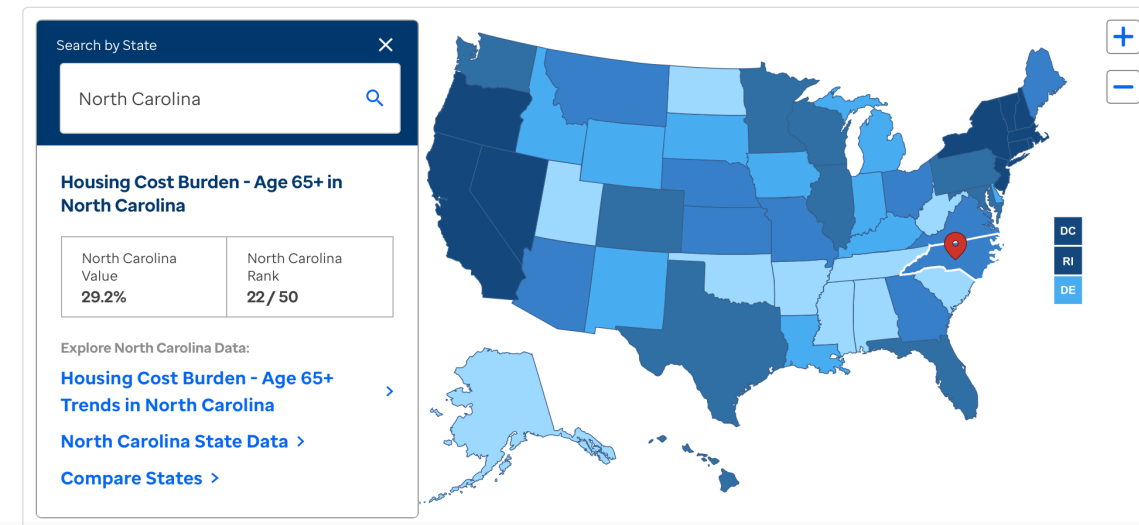
Source: 2024 Point-In-Time data from the Department of Housing and Urban Development (HUD), pulled 1/6/2025.

\*2021 values were likely undercounts due to challenges completing the count during the COVID-19 pandemic, so are not shown.

- **One in five individuals experiencing homelessness is 55 or older.** Almost half (46%) of people aged 55+ experiencing homelessness are experiencing unsheltered homelessness, meaning they are living somewhere not meant for human habitation.

## Housing Cost Burden - Age 65+ by State

Percentage of households with one or more adults age 65 and older for which housing costs are 30% or more of household income



NORTH CAROLINA  
**HOUSING**  
COALITION

## The 2025 Housing Need in North Carolina



# 28%

of North Carolina is cost-burdened.

1,138,293 households

**Renters**  
who have difficulty affording their homes:



# 48%

615,581 households

**Homeowners**  
who have difficulty affording their homes:



# 19%

522,712 households

Homeowner/Renter Cost Burdened 2025

19%

Homeowner

48%

Renter

State

Families that spend more than 30% are considered **cost-burdened**, more than 50%, are considered **severely cost-burdened**.



## Ex 2: Workforce Dashboard

- Direct care workforce data collection strategies in North Carolina:
  1. Make existing data collection practices and structures more transparent, accessible, and clear so that data may be more effectively analyzed and used.
  2. Enhance the current data collection systems by collecting more data points.
  3. Capture information and training credentials on direct care workers that are not currently included in the training registries.
  4. Explore options to link the training registries together using an online platform that is accessible to providers and workers
  5. Participate in more survey opportunities, particularly the National Core Indicators Aging and Disabilities SOTW Survey.
  6. Learn from what other states have done to improve direct care workforce data collection.

### Healthcare Workforce Crisis

Research shows that from 2018 to 2028, North Carolina's long-term care sector will need to fill more than **186,000 openings in direct care**, including nearly **21,000 new jobs** to meet rising demand and **165,500 jobs that become vacant** as existing workers transfer to other occupations or exit the labor force.





# Workforce Dashboard



## For Reference:

[US Department of Labor, Bureau of Labor Statistics \(BLS\) Standard Occupational Categories \(SOC\)](#)

[Categories](#) typically utilized to identify direct care workers in federal labor data:

Personal Care Aides (SOC 31-1122)

Home Health Aides (SOC 31-1121)

Nursing Assistants (SOC 31-1131)

## State-Level/Generated Workforce Data Sources (may draw from federal data sources)

- NC Department of Health and Human Services (DHHS)-sponsored data
  - Division of Health Services Regulation (DHSR)
    - Direct Care Workforce Registries
    - Data drawn from entities licensed by DHSR
  - Medicaid Claims/Encounter Data for specific services
  - Medicaid Provider enrollment data
  - Division of Mental Health, Developmental Disability and Substance Use Services (DMH)-specific service data.
  - Provider cost reports (specific services only).
  - Other relevant program data
- Department of Commerce Labor Data
  - [D4 Data](#)
- UNC/SHEPS Center
  - [NC Nursecast](#)
  - [NC Behavioral Health Workforce Resource Center](#)
- NC Center on the Workforce for Health
  - [Health Talent Alliance Data](#)
- AHEC/U.of Washington
  - [NC Health Workforce Sentinel Data](#)
- NC Board of Nursing
  - [NA II Credentialing in License Verification Database](#)
- Provider/Association-Generated Data
- Office of State Budget and Management
  - [Office of State Demographer](#)
- Education-Related Resources
  - [NC Community Colleges](#)
  - [Division of Public Instruction](#)
- [NC Rural Center](#)
- Other

## ***Advancing the Data Landscape for the Direct Care Workforce: A Starting Place Compendium of Existing Data Sources***

***Compiled in preparation for Wednesday, February 19, 2025***

*The first step is to inventory what is already knowable from a state's current data collection and management information systems, including information that can be gleaned from required cost reporting, quality management, and claims processing systems.*

## National Data Sources, with State-Level Direct Care/Support Workforce Detail

- US DOL/BLS/SOC
  - [Healthcare Support Occupations](#)
- PHI
  - [Workforce Data Center](#)
  - [State Index Tool](#)
- NCI State of the Workforce
  - [For I/DD](#)
  - [For Aging and Disability](#)
- National associations

## Additional Key Federal Sources

- US DHHS
  - [National Center for Health Workforce Analysis](#) (HSRA)
  - [Direct Care Workforce Strategy Center](#) (ACL)
  - [CMS-managed claims/encounter data](#) (Centers for Medicare & Medicaid Services)



# All Ages, All Stages NC Implementation Tracker



## Priorities and Recommended Action Steps

### Supporting Older Adults and Their Families



**GOAL:** 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.

#### Home and Community Based Services

##### RECOMMENDED ACTION STEPS:

- Increase funding for home- and community-based services to meet the growing need among older adults for high quality, community based care.
- Align NC policies with the Older Americans Act rules to meet its intended goal of supporting more older North Carolinians to live at home and in the community.
- Pursue data modernization to better support our aging population through improved program management and service delivery.

#### Family Caregiver Support

##### RECOMMENDED ACTION STEPS:

- Provide family caregivers with more support including a comprehensive range of services like respite care.
- Sustain the NC Caregiver Portal so that caregivers can easily find reliable resources that meet the needs of the person for whom they are caring.
- Strengthen family leave policies to support caregivers in managing their dual roles and strengthen businesses by supporting employee retention.
- Support development of a state tax credit for caregivers to provide crucial financial relief and recognize their significant contributions to caring for older North Carolinians.
- Create a unified referral system with a "no wrong door" approach so caregivers receive tailored and accurate information, referrals, and access to long-term services and supports no matter which "door" they walk through.



### Strengthening Communities for a Lifetime

**GOAL:** North Carolinians will live in communities, neighborhoods, and homes that support thriving at all stages and ages.

#### Housing

##### RECOMMENDED ACTION STEPS:

- Increase funding for housing repairs and modifications to allow low-income older adults to safely stay in their home.

- Increase access to and sustainability of affordable housing for individuals with disabilities.
- Raise income eligibility for property tax relief programs so more people can afford to remain in their homes.
- Boost affordable housing development through tax credits and low-interest loans to stimulate investment in building and renovating properties.
- Encourage adoption of universal design principles to ensure that homes and buildings are accessible for people of all ages and abilities.
- Ensure evolving housing needs of aging individuals with developmental disabilities, traumatic brain injury, and mental health needs are met so they can age in place and have equal and accommodative access to aging supports, programs, and facilities.
- Advocate for a more coordinated approach to addressing housing challenges such as availability, affordability, accessibility, safety, and quality.

#### Adult Protective Services

##### RECOMMENDED ACTION STEPS:

- Pass statutory changes to address gaps in service delivery, update legal frameworks to reflect current best practices, and improve the protection of vulnerable adults.
- Advocate for state funding to ensure county departments of social services have the necessary resources to deliver effective adult protective services, including emergency services.

#### Age-Friendly State and Communities

##### RECOMMENDED ACTION STEPS:

- Foster a culture of healthy living across the lifespan through support for programs that enhance adults' health and well-being including multipurpose senior centers, evidence-based health promotion, and disease prevention programs.
- Address social isolation and improve connectivity to improve quality of life for older adults.
- Increase digital equity for older adults, especially in rural areas through training, broadband expansion, and physical resources.
- Promote best practices in health care delivery that involve older adults in their care decisions.
- Promote innovative, replicable transportation options to help older adults and people with disabilities improve their independence.
- Address barriers to food insecurity for older adults including improving access to food and streamlining connections to available services.
- Increase training on fraud, scams, and consumer protection to help reduce the risk of exploitation for older adults.
- Assist communities and institutions in pursuing Age-Friendly designations that help create environments that are welcoming and accessible to all ages.

## Progress tracker on the 41 recommended action steps.

- Establish a Legislative Study Commission on Aging to help ensure that the state's aging population receives needed support and that necessary legislative changes are made to effectively address emerging needs and challenges.
- Enhance NC211 and NCCARE360 as comprehensive resources for older adults and people with disabilities to obtain information and connect to needed services, such as housing, health care, food, transportation, and life-long learning resources.



### Optimizing Health and Well Being

**GOAL:** North Carolinians will have access to person-centered services and supports that will optimize their life-expectancy and health quality.

#### Long-Term Services and Supports

##### RECOMMENDED ACTION STEPS:

- Increase awareness of long-term care costs and Medicare limitations through the promotion of the NC Department of Insurance's Seniors' Health Insurance Information Program's (SHIIP) to help individuals plan more effectively for potential care needs and avoid unexpected expenses.
- Address challenges including the delivery and long-term financing to help achieve a continuum of community services and supports now and in the future.

#### Workforce

##### RECOMMENDED ACTION STEPS:

- Expand consumer-directed options for caregiving to provide greater flexibility and personalization in caregiving arrangements, enabling individuals to receive care from trusted sources and maintain their independence.
- Ensure a skilled workforce for diverse aging field jobs by developing targeted recruitment campaigns, creating partnerships with educational institutions, and enhancing training programs to better prepare individuals for careers in aging services.
- Address recommendations from the Investing in North Carolina's Caregiving Workforce report to strengthen and support the health care workforce.
- Expand financial incentives for health care careers such as loan repayment programs, tuition reimbursement, and stipends.



### Affording Aging

**GOAL:** 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

#### Potential of All Older Adults

##### RECOMMENDED ACTION STEPS:

- Strengthen and expand volunteer engagement opportunities for older adults to strengthen social connection and improve organizational capacity.
- Expand appropriate employment opportunities for older workers which helps older adults remain active in the workforce, supports their financial stability, and enriches organizations with valuable perspectives.
- Launch an ageism education and advocacy awareness campaign to challenge stereotypes and promote positive attitudes toward aging.
- Reduce out-of-pocket Medicare costs for lower-income older adults to help alleviate financial stress and improve access to necessary care.
- Explore reinstating free tuition benefits for older adults at public institutions to promote lifelong education and intellectual engagement.
- Establish state-facilitated retirement savings programs to encourage more residents to save for retirement.
- Increase economic wellbeing of older adults through financial education to empower older adults to manage their finances more effectively, achieve greater financial security, and reduce economic disparities.
- Implement pre-retirement planning programs in the public and private sectors to provide valuable information about financial management and retirement benefits.



# NCI-AD Survey & Tx Data Dashboard

- [NCI-AD Indicators Crosswalk](#) overview
  - 19 domains (areas of interest); 80 indicators

NCI-AD Measures

Data Selection

Year:

2021

Plan:

All Plans

Go

Table Filter

Measure Domain:

All Domains

Search:

Search for measure name

Go

Peer Ranking Legend

Improved since last reported year

No change from last reported year

Diminished since last reported year

Extended View

Not Reported

Peer Comparison Legend

Nationwide

Statewide

Peer

Plan Selection

Domain	Measure	Rate	Demographics	Plan Rank	Peer Comparison	Trend
Community Participation	Gets to do things outside of their home as much as they want to	44.6				
	Takes part in activities with others as much as they want to	49.3				
Choice and Control	Able to furnish and decorate their room however they want to	75.9 LD				
	Can choose or change their roommate	15.4 LD				
	Feels in control of their life	64.8				
	Can get up and go to bed when they want to	86.0				
	Can eat their meals when they want to	86.1				
Relationships	Able to see or talk to their friends and family when they want	91.8				
Satisfaction	Likes where they live	84.0				

## Texas dashboard example:

- ✓ All Domains
  - Person Centered
  - Access to Community
  - Access to Needed Equipment
  - Access to Technology
  - Affordability
  - Care Coordination
  - Choice and Control
  - Community Participation
  - Everyday Living
  - Health Care
  - Medications
  - Person-Centered Planning
  - Relationships
  - Rights and Respect
  - Safety
  - Satisfaction
  - Self-Direction
  - Service Coordination
  - Wellness
  - Work



# NCI-AD Survey & NC Data Dashboard

## NCI-AD Domains

- Affordability
- Work



## NCI-AD Domains

- Healthcare
- Wellness
- Medications
- Service Coordination
- Care Coordination
- Self-Direction
- Choice and Control
- Satisfaction
- Person-Centered Planning



## NCI-AD Domains

- Access to Community
- Everyday living
- Community Participation
- Rights and Respect
- Safety
- Relationships



## NCI-AD Domains

- Access to technology
- Access to needed equipment





## How NCI-AD will be Used in NC

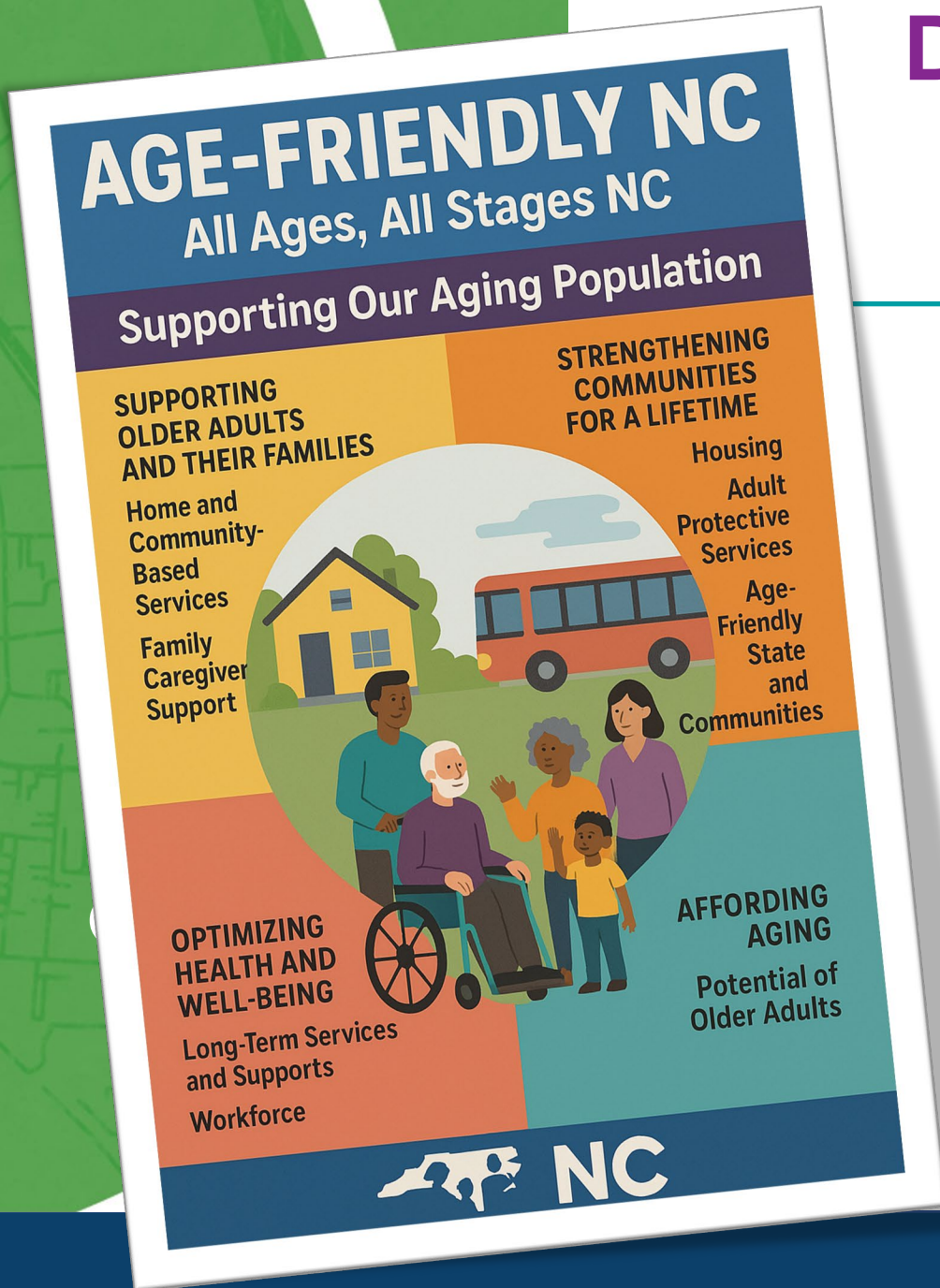
- Informs the All Ages, All Stages NC Multisector Plan for Aging
- Tailors services and supports based on NCI-AD Survey data and addresses unique needs of North Carolina's growing aging population
- Bridges gaps in existing aging and disability data systems and broadens data collection for holistic strategies
- Addresses unmet needs and gaps in services
- Meet CMS guidance related to HCBS Recommended Measure Set
- Evaluation of waiver programs
- Evaluation for LME/MCOs

# Feedback from AAAs on Use of Indicators

- Drive regional planning and prioritization
- Support advocacy and resource allocation
- Enhance program design and service delivery
- Foster equity-focused decision-making
- Strengthen cross-sector partnerships
- Elevate consumer voices in continuous quality improvement efforts
- Use infographics and data storytelling to communicate impact to the community
- Build trust through transparency in how services align with individual-reported outcomes

# Data-driven decision making is at the heart of All Ages, All Stages NC.

By using and connecting the right data, we can build strategies that meet the current needs of our aging population while also preparing for the future, making sure every North Carolinian has what they need to live well at every age and stage of life.





# All Ages, All Stages NC



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# Other NCI-AD Resources

## UMN:

- Alzheimer's and other dementias study on unmet need

## Brandeis:

- Disparity and unmet need among
- Person-centered planning

## NCI-AD Spotlights:

- [Mental Health](#)
- [Healthcare Access](#)
- [Alzheimer's and other dementias](#)

NCI-AD Presentations food insecurity and loneliness: <https://shorturl.at/gzLWZ>

# Discussion

1. Feedback/ Questions/ Comments?
2. Any questions for NC about their methodology or stakeholder involvement?
3. What is one next step you can/want to take on to better use/understand your data?
4. What other topics would you like to see in deeper discussion?

# Updates

## HCBS QMS Workgroup

<https://www.mathematica.org/features/hcbsqmsreview>

- April 8-9, 2025
- Thank you so much for state members who participated on the workgroup, those who shared public comment, and those who listened in.
- Materials are updated at link above

## NCI SoTW-AD 2023 Report Released!

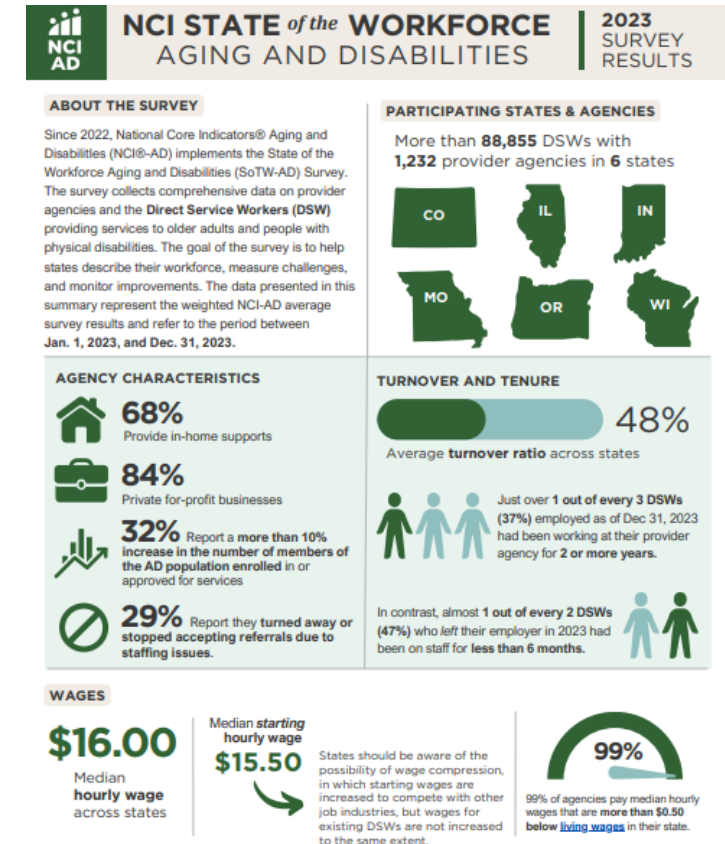
<https://nci-ad.org/sotw-ad/>

The NCI State of the Workforce for AD is the most comprehensive data on provider agencies and the Direct Service Worker (DSW) workforce providing direct support to the AD population. In 2023, we collected data from 1,232 provider agencies representing 88,855 DSWs in 6 states (Colorado, Illinois, Indiana, Missouri, Oregon, and Wisconsin).

State AD agencies have worked tirelessly to address the ongoing workforce shortages for DSWs, and these data suggest slight but hopeful trends in key indicators. Participating providers agencies responded in large numbers to provide current, timely and critical data on their workforce. HSRI and ADvancing States will continue working closely with state partners to identify opportunities to use these data to further strengthen service delivery systems and ensure DSWs are valued for their essential role supporting the AD population.

You can access the report at the link above, or click on the link below for the Data-At-A-Glance: [https://nci-ad.org/upload/reports/2023\\_NCI-AD\\_SoTW\\_AAG.pdf](https://nci-ad.org/upload/reports/2023_NCI-AD_SoTW_AAG.pdf)

- Reach out to Rosa Plasencia ([rplasencia@advancingstates.org](mailto:rplasencia@advancingstates.org)) and Dorothy Hiersteiner ([dhiersteiner@hsri.org](mailto:dhiersteiner@hsri.org)) with any questions!



# More updates 😊

**NCI-AD National Report Released!!!**

<https://nci-ad.org/reports/>

Watch for state reports and at-a-glance this Friday!

**Feedback for HCBS Intensive:**

<https://www.surveymonkey.com/r/NCIADAnnualMeeting>

**Will you be at the following conferences? Say hello! We will be presenting on NCI-AD**

ASA – Orlando, FL

NCOA – Arlington, FL

USAging – Chicago, IL

HCBS – Baltimore, MD

**Remember, the data cycle ends June 30.**

**Let Rosa and Steph know if it would be helpful to touch base.**

# Thank you!

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## Questions?

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## Comments?

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## Reactions?