

The North Carolina State Plan on Aging
2019-2023

An Age of Opportunity



Attachment D NC State Aging Profile 2017



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

Division of Aging and Adult Services

North Carolina is Aging!

- ◆ The state's total population has exceeded 10 million!
- ◆ North Carolina ranks 9th nationally, both in total population and in the number of people 65 and over.
- ◆ In 2025, one in five North Carolinians will be 65 and over.
- ◆ Effective this year (2019), the state is estimated to have more people 60 and over than under 18 years.
- ◆ In 2017, 78 counties in the state had more people 60 and over than under 18 years. By 2025, this number is expected to increase to 89 counties and by 2037 to 94 counties.
- ◆ In 2017, an estimated 39,381 people 60 and older migrated from other states and abroad to North Carolina.
- ◆ In the next two decades, our 65 and over population will increase from 1.6 to 2.6 million, a projected growth of 64%. The projected growth among the age groups 65-74 (38%), 75-84 (100%) and 85+ (111%) indicates that as the baby boomers continue to age, there will be an increased proportion of older adults in the state creating challenges for long-term services and supports.

NC Population Change 2017-2037

Age	2017		2037		% Change 2017-2037
	#	%	#	%	
Total	10,283,255		12,684,352		23%
0-17	2,312,886	23%	2,606,213	21%	13%
18-44	3,658,073	36%	4,419,187	35%	21%
45-59	2,072,070	20%	2,304,524	18%	11%
60+	2,240,226	22%	3,354,428	26%	50%
65+	1,617,993	16%	2,660,084	21%	64%
85+	181,695	2%	382,686	3%	111%

Source: NC Office of State Budget and Management, Facts and Figures

Race and Hispanic or Latino Origin, 2017

Race/Ethnicity, age 65 and over	NC	US
White alone	80.4%	83.5%
Black or African American alone	16.3%	8.9%
American Indian and Alaska Native alone	0.9%	0.5%
Asian alone	1.3%	4.2%
Some other race	0.4%	1.7%
Two or more races	0.6%	1.0%
Hispanic or Latino origin (of any race)	1.8%	7.9%

*As a % of age 65 and over

Source: US Census. 2013-2017 American Community Survey, 5-year estimates

Division of Aging and Adult Services

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Social and Economic Characteristics of population, 2017

Characteristics, age 65 and over	NC	US
Living alone	26.6%	26.2%
Veterans	19.7%	19.4%
Speak English less than "very well"	2.1%	8.7%
Have a disability	36.6%	35.5%
Have less than high school education	18.6%	17.2%
Have high school, GED/Alternative education	31.6%	32.1%
In labor force	16.2%	16.8%
Income is below poverty level	9.4%	9.3%
Income is between 100%-199% of the poverty level	22.4%	20.0%
Median household income (householder 65 and over)	\$38,466	\$41,876

*As a % of 65 and OVER

Source: US Census, 2013-2017 American Community Survey, 5-year estimates

- ◆ Of the estimated 94,821 grandparents responsible for grandchildren under 18, 40% are age 60 and over.

Health Profile

- ◆ According to the Alzheimer’s Association, North Carolina currently (2018) has 170,000 adults 65 and over with **Alzheimer’s disease** and this number is projected to rise to 210,000 by 2025, an increase of 24%. Alzheimer’s disease is the fifth leading cause of death among people age 65 and over.
- ◆ NC Division of Public Health, Office of the Chief Medical Examiner, reported **104 opioid related deaths among people 60 and over, in 2018**, a 60% increase from previous year. 78% of them were White and 57% were males.
- ◆ Of the **people 65 and over**, according to the Behavioral Risk Factor Surveillance System (BRFSS) survey, 2017:
 - 82% had at least one chronic disease, 55% of them had 2 or more chronic diseases;
 - 66% had an adult flu shot/spray and 72% had a pneumonia shot ever;
 - Only 10% reported that their health is poor and 65% reported exercising in the past 30 days.

Rank	Leading causes of death, age 65 and over, 2017	Number of deaths	% of Total deaths
1	Diseases of the heart	14,710	22%
2	Cancer	13,656	20%
3	Chronic lower respiratory diseases	4,599	7%
4	Cerebrovascular disease	4,295	6%
5	Alzheimer’s disease	4,245	6%
6	Diabetes mellitus	1,973	3%

Source: North Carolina State Center for Health Statistics

Type of disability, age 65 and over, 2017	% with a disability
Ambulatory difficulty	24%
Independent living difficulty	15%
Hearing difficulty	15%
Cognitive difficulty	10%
Self-care difficulty	8%
Vision difficulty	7%

Source: US Census, ACS, 5-year estimates

- ◆ Given the potential social and economic impact of this unprecedented growth in the aging population, it is critical that NC focus efforts to improve those social determinants of health shown to have a direct positive effect on the health and well-being of individuals as they age including food security, access to health care services and transportation, availability of home and community-based services and other supports that promote aging within the community and postpone or avoid the necessity for long-term care.

Attachment E Demographic Data

Demographic Trends

North Carolina reached an important demographic milestone in 2019, with the population aged 60 and older outnumbering children 18 and younger. An estimated 78 counties have more people aged 60 and older than under 18, and it is projected to be 89 counties by 2025. ^[2] The total population has exceeded 10 million and nationally the state ranks tenth in the total population, ninth in the size of the population 60 and older, and tenth in the population 85 and older. ^[1] The state is experiencing growth in the proportion of population 60 and older due to the impact of the aging of the 2.4 million baby boomers, increase in life expectancy, and migration of people from other states and abroad. By 2037, one in four people will be 60 and older and the proportion of population 85 and older is projected to double, creating challenges for long-term supports and services. ^[2]

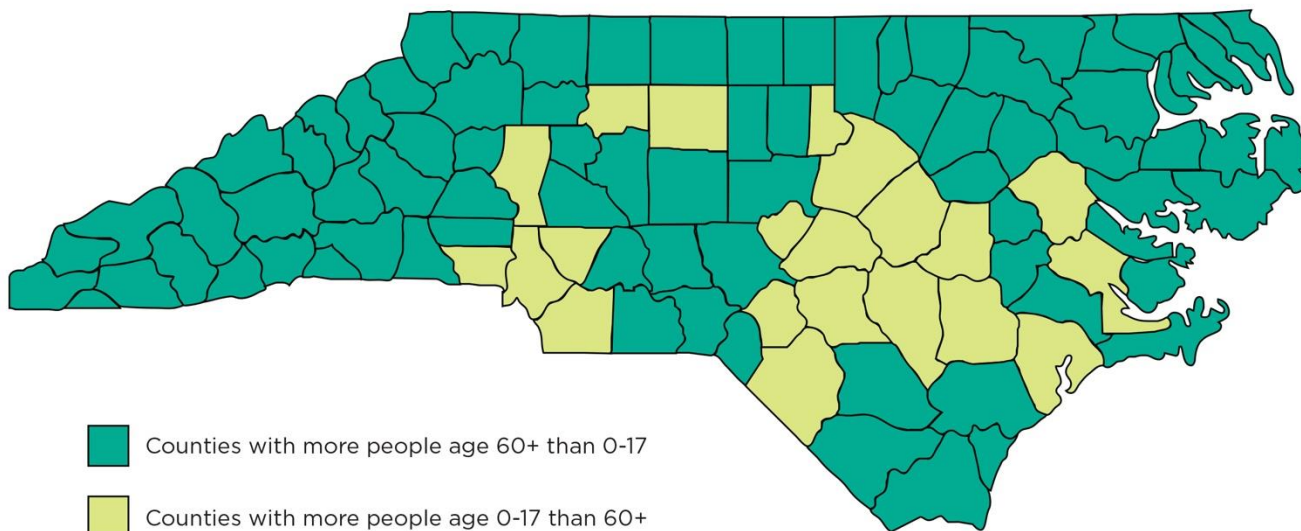
Population Change, 2017-2037

Age	2017		2037		Percent Change 2017-2037
	Number	Percent	Number	Percent	
Total	10,283,255		12,684,352		23%
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Source: North Carolina Office of State Budget and Management

Future projections of the aging population indicate that not all counties in the state will experience growth at the same rate. Some counties will see rapid growth as expanding parts of metropolitan areas, while others will experience moderate growth, and few rural counties will experience a decline. ^[2]

Counties with more people age 60 and over than 0-17, 2017



Source: North Carolina Office of State Budget and Management

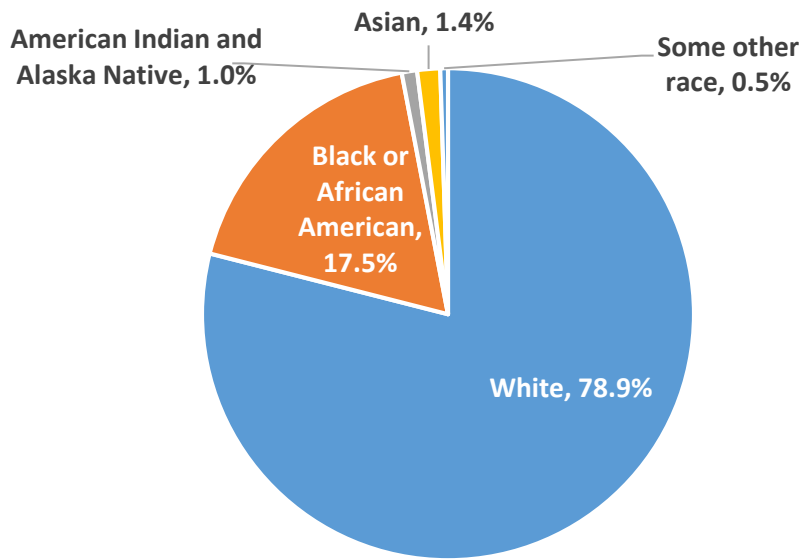
Selected Social Determinants of Health

To address social determinants of health and improve health outcomes, it is critical to understand the socio-economic status, health and environmental characteristics of the population. Research has consistently shown that health inequities exist among populations. Some disparities among North Carolina's older adults relate to gender, ethnicity/race, income, education, rurality and health status, among others.

Gender: Women and men owing to their biological differences and gender roles have different needs, challenges, and opportunities which contribute to different life and health experiences. ^[3] Women have higher life expectancy and live longer than men, live alone and face challenges towards older age. Of the population 60 and older: women represent 55.5 percent of the age group ^[4]; According to The Williams Institute, North Carolina is home to 250,000 lesbian, gay, bisexual and transgender (LGBT) adults, and many experience discriminations because of their sexual orientation and gender identity. ^[5]

Race and Ethnicity: North Carolina's ethnic and racial diversity is increasing. Of all North Carolinians age 60 and older, 21.1 percent are members of minority groups, and 17.5 percent of them are African-Americans. Around 3.6 percent of the minority population 60 and older belong to other groups, including American-Indians, Asians and some other races. Around 2 percent of the people 60 and older are of Hispanic or Latino origin (of any race) in the state. In addition, many immigrants and refugees from other countries have made the state rich in diversity. A higher proportion of African-Americans live in rural counties and are linked to lower median household income and level of education, higher rates of poverty, and disabilities. ^[4]

Diversity of population 60 and older



*As a percentage of age 60 and over - Source: US Census, American Community Survey 2013-2017, 5-year estimates

Selected Economic and Social Characteristics:

According to the American Association of Retired Persons (AARP), social isolation is associated with more chronic diseases, cognitive decline, increase in risk of death and detrimental to health, and costly to Medicare. ^[6] An estimated 27 percent of people 65 and older live alone in the community in the state. ^[7]

Status of Population age 60 and older

Characteristics	NC
Speak English less than “very well”	2.3%
Veterans	17.4%
Have a disability	32.5%
Have less than a high school diploma	16.5%
High school graduate, GED, or alternative	30.6%
Income below the poverty level	10.1%
In labor force	26.5%
Own their homes	80.2%

*As a percentage of age 60 and older - Source: US Census, American Community Survey 2013-2017, five-year estimates

Caregivers: An estimated 466,600 caregivers in the state provided 531 million hours of unpaid care in 2018. ^[8] Caregivers are very diverse with respect to race/ethnicity, age group, gender, socioeconomic status, and have unique needs based on their strengths and challenges. According to the Behavioral Risk Factor Surveillance System (BRFSS) 2017, 19 percent of the caregivers 65 and older provided regular care/assistance to friend or family members in the past 30 days. Of these caregivers aged 65 and older, 79 percent cared for an aging older adult, 31 percent cared for spouse, 21 percent provided care for more than five years, and 42 percent reported their care included managing personal care. ^[9] Of the grandparents responsible for raising grandchildren aged 18 and younger, an estimated 40 percent are aged 60 and older. Of these adults aged 60 and older responsible for raising grandchildren, 59 percent are women, 36 percent have a disability, 21 percent are below the poverty line, and face challenges in accessing services. ^[10]

Rurality: Compared to urban areas, rural communities often face more unique challenges, such as a lack of transportation options or shortages of healthcare professionals. North Carolina’s rural residents continue to face challenges in accessing healthcare, face isolation, have higher poverty and mortality rates, and an increased prevalence of opioid use.

Health Status: According to the NC State Center for Health Statistics, if age-specific mortality remains unchanged, North Carolinians age 60 and older are expected to live, on average, an additional 23 years. ^[11]

Heart disease is the leading cause of death among older adults in the state, with cancer and chronic lower respiratory diseases coming second and third. The fifth leading cause of death in the state is Alzheimer’s disease. ^[12] The number of older North Carolinians with Alzheimer’s disease is projected to increase from 170,000 in 2018 to 210,000 in 2025. ^[8]

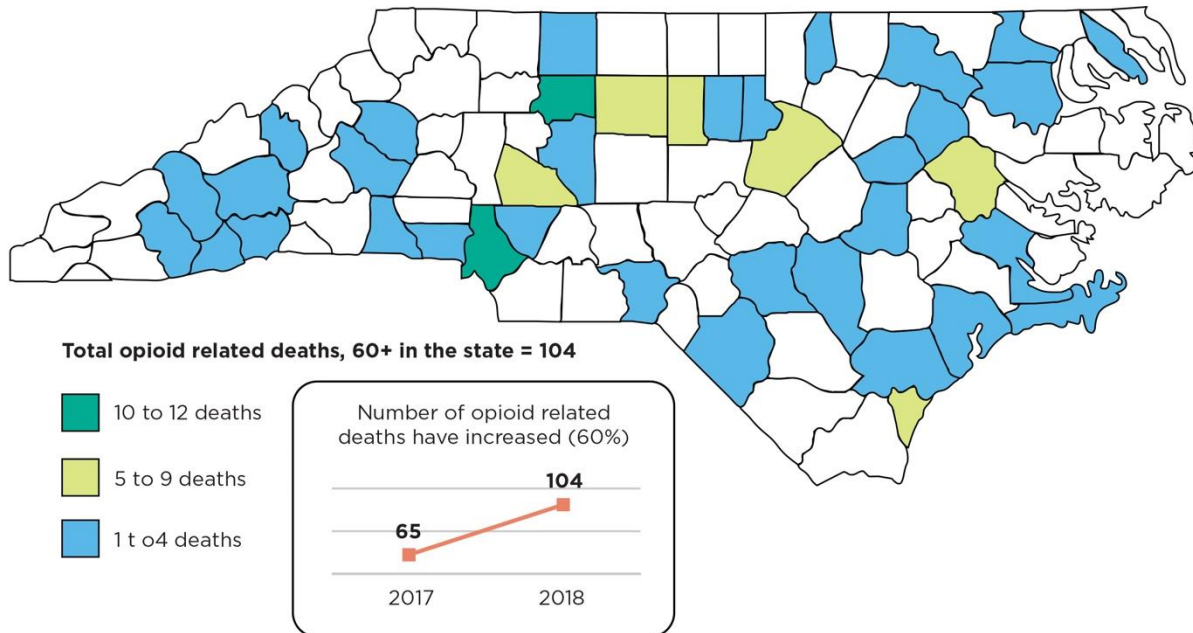
Top leading causes of death among people age 60 and older, 2017

Rank	Leading causes of death	Number of deaths	% of Total deaths
1	Diseases of the heart	16,176	22%
2	Cancer	15,947	21%
3	Chronic lower respiratory diseases	5,041	7%
4	Cerebrovascular disease	4,570	6%
5	Alzheimer's disease	4,276	6%
6	Diabetes mellitus	2,275	3%

Source: NC State Center for Health Statistics

Opioids: The state is facing a growing epidemic of opioid misuse, abuse and addiction, especially among older adults with chronic conditions. According to the NC Division of Public Health’s Office of the Chief Medical Examiner, there were 104 opioid-related deaths among the population aged 60 and older in 2018. Seventy-eight percent were white, and 57 percent were male. The aging network and stakeholders have already begun taking addressing this impending health crisis.

Opioid related deaths among adults 60 and over, SFY 2018



Source: NC Division of Public Health, Office of the Chief Medical Examiner, provisional results

The current demographics and projections of the aging population is important to analyze the implications of the change on healthcare and support services. In addition, the comprehensive data on socio-economic and health characteristics is meant to guide programmatic planning and investing in resources. Currently, what are the disability and poverty rates in adults 65 and older? How many are living alone and facing isolation and loneliness? Can we increase workforce opportunities? What are the leading causes of death? How can we collaborate to promote better health outcomes? How can we identify and connect to available resources, and build an infrastructure to better support our communities? This data is available for all the counties in the state and is updated annually (<https://www.ncdhhs.gov/divisions/daas/data-reports>) for programmatic and planning purposes in the communities we serve.

The necessity to plan for this changing older population and address the social determinants of health is critical. It is imperative to mobilize resources, collaborate and work together to ensure that not only the needs of the older adults are met, but they are provided with opportunities to be involved and engaged in meaningful activities.

Attachment I Housing Data

- Housing needs of people aged 60 and older in NC

In NC, an estimated 238,654 homeowner households and 110,689 renter households with an elderly member have one or more housing problems, i.e., lacking complete plumbing, lacking complete kitchen facilities, more than one person per room, and/or greater than 30 percent housing cost burden. This accounts for 6.3 percent and 2.9 percent, respectively, of the total households in NC (3,775,565).

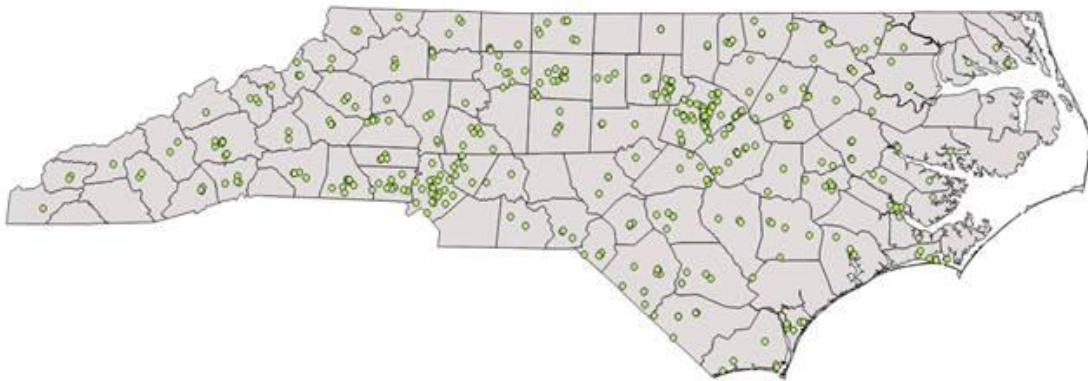
Source: [CHAS 2011-2015 data, Table 5 \(Comprehensive Housing Affordability Strategy\)](#)

Generally, most housing is designed for younger adults, and not suitable for seniors who struggle with mobility and manual dexterity ([Badger, 2014](#)). Although homebuilding trends are moving toward accessibility, most older homeowners are living in older homes, not new, aging-friendly ones. These older homes become even less habitable as they age and require maintenance, which many senior homeowners are physically and financially unable to handle. A 2011 study found that adults who lived in homes they owned, as opposed to those who rented or lived in institutional care, reported better mental health—an effect that increased as they aged ([Howden-Chapman et al., 2011](#)). However, owning a home in disrepair without the means to repair it was identified as a mental health stressor among owner-occupiers. Housing quality affects the physical health of older people as well, because susceptibility to illnesses associated with low temperatures and time spent in the home both increase with age. Wealth differences add another layer of impact. In a recent case study, indoor home environments were found to differ more widely between poor and wealthy people than the surrounding neighborhood environment ([Lejeune et al. 2016](#)).

More resources:

- For a good method for calculating demand for affordable senior housing, see <https://ced.sog.unc.edu/finding-the-hard-numbers-for-a-rising-problem-a-method-of-calculating-demand-for-affordable-senior-housing/>
- For maps on elderly households by tenure, visit <https://www.policymap.com> (see example maps below). Some maps of interest may include:
 - Demographics > Age > Age 65 or Older
 - Incomes & Spending > Poverty > People in Poverty > By Age > Age 65 or Older
 - Incomes & Spending > Affordability > Location Affordability > Retired Couple
 - Incomes & Spending > Affordability > Affordable Housing Units
 - Housing > Owners & Renters > By Age
 - Housing > Affordability (can break down by homeowner vs. renter and age)

- Available elderly housing stock in NC
See policy map resources above. Other resources of interest may include:
 - NCHFA’s State of Housing Map
 - [NC Housing Coalition’s Housing Carolina Resource Manual](#)
 - “[Rocky Mount] has also recognized a particular need for low-income housing for the elderly. Rocky Mount is home to almost 3,000 people age 65 or older who are below the poverty line. However, there are currently only 250 affordable housing units for the elderly in the city. [6] The city projects that Rocky Mount will need 1,119 housing units for the elderly to meet this increasing need. [6] This is a particular problem for Rocky Mount, as its population is aging more than the other cities examined.”
- Stats on elderly housing funded by NCHFA on an annual basis
From 2013-2017, an average of 12 affordable elderly rental properties financed by NCHFA were placed in service each year. The definition of “elderly” for these properties varies; for some, occupants are 55+ and for others they are 62+. NCHFA also finances home repairs to about 950 units occupied by low-income elderly households per year, on average (based on data from 2013-2017).
- Housing options for people aged 60 and older in urban vs. rural areas
Approximately 60 percent of NCHFA-financed elderly rental properties (that are still being monitored by NCHFA) are in “rural” areas, as defined by USDA (note that this definition includes some rural parts of urban counties). When using the [NC Rural Center’s definition of “rural”](#) (which is county-wide), 57 percent of properties fall in rural areas, while 26 percent are in urban counties and 17 percent are in suburban counties. Below is a map of all NCHFA-financed elderly rental properties.



As for home repairs, 70 percent of NCHFA-financed repairs made from 2013-2017 for elderly homeowners were in rural counties (per the Rural Center definition), 17 percent were in suburban counties and 13 percent were in urban counties. Below is a color-shaded map of NCHFA-financed home repairs for elderly homeowners completed between 2013-2017 (numbers in the ledger refer to the number of units in each county).

