



Selected Findings & Recommendations – July 2020
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SOCIO-DEMOGRAPHICS

1. Older adults replicate the same segregated pattern of Charlotte and the County population regarding the “crescent” of lower standard of living and opportunities for African Americans and Latinos in comparison to Caucasians. We recommend strategies centered on improving education, family ties, and intergenerational solidarity. Specifically we advocate for:
 - a. Educational opportunities for seniors by offering lifelong learning activities.
 - b. Strengthening family ties and restoring the support network of older adults.
 - c. Programs addressing social isolation and loneliness among older adults.
 - d. Intergenerational mentoring programs and opportunities for people of all ages.

HEALTH

2. Self-reported physical and mental health data for adults 60 and older in Charlotte and Mecklenburg County show that most adults perceived their health as “good.” However, about one-third experience health challenges with functional health, disability, chronic conditions, mental health and depressive symptoms. Specifically we advocate for:
 - a. Addressing women and minorities health limitations, disability and chronic health conditions.
 - b. Enhancing access to health services for uninsured older adults.
 - c. Developing preventive and corrective behavioral adaptations to promote optimal health.
 - d. Creating interdisciplinary care teams that include geriatric healthcare professionals.
 - e. Using person-centered practices to coordinate medical, social & behavioral services.

COMMUNITY SATISFACTION

3. Older adults endorsed overall positive views of Charlotte and the County as a place to live and retire, however, they were less positive about the level of community support for seniors in the domains of respect and inclusion, social and civic participation, communication and information. Many older adults reported unsatisfactory ratings for “sense of community”, “openness and acceptance towards older adults of diverse backgrounds,” or “respect for older adults,” and expressed dissatisfaction with “community safety.” Specifically, we advocate for:
 - a. Correcting popular myths and misconceptions and negative stereotypes about older adults while highlighting the importance of positive views.

- b. Creating a County Senior Affairs Commission representing seniors across the County to advise and provide information to the Board of County Commissioners and the Division of Aging and Adult Services on matters related to older adults.

USE OF COMMUNITY SERVICES

- 4. Older adults are informed and familiar with community services, and rated them as good or excellent. However, the use of services by older adults is very low, with only about 3% reporting use of mental health services in the past year. Specifically we advocate for:
 - a. Increasing information about programs and delivering healthy aging programs for adults, in particular reaching out to women and minority groups.
 - b. Raising awareness, knowledge and the use of outdoor spaces, public transportation and renovation of home environments, affordable housing units, and community safety.
 - c. Sustaining aging-in-place initiatives to help older adults to remain in the community.
 - d. Promoting multi-agency collaboration to create synergies for new community resources and services, to support needed services for people of all ages.
 - e. Supporting the statewide coordinated care network NCCARE360 to promote a coordinated, community-oriented, person-centered approach to delivering care in North Carolina.

FAMILY CAREGIVING

- 5. Caregivers providing care receive help from relatives and community members, but require flexibility at home and at work. Important challenges for caregivers are access to information, supportive services, educational, behavioral, and mental health programs, and long-term care solutions. Specifically we advocate for:
 - a. Raising awareness and education about community family caregiving.
 - b. Supporting policies designed to reimburse caregivers for their services.
 - c. Incorporating caregivers in non-medical and medical care to ensure a culture of family- and caregiver-centered care.
 - d. Supporting policies for flexible work schedules for employees caring for persons with chronic health conditions at home.
 - e. Delivering evidence-based programs to support family caregivers by offering cognitive behavioral training to reduce burden, manage health conditions, stress and depression.
 - f. Using “telehealth” medical/social services to reach out to rural and underserved caregivers taking care of people with advanced chronic health illnesses.
 - g. Evidence-based programs for caregivers that address the cultural family context, and/or the challenges associated with low-income status, health literacy and limited available resources.

DEMENTIA FAMILY CAREGIVING

- 6. Dementia caregivers report significantly higher levels of depression, subjective stress, perceived strain, caregiver’s burden and stigma than other caregivers report. They provide more help to care-recipients; have greater need for information, education and training. Specifically we advocate for:

- a. Supporting the Charlotte-Mecklenburg Dementia Friendly initiative and implement a comprehensive Age- and Dementia Friendly strategic plan for Charlotte and the County.
- b. Implementing recommendations from the Dementia Capable North Carolina strategic plan to improve awareness and education about Alzheimer's disease and related dementias and support people with dementia, caregivers and their families.

FIVE CHALLENGES GOING FORWARD:

1. Implement *social isolation programs* that are theory-based, to promote active participation by older adults, reduce loneliness, improve mental and physical health, and promotes social integration for people of all ages in our community.
2. Deliver evidence-based *training interventions and educational and informational programs for family caregivers*, in particular for dementia caregivers.
3. Increase *use of preventive services, in particular mental health services*, and remove access barriers to care, insurance coverage, and support for caregivers.
4. Adoption of *technology (Telehealth)* to help older adults with health conditions, and support their caregivers to reduce burden, stress, and depression and to preserve quality of life.
5. Support for a *research agenda to assess the needs, health and well-being of seniors* over time to improve the quality of life of adults in Charlotte and Mecklenburg County.

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