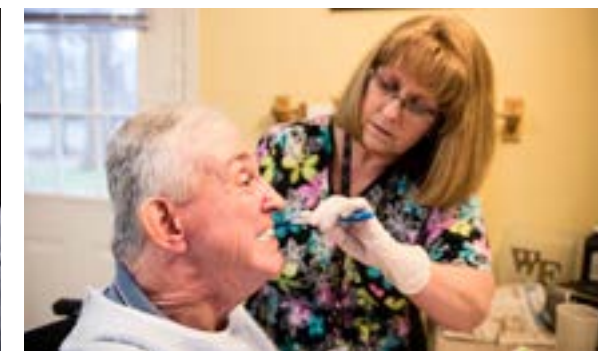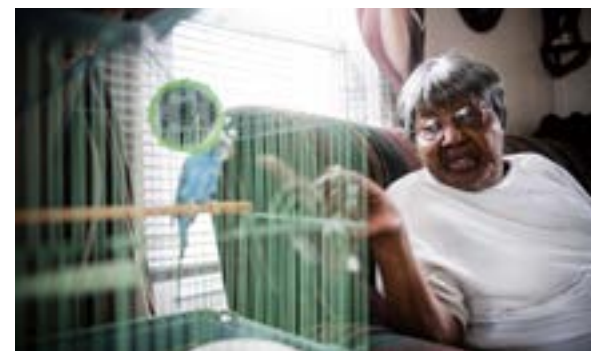# Age-Friendly Forsyth

A collaborative research process on aging in Forsyth County.

Dear Community

When you think of an age-friendly community, what comes to mind? What needs to be improved to make Forsyth County the place to live your best life? We set out to answer these questions in the first phase of Age-Friendly Forsyth, a collaborative community effort that focuses on optimizing opportunities and enhancing quality of life as people age. Senior Services, along with Forsyth Futures, the data partner, and other community partners, is leading this comprehensive community-wide initiative.

The full report is the culmination of a year-long effort, involving many community residents and organizations, to collect views and perspectives on aging in Forsyth County. This is a snapshot of where we are now, and it establishes a baseline from which we can measure future growth.

The information included is compelling, and one of the most comprehensive looks at aging adult perspectives we've had in recent history. We invite you to read, think about, discuss the information found here, and get involved! Whether you are an aging adult wanting to remain in your home, a caregiver, a business or faith community leader, or a concerned community member, we ALL have a stake in creating a community where we can live our best lives!

Age-Friendly Forsyth needs you!
Join us at www.SeniorServicesInc.org/AgeFriendlyForsyth.

Sincerely,

Kelly King
Chairman and CEO
BB&T

Rich Noll
Executive Chairman
Hanesbrands

Susan Cameron
Executive Chairman
Reynolds American

T. Lee Covington
President and CEO
Senior Services

John D. McConnell, MD
Chief Executive Officer Emeritus
Wake Forest Baptist Medical Center

Table of Contents

SENIOR SERVICES   forsyth futures

Introduction

Age-Friendly Forsyth is a collaborative research process on aging in Forsyth County. The intent of the research is to inform collective planning efforts, ensuring that Forsyth County is a place where people can live their best lives.

This research process engaged three collaborative work groups – Data, Survey, and Best Practices, as well as overarching Steering and Advisory committees. Over 100 organizational and community members have participated in this process. Members of the work groups focused on:

- publicly available data
- determining factors that affect quality of life
- implementation of a telephone survey of 1002 adults aged 60 and older
- best practices research

A data and research report, which included preliminary findings from the research process was presented to all committees and work groups. Preliminary findings helped inform questions posed to the community through three Community Conversations. The Community Conversations provided direct community perspective from 120 additional community members.

| Publicly Available Data	→	Data & Research Report	←	AdvantAge Initiative Survey
		↓		↓
Best Practices	→	Community Report	←	Community Conversations

Introduction

The **Outcome Framework** was developed through research and work group collaboration, and includes components related to aging within a community.

Outcome areas are broken down into outcome factors, which are general topics that relate to the outcome area. **Outcome factors** are then broken down into indicators. **Indicators** provide a measure of a given condition and were chosen in collaboration with professionals in data and research fields. Indicators for this report are based on publicly available data, and primary data collected through the random-sample surveying of adults aged 60 and older. Indicators are viewed through an equity lens, disaggregated by age, gender, race, and income.

Physical and Mental Health

Financial Health

Housing and Safety

Accessibility and Mobility

Support Network

Empowerment and Engagement

| Outcome Area | → | Outcome Factor | → | Indicator |
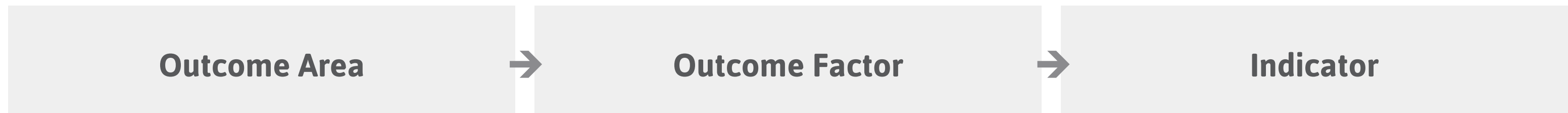
Key Findings

Data findings within this report will have different meaning to different stakeholders depending on a reader's perspective, interests, and goals. The following Key Findings are highlights from the research and were chosen using the following criteria:

- significant differences among various populations exist

- common themes were present across all research activities

- data displayed high prevalence of negative perception

Many adults aged 60 and older have lived in Forsyth County for more than 50 years, and **are satisfied** with Forsyth County as a place to live. Many aging adults **positively perceive:**

- access to health care
- the availability of food options
- their ability to influence decision-making in Forsyth County
- personal safety

Many aging adults have **home repair or modification needs;** the most common needs include the following:

- minor repairs
- help with uncluttering
- grab bar installation

Most aging adults are facing **wellness-related challenges**, such as:

- not consuming enough fruits and vegetables
- not exercising enough
- pain as a barrier to exercise and daily activities
- falls that result in injury

Forsyth County is perceived positively; however, the following are the most prevalent **neighborhood issue areas:**

- need for improved public transportation
- streets and sidewalks needing repair
- heavy traffic
- inadequate number of benches
- lack of a sense of community

Aging African Americans and low-income groups face more challenges compared to the White population and higher income groups, respectively, in the following areas:

- increased income shortfalls
- higher negative perception of personal health
- higher emergency room usage
- decreased housing stability
- increased home repair or modification needs
- increased public transportation usage
- increased mobility device usage

Many aging adults are serving as **caregivers** and not receiving **relief from their caregiving responsibilities,** particularly people aged 75 and older. Reasons for not seeking caregiving relief include the following:

- mindsets such as, guilt, lack of trust, and pride
- availability and cost of caregiver relief services
- unaware of resources
- too few caregiver support groups

Improved **awareness of resources and services** is a community need, specifically awareness surrounding the following services:

- home repairs or home modifications
- caregiver relief
- senior lunch programs
- home delivery of groceries and meals
- outdoor maintenance

Our Community

The total population of Forsyth County is **368,745** people. About **20% (72,800)** of the people in Forsyth County are 60 years and older.
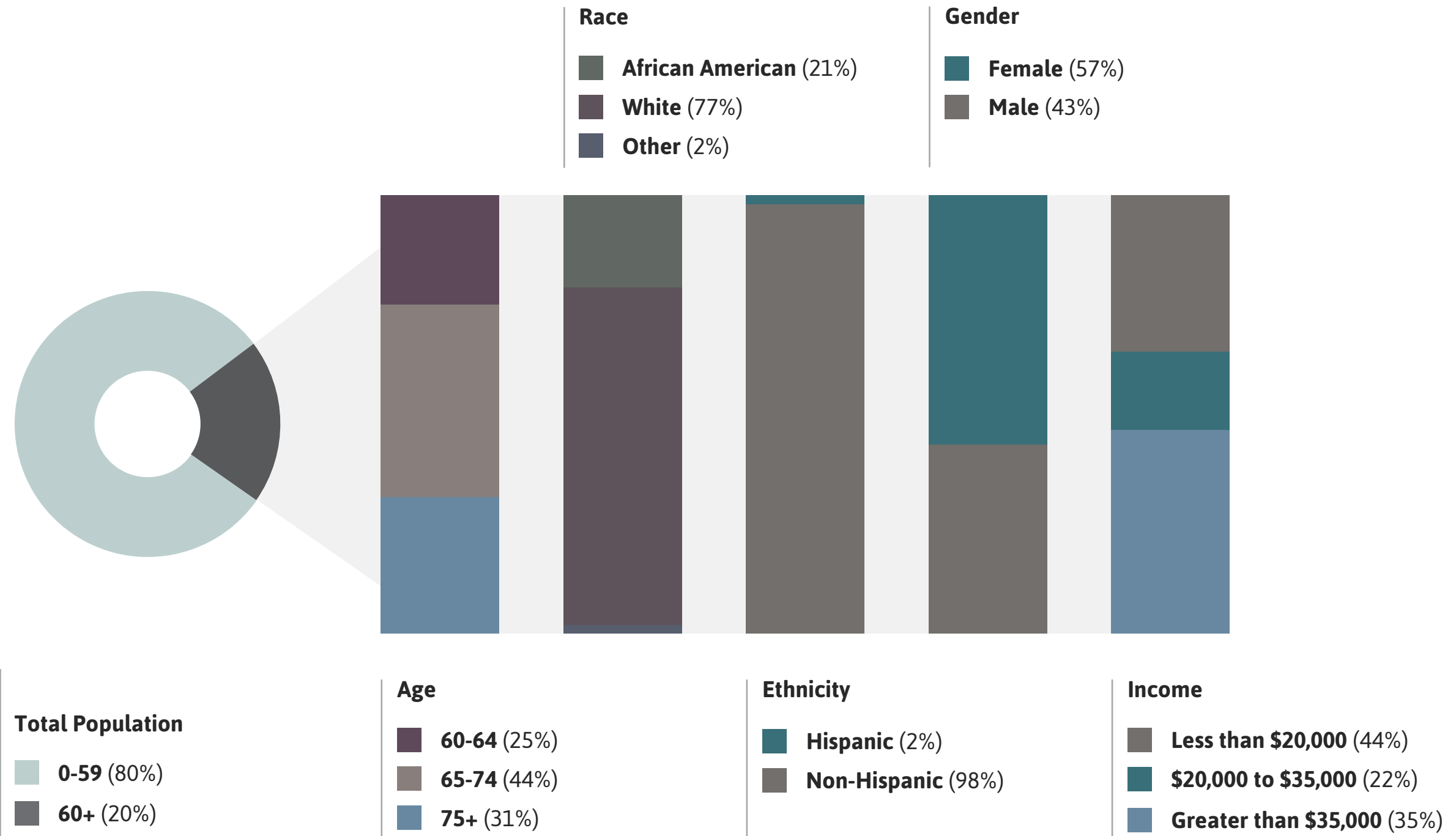
When looking specifically at the target population of adults aged 60+, **25% (18,500)** are 60-64, **44% (32,000)** are 65-74, and **31% (22,300)** are 75+.

21% (15,200) of people aged 60+ are African American, **77% (56,300)** are White, and **2% (1,500)** are another race other than African American or White.

2% (1,500) of people aged 60+ are of Hispanic or Latino origin.

57% (41,600) of people aged 60+ are female. **43% (31,200)** are male.

44% (31,700) of people aged 60+ make less than $20,000 per year, **22% (15,700)** make more than $20,000 but less than $35,000 per year, and **35% (25,400)** make more than $35,000 per year.

Race

■ **African American** (21%)
■ **White** (77%)
■ **Other** (2%)

Gender

■ **Female** (57%)
■ **Male** (43%)

Total Population

■ **0-59** (80%)
■ **60+** (20%)

Age

■ **60-64** (25%)
■ **65-74** (44%)
■ **75+** (31%)

Ethnicity

■ **Hispanic** (2%)
■ **Non-Hispanic** (98%)

Income

■ **Less than $20,000** (44%)
■ **$20,000 to $35,000** (22%)
■ **Greater than $35,000** (35%)

Data Source: Census Bureau, 2015 1-year ACS Estimates

Note on Data and Research

Data Disaggregation

Race/Ethnicity

African American and White are the two largest racial groups. All other racial groups were about 2% of the population and are not included in this report; data from a subgroup of this size is unreliable.

Ethnicity is not included; the population who are of Hispanic or Latino origin was only about 2%.

Gender

Male and Female are the largest gender groups. All other gender groups were less than 1% of the population and are not included.

Income

Income is broken down into three groups:

- **low-income** (high risk) — those making less than $20,000 per year

- **middle-income** (potential risk: would be at risk if a life changing event occured) — those making more than $20,000 but less than $35,000 per year

- **high-income** (low risk) — those making more than $35,000 per year

Age

Age is broken down into three groups, 60-64, 65-74, and 75+.

Data presented in this report is about adults aged 60 and older in Forsyth County and are approximations. The data sources include publicly available data, such as the census, as well as weighted results from a random-sample telephone survey of 1002 adults aged 60 and older that was developed by the AdvantAge Initiative. Data disaggregation by age, race, gender, and income are noted when significant differences occur.

Each outcome area section is identified by the outcome area icon, located in the bottom-right corner of the page. The beginning of each section includes the outcome area diagram, a brief introduction, as well as the outcome factors and indicators that are included in this report. For a full list of all indicators, see the appendix. **Results from Best Practices work, Community Conversations, and significant differences occurring in data points are spread throughout each outcome area and are identified by the icons below.**

The research findings were extensive; therefore, not all indicators could be represented in this report. The research team included data findings across outcome areas based on organizational and community needs that emerged through this research process.

Questions and Data Requests:

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Best Practices

Community Conversations

Points of Significant Difference in Data

Physical and Mental Health

The Physical and Mental Health outcome area explores various characteristics relating to the physical and mental health of an individual, and how various factors relating to health can impact overall wellness. Factors relating to physical and mental health include health and end-of-life care, morbidity and mortality, and wellness.
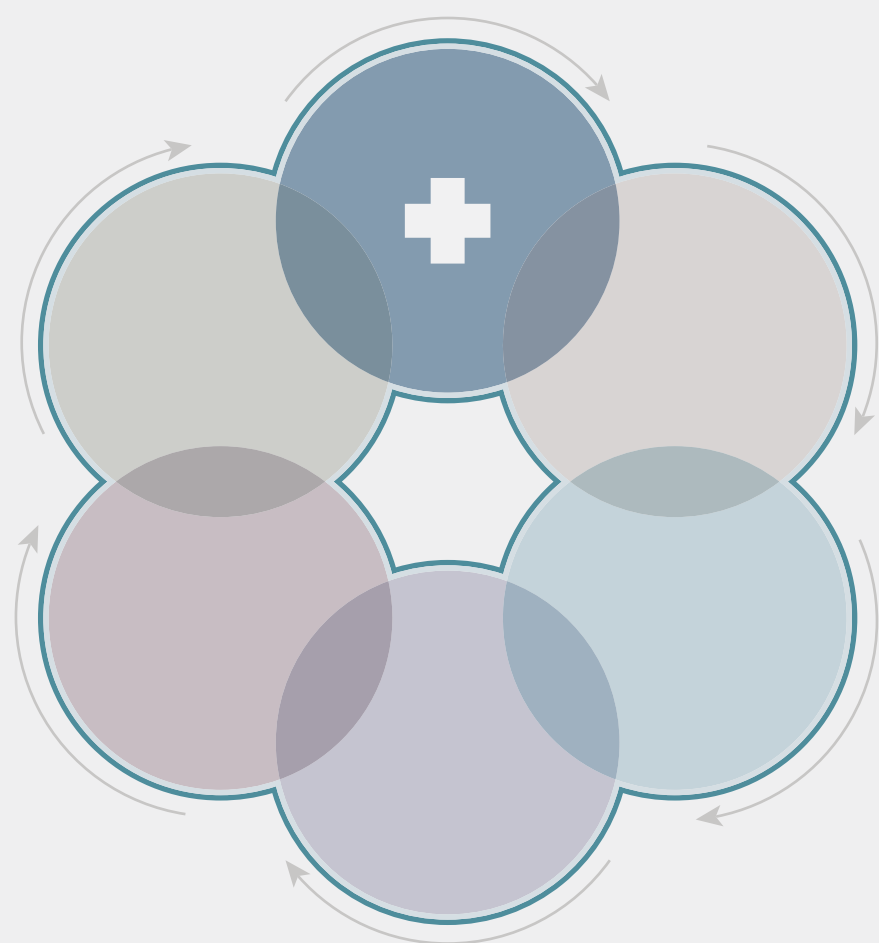
Outcome Factors

Indicators

Health and End-of-Life Care

examines health care access, preventive care, insurance coverage, and usual sources of care for aging adults, as well as access to and quality of end-of-life care

Health Care Access
Preventive Care
Health Care Source

Morbidity and Mortality

examines pain prevalence and personal health perception among aging adults, life expectancy as a measure of mortality, and falls that resulted in injury.

Fall Status
Morbidity

Wellness

is a broad factor relating to aging adult quality of life and examines overall physical and mental well-being; nutrition practices and physical activity, including associated barriers to making healthy choices in these areas; and quality of life across all stages.
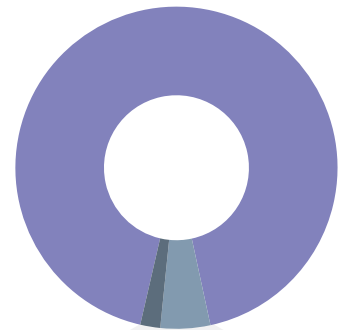
Physical Activity
Opportunity to Exercise
Fruit and Vegetable Consumption

Physical and Mental Health

Health and End-of-Life Care

Health Care Access, Health Care Source, **Preventive Care**

Health Care Access: Do you feel like you have access to all of the health services you need?

■ **Yes** (93%)   ■ **Somewhat** (5%)

■ **No** (2%)

*Most people positively perceive health care access; however, **7% (5,000)** have access difficulty.*
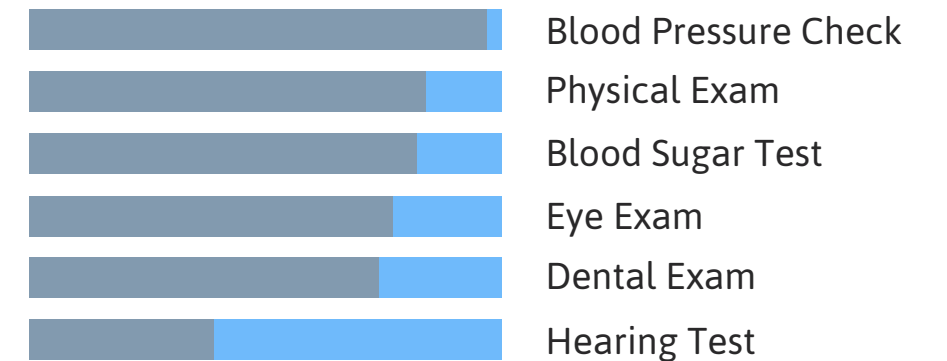
Barriers: What prevents you from having access to all of the health services you need?

■ **Lack of Money** (48%)

■ **Lack of Information** (25%)

■ **Lack of Transportation** (15%)

■ **Lack of Time** (4%)

■ **Other** (27%)

*The most common barriers to health care access include **lack of money, lack of information**, and **lack of transportation**.*

Preventive Care:
Have you taken the following preventive measures in the past 12 months?

■ **Yes**   ■ **No**

Blood Pressure Check
Physical Exam
Blood Sugar Test
Eye Exam
Dental Exam
Hearing Test

Estimated percent of people that have **not** had the following preventive measures in past 12 months:

Blood Pressure Check 3% (2,000)

Physical Exam 16% (11,600)

Diabetes Test 18% (13,100)

Eye Exam 23% (16,700)

Dental Exam 26% (18,900)

Hearing Test 61% (44,400)

Physical and Mental Health

Health and End-of-Life Care

Health Care Access, **Health Care Source**, Preventive Care

Why do you think people choose to go to the emergency room for routine sickness or health care advice?

- ER is convenient/people can receive immediate care
- long wait times for doctor appointments
- people are uninsured
- when transportation is an issue, need ambulance to get there because of not having transportation
- people do not have a primary care physician or regular provider

Health Care Source: Where do you usually go for sickness or health advice?

■ **Doctor's Office** (92%) ■ **Health Center or Clinic** (9%)

■ **Emergency Room** (30%) ■ **VA Clinic** (3%)

■ **Outpatient Hospital** (15%) ■ **Other** (2%)

*Survey participants had the opportunity to list more than one place they go for sickness or health advice. **30% (21,800)** are going to the ER for sickness or health advice.*
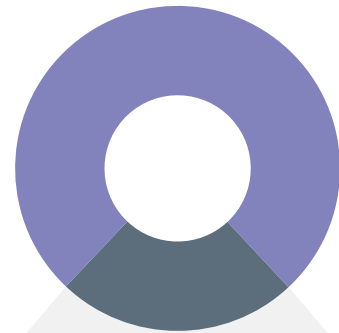
☞ *When the data is disaggregated by race and income, we see that African Americans and the low-income population are going to the ER more for sickness and health advice compared to the White population, and other income groups, respectively.*

Physical and Mental Health

Morbidity and Mortality

Fall Status, Morbidity

Fall Status: Have you fallen to the ground or the floor in the past 12 months?

■ **Yes** (24%)

■ **No** (76%)

24% (17,500) had a fall in the past 12 months.

Of the 24% (17,500) of people who fell, 51% (8,900) fell only once and 49% (8,600) fell more than once.

Frequency of Falls: How many times did you fall?

■ **Once** (51%)

■ **More than Once** (49%)

Perception of Health Status, Population Age 60+

■ **Excellent** (15%)   ■ **Fair** (13%)

■ **Very Good** (36%)   ■ **Poor** (5%)

■ **Good** (31%)

Most people positively perceive personal health; however, 18% (13,100) have a less than positive perception of their health status.

☞ *When the data is disaggregated by race and income, we see that African Americans and the low-income population have higher rates of **negative** health perception compared to the White population, and other income groups, respectively.*

Morbidity: Does pain keep you from doing your usual activities?

■ **Often** (19%)

■ **Sometimes** (35%)

■ **Never** (47%)

35% or (25,500) have pain that **sometimes** keeps them from doing usual activities.

19% (13,800) have pain that **often** keeps them from doing usual activities.

Physical and Mental Health

What do you think could be done to help improve physical activity levels for those that experience pain or have health issues that make physical activity challenging?

- address issues of access, motivation, and fear of going out, which proved to be concerns limiting physical activity
- provide more community programming
- expand number of walking groups
- encourage at-home exercising
- develop more senior exercise centers
- improve community walkability

Best Practices

The Dementia Friendly America Initiative is a community movement occurring in many areas across the country that focuses on transforming communities to help promote and support people living with Alzheimer's or dementia and their families[4].

Masterpiece Living is a cultural approach to successful aging that focuses on the idea that more is possible as people age[10]. Masterpiece Living partners with organizations, developing strategic plans and tailoring research-based pilot programs that support successful aging to fit community needs[10].

In clinical spaces, Code-Comfort is an example of a piloted best practice currently occurring within Novant Health, based in Winston Salem. Code-Comfort is an emergent response for patients with a DNR order who want comfort measures and experience a symptom crisis at end of life[8].

Wellness

Physical Activity, Opportunity to Exercise, Fruit and Vegetable Consumption

Physical Activity: How often did you participate in physical activity or exercise in the past month?

- ■ **Never** (19%)
- ■ **Less than Once per Week** (7%)
- ■ **About Once per Week** (19%)
- ■ **More than Once per Week** (55%)

19% (13,800) are not physically active, and **7% (18,900)** of people are physically active about once per week or less.

👉 **78%** of people cited that they enjoyed **walking** for physical activity; however, improved community walkability and more and better-maintained sidewalks were a prevalent concern that arose through all research activities.
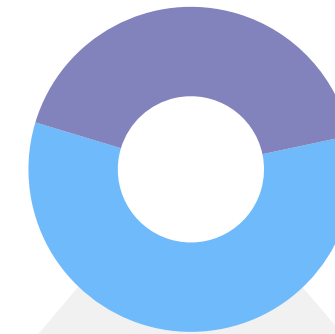
Opportunity to Exercise: Would you like to be more physically active?

- ■ **Yes** (58%)
- ■ **No** (42%)

58% (42,200) want to be more physically active.

Barriers to Physical Activity:
What prevents you from being as physically active as you would like to be?

Disability or Pain	47%
Lack of Time	26%
Lack of Motivation	13%
Lack of Money	10%
Health Issues	7%
Don't Know Where to Go	6%
Lack of Transportation	4%
Weather	3%
I'm a Caregiver	2%
Something Else	3%
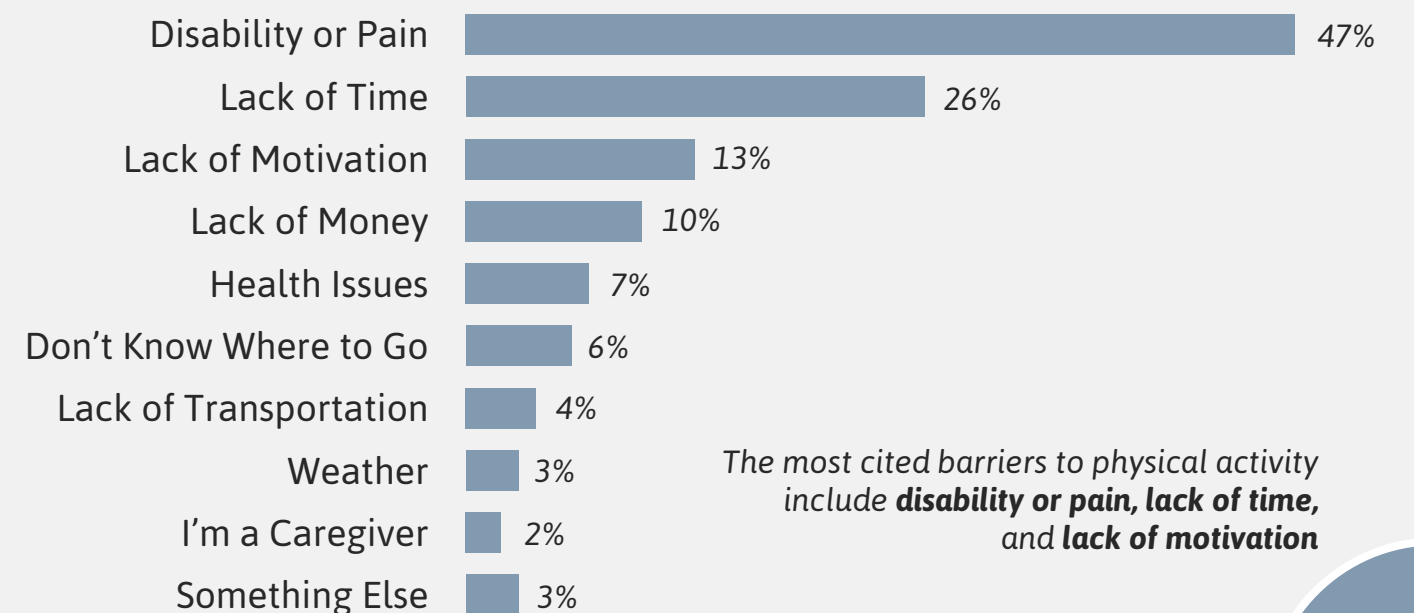
The most cited barriers to physical activity include **disability or pain, lack of time,** and **lack of motivation**

Physical and Mental Health

What are some challenges to eating healthy and how can we as a county overcome these challenges?

- access is an issue
  - transportation
  - food deserts
- cost is an issue
- not convenient to cook healthy
  - many are cooking for one
- education surrounding nutrition is needed
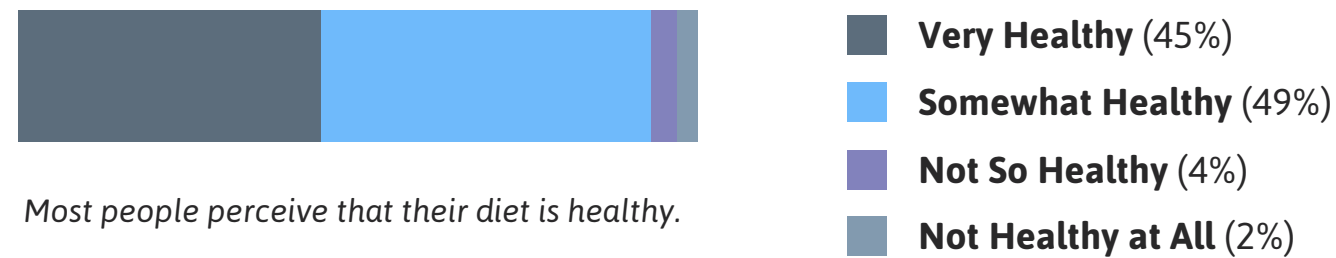- community programs needed
  - community gardens
  - grocery delivery service

Wellness

Physical Activity, Opportunity to Exercise, **Fruit and Vegetable Consumption**

Fruit and Vegetable Consumption: Overall, do you think your diet is healthy?

■ **Very Healthy** (45%)
■ **Somewhat Healthy** (49%)
■ **Not So Healthy** (4%)
■ **Not Healthy at All** (2%)

Most people perceive that their diet is healthy.

Fruit and Vegetable Consumption: How many servings of fruits or vegetables do you eat in a particular day?

■ **None** (2%)
■ **1-2 Servings** (46%)
■ **3-4 Servings** (38%)
■ **5+ Servings** (14%)

*Only **14% (10,200)** are consuming the recommended number of servings of fruits and vegetables daily.*

When the data is disaggregated by income, we see that the low-income and middle-income populations consume significantly fewer servings of fruits and vegetables compared to the high-income population.

Financial Health

The Financial Health outcome area explores various characteristics related to the financial status of aging adults. Examining income, poverty status and health cost burden provides context to indicators within this section. Factors relating to financial health include employment, and living costs.
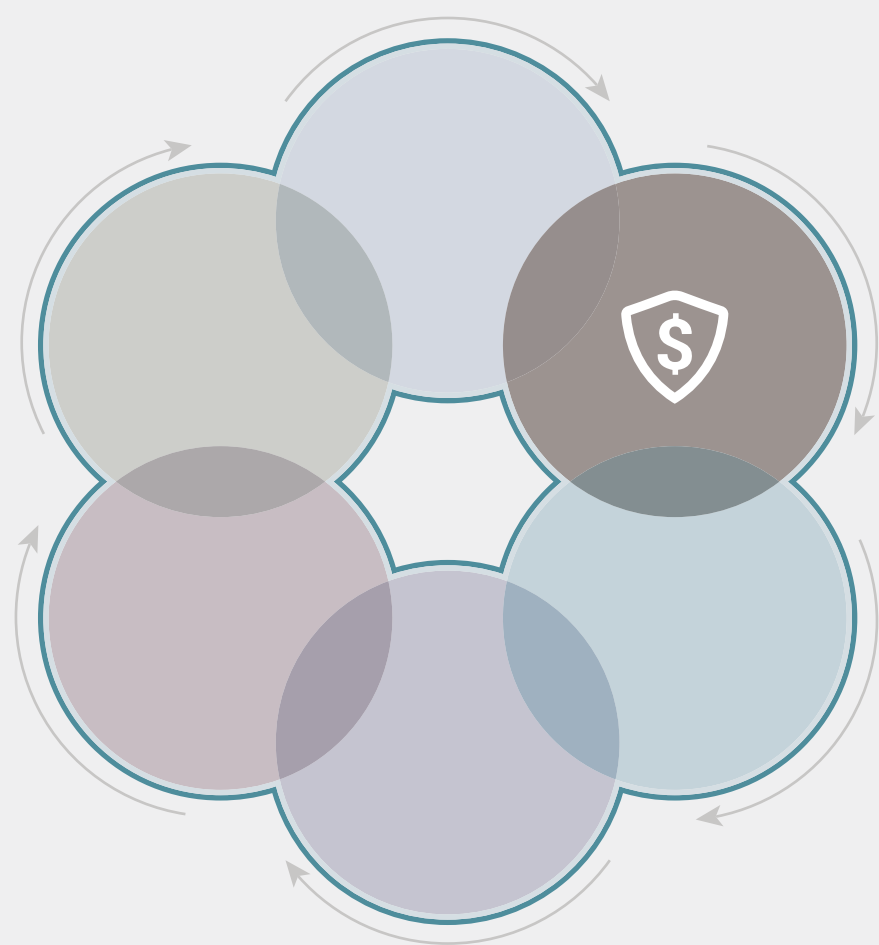
Outcome Factors

Indicators

Employment

examines labor force participation of aging adults, and associated reasons for working.

**Employment
Reasons for Working**

Living Costs

examines financial allocations to determine financial priorities of aging adults and identify areas where people may need additional services or support.

Income Shortfalls

Financial Health

Single Stop USA as an example of a one-stop shop for seniors seeking financial services such as education, referrals to financial assistance, public benefits, and tax assistance[15]. Offering housing counseling as an intervention in helping distressed homeowners avoid foreclosure is another opportunity that could help reduce financial burden among seniors[11].

Urban agriculture to assist those who cannot afford or lack access to fruits and vegetables could be a solution for those who face food insecurity[9].

Employment

Employment, Reasons for Working
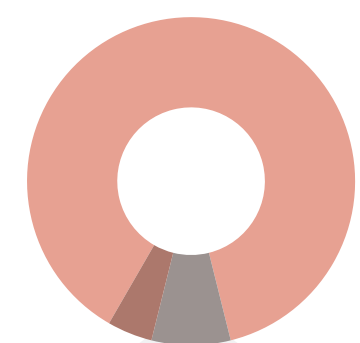
Employment Status

■ **Working** (17%)

■ **Unemployed** (4%)

■ **Retired** (79%)

*Most people aged 60+ are retired; however, **17% (12,400)** are still in the workforce.*

***4% (2,900)** consider themselves unemployed.*

Survey participants had the opportunity to list more than one reason for working.

The most often cited reason for working was that **people enjoyed working.**

Reasons for Working: Are you working because you...?

■ **Enjoy Working** (60%)

■ **Cover Living Expenses** (39%)

■ **Don't Qualify for Retirement** (17%)

■ **Extra Spending Money** (3%)

■ **Other Reason** (9%)

When the data is disaggregated by age, we see significant differences across age groups for aging adults who are working to cover living expenses.

***39% (28,400)** are working to cover living expenses.*

***44% (8,100)** are 60-64, **35% (11,200)** are 65-74, and **22% (4,900)** are 75+.*

Community Conversations

What do you think we as a county can do to help decrease the financial burden of the aging population?

- provide more education/financial planning
  - assist with budgeting
- increase awareness of financial services
- encourage or arrange for more discounts for seniors
  - grocery stores
  - entertainment
  - gym memberships
- promote affordable senior housing
- advocate for a livable wage
- encourage businesses to hire at-risk groups (African Americans, females, adults 75+)

Financial Health

Living Costs | Income Shortfalls
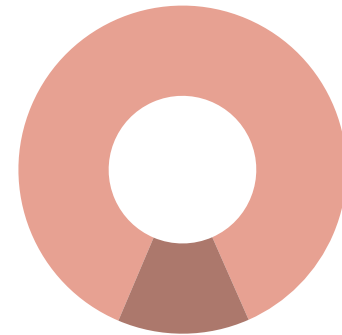
Percent of People Age 60+ who Have Enough Money to Live Comfortable Lifestyle

■ **Yes** (87%) ■ **No** (13%)

13% (9,500) do not have enough money to live a comfortable lifestyle.

Income Shortfalls: Were there any instances in the past 12 months when you did not have enough money for... ?

Category	Percent
Medical or Dental Care	8%
Food	7%
Fill Prescriptions	7%
Follow Up Health Care	6%
Rent/Mortgage	6%
Utility Bills	6%
Transportation	3%
Pet Care	3%
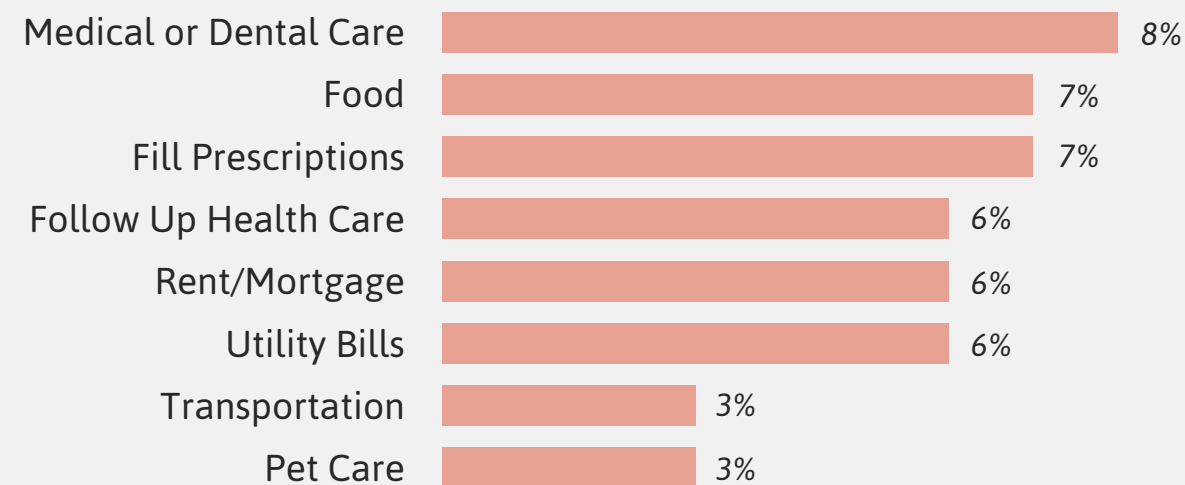
*The most commonly cited income shortfalls include not having enough money to **obtain medical or dental care, pay for food,** or **fill prescriptions.***

When we disaggregate by race and income we see significantly higher percentages of African Americans and the low-income population not having enough money to live comfortably when compared to the White population and other income groups, respectively.

When the data is disaggregated by race, we see significant differences across most income shortfall areas, with African Americans experiencing more financial challenges compared to the White population.

Housing and Safety

The Housing and Safety outcome area explores various characteristics that relate to living conditions and perceptions held by aging adults. Examining housing type, the length of time people have lived in their homes and in Forsyth County, as well as the general number of households in Forsyth County that include residents aged 60 and older provides context to the indicators within this section. Factors relating to housing and safety include housing stability, housing satisfaction, and neighborhood satisfaction.
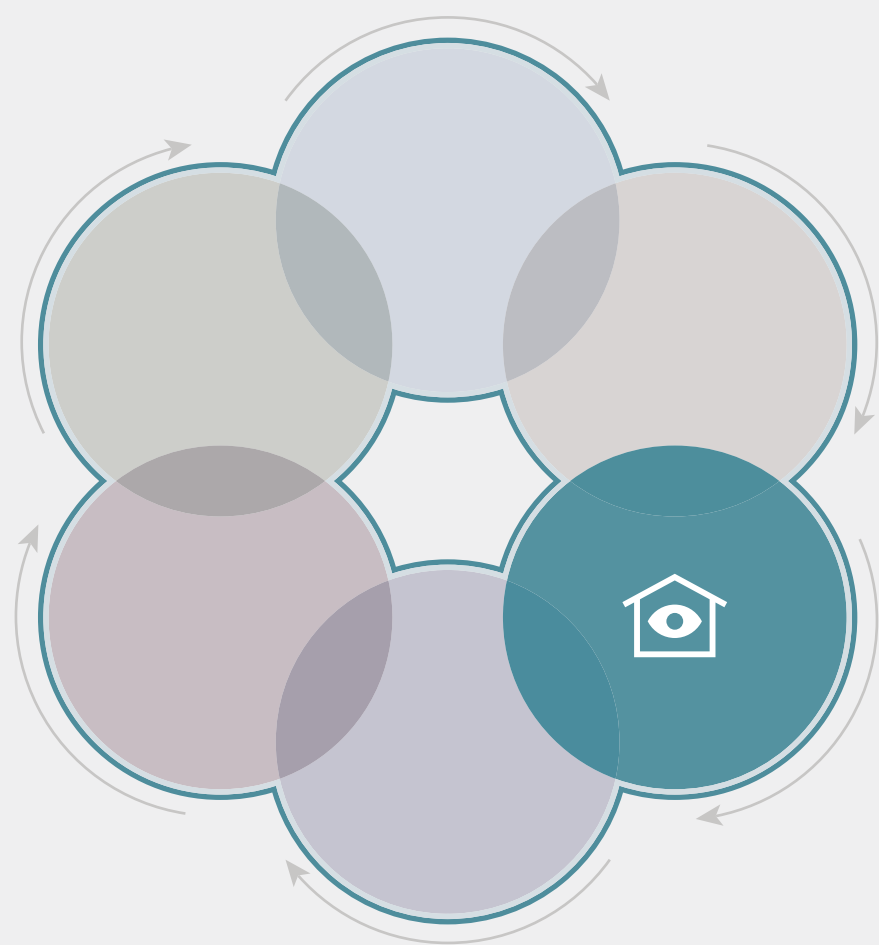
Outcome Factors

Housing Stability
examines home ownership rates and the percentage of aging adults that wish to remain in their current residence and are confident that they will be able to do so.

Housing Satisfaction
evaluates satisfaction with current housing, and accounts for any home modification or repairs needed.

Neighborhood Satisfaction
addresses neighborhood satisfaction rates and problems that may exist in a neighborhood based on individual perceptions, as well as perception of personal safety.

Indicators

Home Ownership

Home Modification Needs

Safety Perception
Neighborhood Satisfaction
Neighborhood Issues

Housing and Safety

Intentional Communities are planned residential communities designed to be socially engaging, foster teamwork, address housing and support related needs for those who want to move from their current home and/or downsize[6].

The Golden Girls Network, a program that addresses the needs of those living alone by pairing them with a roommate, offers support for those who want to remain in their homes, but may need some assistance[7].

The Transitional Care Model includes home visits and evaluations by hospital and/or community organization staff prior to and after hospital discharge to reduce readmissions, and ensure that aging adults can stay at home in an environment that's conducive to recovery/maintenance[12].

Housing Stability

Home Ownership

Housing Type: What type of home do you live in?

Single-Family House (82%)
Multi-Family House (1%)
Apartment/Condo (12%)
Retirement Community (3%)
Other (2%)

82% (59,700) live in single-family homes.

When the data is disaggregated by race, we see significant differences between White and African American populations living in single-family homes and apartments/condos, with lower percentages of African Americans living in single family homes compared to the White population, and higher percentages of African Americans living in apartments/condos compared to the White population.

Home Ownership: Do you own or rent your home?

Own (80%)
Rent (20%)

80% (58,200) own their home; 20% (14,600) rent.

When the data is disaggregated by race, we see significant differences in the home ownership rate between White and African American populations, with lower percentages of African Americans owning homes, and higher percentages of African Americans renting when compared to the White population.

Housing and Safety

Community Conversations

What do you think we can do as a county to assist those who have home modification needs?

- increase assessment services to identify home improvements needed
- offer discounts or more funding for home modifications or materials
- improve awareness of repair services available and where to go for information
- provide education on home maintenance and repairs

Housing Satisfaction

Home Modifications

Home Modification Needs: Does your current residence need any repairs or changes to improve your ability to live there as long as you would like?

■ **Yes** (20%)   ■ **No** (80%)

20% (14,600) *need home modifications to improve their ability to stay in their home as long as they would like.*

Does your current residence need any of the following common repairs?

Repair	Percent
Minor Repairs	62%
Home De-Cluttering	41%
Grab Bars in Bathrooms	39%
Major Repairs	36%
Improve Home Security	34%
Med. Emergency System	34%
Improved HVAC	33%
Ramp	23%
Other	7%
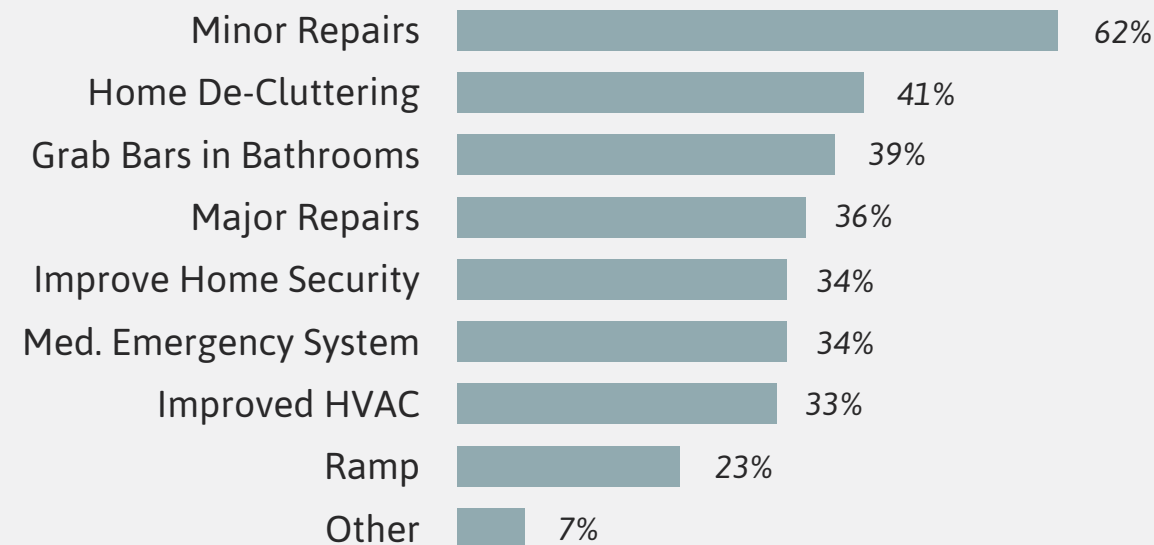
When the data is disaggregated by race, we see significantly higher numbers of African Americans compared to the White population that have home modification needs.

*The most common repair needs include **minor repairs such as painting, help with uncluttering,** and **grab bar installation**.*

*However, when we look at repair needs for African Americans, we see higher percentages needing **improved home security, better heating and cooling,** and **medical emergency system installations**.*

Housing and Safety

Community Conversations

Are you satisfied with Forsyth County as a place to live?

- People are generally satisfied with Forsyth County as a place to live.

What would make you more satisfied with Forsyth County as a place to live?

- better transportation
- improved sense of community
  - helping others
- improve community walkability
  - better maintain sidewalks
  - increase number of crosswalks
- resolve traffic issues

Neighborhood Satisfaction

Safety Perception, Neighborhood Satisfaction, Neighborhood Issues

Safety Perception: Personal safety in your neighborhood is...

- **Excellent** (28%)
- **Very Good** (35%)
- **Good** (27%)
- **Fair** (8%)
- **Poor** (1%)

Overall, people generally positively perceive their personal safety. 9% (6,600) have a negative perception of personal safety.
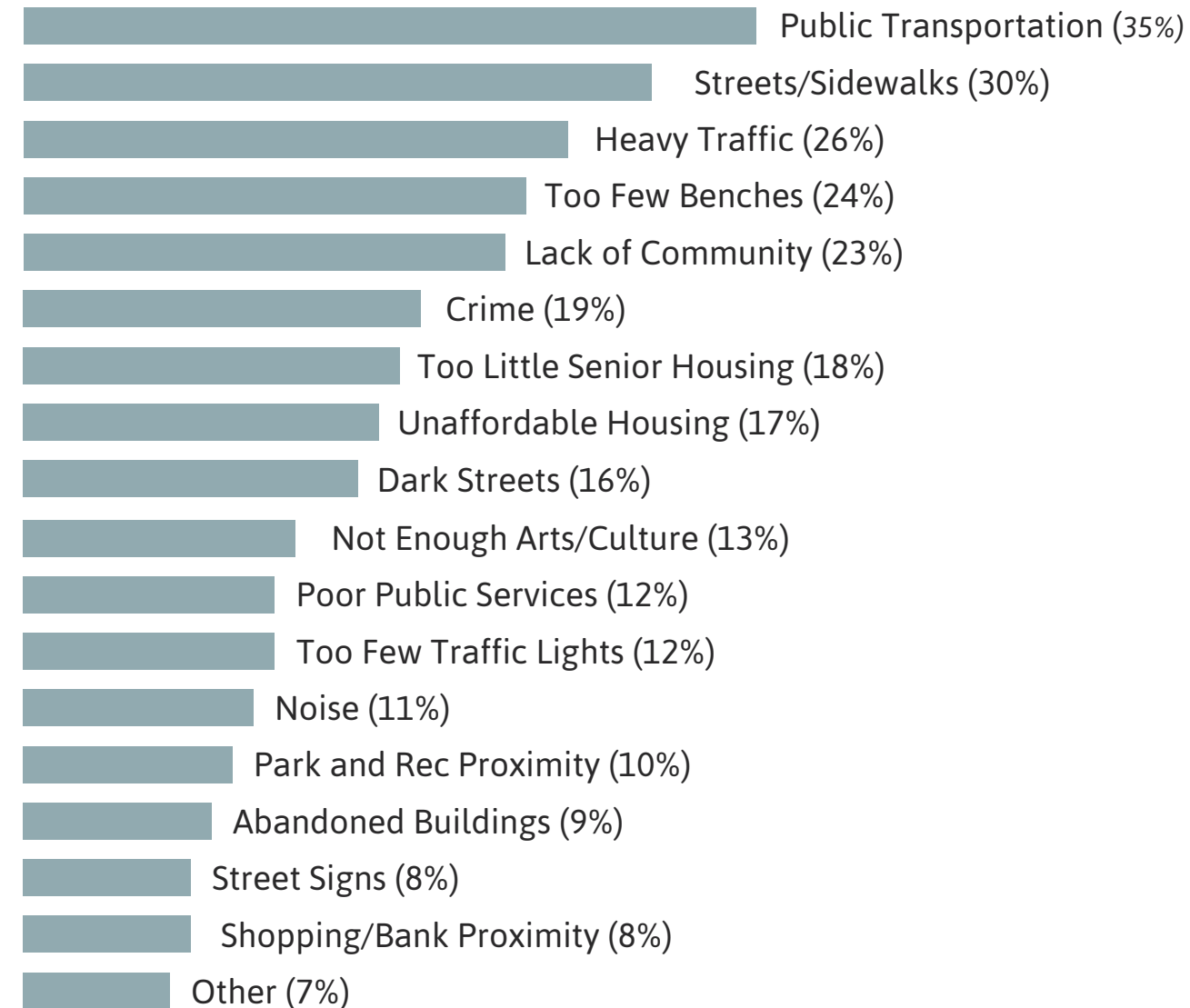
Neighborhood Satisfaction: Overall, how satisfied are you with Forsyth County?

- **Very Satisfied** (70%)
- **Somewhat Satisfied** (25%)
- **Somewhat Dissatisfied** (4%)
- **Very Dissatisfied** (1%)

People are generally satisfied with Forsyth County as a place to live. 5% (3,600) are not as satisfied with Forsyth County as a place to live.

Which of the following are problems in your area?

- Public Transportation (35%)
- Streets/Sidewalks (30%)
- Heavy Traffic (26%)
- Too Few Benches (24%)
- Lack of Community (23%)
- Crime (19%)
- Too Little Senior Housing (18%)
- Unaffordable Housing (17%)
- Dark Streets (16%)
- Not Enough Arts/Culture (13%)
- Poor Public Services (12%)
- Too Few Traffic Lights (12%)
- Noise (11%)
- Park and Rec Proximity (10%)
- Abandoned Buildings (9%)
- Street Signs (8%)
- Shopping/Bank Proximity (8%)
- Other (7%)

*The most common neighborhood issues reported include **having public transportation too far away or not available, streets and sidewalks that need repair,** and **heavy traffic.***

Accessibility and Mobility

The Accessibility and Mobility outcome area explores various characteristics that relate to access and related issues, such as mobility and public accessibility. Factors relating to accessibility and mobility include transportation options, mobility, public accessibility, and access to food.
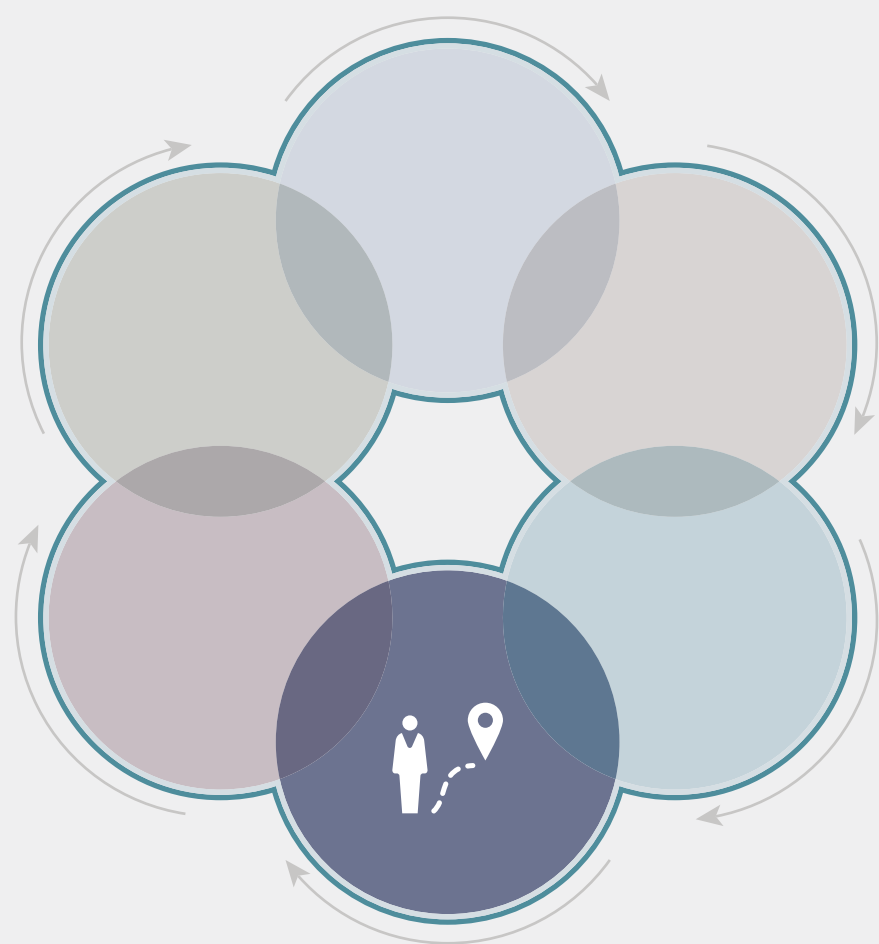
Outcome Factors

Transportation Options

addresses transportation access, sufficiency, and opportunity among the target population, including transportation for people with special needs.

Mobility

examines the ability of aging adults to successfully complete activities of daily living (eating, bathing, dressing) and instrumental activities of daily living (shopping, housework, managing finances). Mobility device usage rates are additionally examined.

Access to Food

includes proximity to grocery stores, and satisfaction with the number of food options available.

Indicators

Public Transportation
Transportation Sufficiency

Mobility Devices

Food Options Satisfaction

Accessibility and Mobility

What is your perception of public transportation?

- not convenient
  - long wait times
  - no night or rural service available
- Uber or senior specific transportation would be helpful
- affordability is an issue
- lack of awareness and education surrounding transportation system
  - many do not know how to use public transportation
- demand for transportation is higher than supply
  - must plan in advance if using public transportation

Best Practices

Big Apple Greeter and the Vermont Public Access Greeter Program include utilizing volunteers, such as students, to greet, assist, and offer valet services to older adults at public events[2,5]. The accessibility-friendly idea could also be expanded to "community greeters," volunteers who are available to assist anyone requesting assistance (for instance to getting doctor appointments, going to locations that are unfamiliar or where accessibility is unknown).

Utilizing occupational therapists to assess driving capabilities of older adults who are thought to be potential risks, providing older adults with driver rehabilitation services, and offering education to both older drivers and licensing agency staff about transportation options could help keep seniors retain mobility independence longer[14].

Transportation Options

Public Transportation, Transportation Sufficiency

Public Transportation: Do you use public transportation?

- **Yes** (6%)
- **No** (94%)

6% (4,400) use public transportation.

Transportation Sufficiency: Are you able to get transportation to the places you need to go?

- **Always** (92%)
- **Sometimes** (7%)
- **Never** (1%)

8% (5,800) are not always able to get to the places they need to go.

☞ *When the data is disaggregated by race and income, we see a larger percentage of African Americans and the low-income population using public transportation, and experiencing transportation difficulties compared to the White population, and other income groups, respectively.*

Accessibility **and Mobility**

Community Conversations

Do you think Forsyth County is publicly accessible for those who use a mobility device?

- transportation is not accessible
  - needs to be more comfortable
  - sidewalks are needed, some sidewalks need repair
- buildings are not accessible
  - more ramps
  - automatic doors
  - larger aisles
- more handicapped parking needed

Mobility

Mobility Devices

Mobility Devices: Do you use a mobility device?

- **Yes** (25%)
- **No** (75%)

*25% (18,200) use a mobility device. The most common mobility devices used include **walkers, canes, wheelchairs**, and **scooters**.*

Access to Food

Food Options Satisfaction

Food Options Satisfaction: How satisfied are you with the amount of food options available to you?

- **Very Satisfied** (80%)
- **Somewhat Satisfied** (16%)
- **Somewhat Dissatisfied** (3%)
- **Very Dissatisfied** (2%)

*16% (11,600) are somewhat satisfied with food options, and **5% (3,600)** expressed some level of dissatisfaction.*

When the data is disaggregated by race, we see a significantly higher percentage of African Americans using a mobility device when compared to the White population.
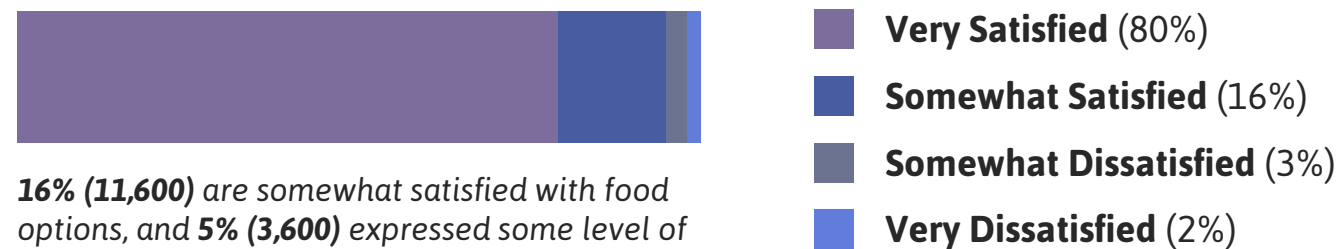
*When the data is disaggregated by income we see significant differences across all income groups in terms of mobility device usage, with the highest percentage, **41%**, being the low-income population, followed by the middle-income population at **31%**. The high-income population has the lowest percentage of people using mobility devices.*

When the data is disaggregated by income, we see less satisfaction with food options among the low-income population.

Support Network

The Support Network outcome area explores various characteristics that relate to support, including support type, and awareness of support services. Factors relating to support network include family, friend, and community support; and socialization.
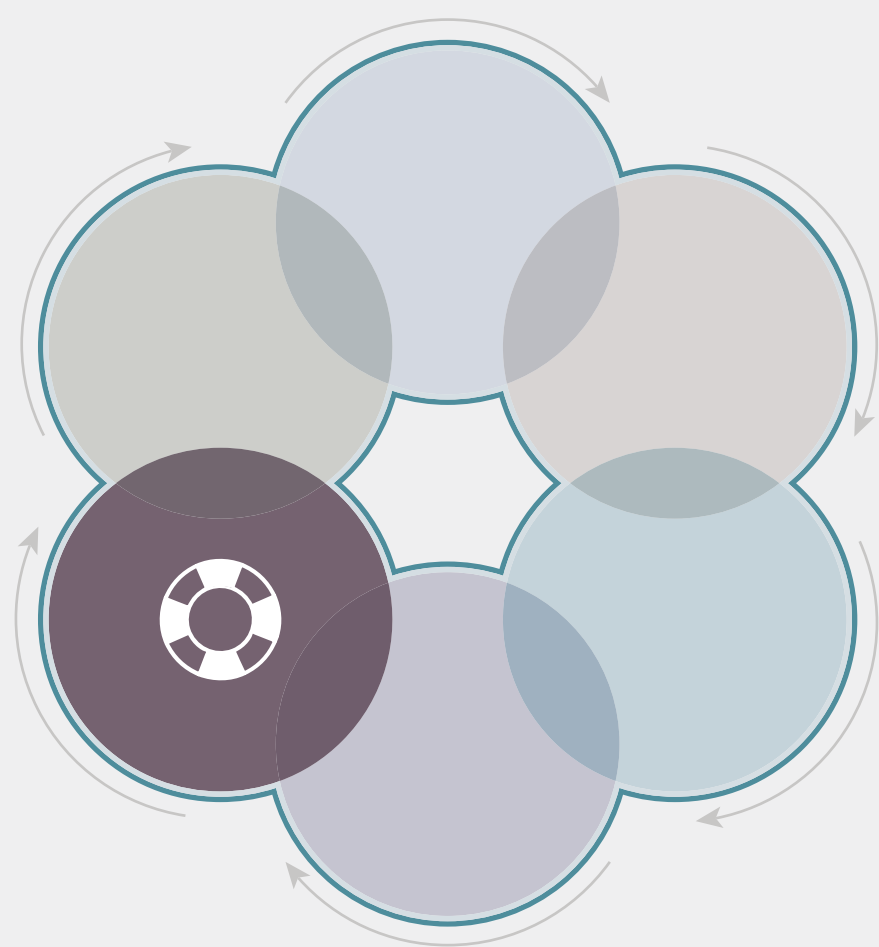
Outcome Factors

Indicators

Family, Friend, and Community Support

examines aging adult support systems that provide any type of care, and respite/relief from caregiving activities for aging adults who may be providing some sort of support or care for another individual. Additionally, the percentage of aging adults receiving support was assessed and evaluated in terms of receiving the amount of support needed.

Caregiving Status
Caregiving Relief
Services Awareness

Socialization

examines socialization activities as a measure of interpersonal support, including socialization activities with family, friends, and neighbors, and associated satisfaction with socialization activities.

Socialization Satisfaction

Support Network

Community Conversations

What do you think prevents caregivers from obtaining the relief they need form their caregiving responsibilities? Do you think there are enough services available in Forsyth County to help with this issue?

- guilt
- lack of trust
- lack of availability and high cost of caregiver relief services
- unawareness of resources
- pride or difficulty in asking for help
- more caregiver support groups needed

Family, Friend, and Community Support

Caregiving Status, Caregiving Relief, Services Awareness
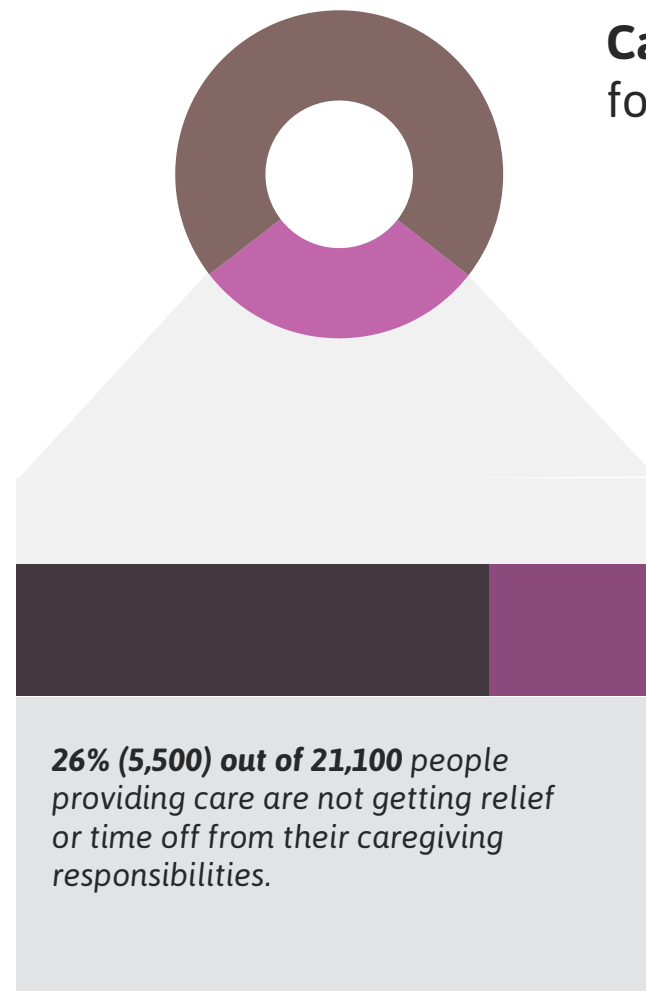
Caregiving Status: Do you currently provide help or care, or arrange for help or care, to a relative or friend?

■ **Yes** (29%)   ■ **No** (71%)

29% (21,100) provide some sort of care for another person.

*The most cited people receiving care from caregivers include **parents or in-laws, spouses, partners,** and **friends.***

26% (5,500) out of 21,100 people providing care are not getting relief or time off from their caregiving responsibilities.

Cargiver Relief: Do you sometimes get relief or time off from this responsibility?

■ **Yes** (74%)

■ **No** (26%)

☞ *When the data is disaggregated by age, we see significant differences across all age groups in terms of not getting relief or time off, with the highest percentage, **35%, being 75+**, followed by **29% being 60-64**, and **20% being 65-74**.*

*When the data is disaggregated by gender, we see a significant difference between males and females, with **a higher percentage of males not getting relief.***

Community Conversations

What is your perception of the aging adult service system in Forsyth County?

- central service system needed
  - one number to call for information
  - people aren't sure where to go for information
- services need expansion
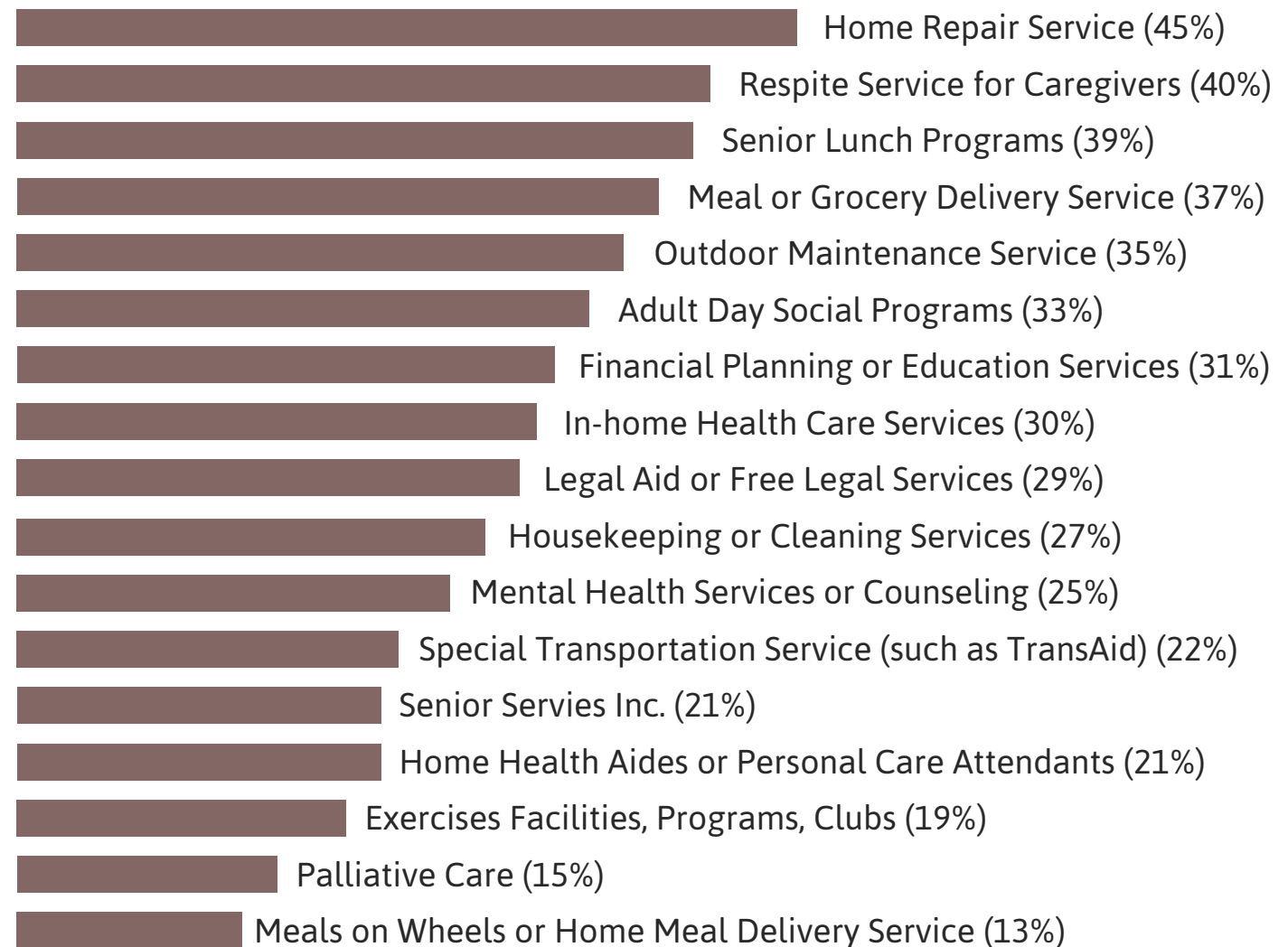- services are costly

Best Practices

The iHub concept involves an intergenerational social gathering place focused on older adults living in a particular area of the community, but it also attracts people of all ages[13]. The iHub concept could be implemented in existing community centers or other facilities that support the needs of older adults[13].

The outcomes of the Communities for All Ages initiative suggest that a lifespan approach to community building helps foster social capital across diverse populations and increase public will among younger generations to address aging issues[3].

Naturally Occuring Retirement Community Shared Service Providers (NORC-SSPs) combine the advantages of a Naturally Occurring Retirement Community with the support services of more comprehensive retirement communities, while encouraging aging in place in the community[1].

Orange County, NC has taken steps to develop a centralized, easily accessible information hub of available services and could potentially serve as a model for Forsyth County.
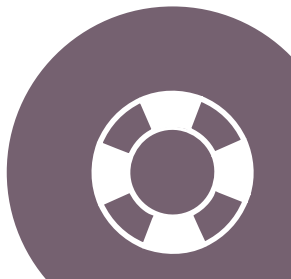
Support Network

Family, Friend, and Community Support

Caregiving Status, Caregiving Relief, **Services Awareness**

Percent of People Age 60+ Unaware of Selected Community Services

*The most commonly cited services people lack awareness of include **home modification/repair services, caregiver relief services, senior lunch programs,** and **grocery delivery services.***

- Home Repair Service (45%)
- Respite Service for Caregivers (40%)
- Senior Lunch Programs (39%)
- Meal or Grocery Delivery Service (37%)
- Outdoor Maintenance Service (35%)
- Adult Day Social Programs (33%)
- Financial Planning or Education Services (31%)
- In-home Health Care Services (30%)
- Legal Aid or Free Legal Services (29%)
- Housekeeping or Cleaning Services (27%)
- Mental Health Services or Counseling (25%)
- Special Transportation Service (such as TransAid) (22%)
- Senior Servies Inc. (21%)
- Home Health Aides or Personal Care Attendants (21%)
- Exercises Facilities, Programs, Clubs (19%)
- Palliative Care (15%)
- Meals on Wheels or Home Meal Delivery Service (13%)

72% (52,400) use a computer, tablet, and/or smartphone to access the internet. 89% (46,600) of the people who use those devices to access the internet do so to look for information.

Support Network

Socialization

Socialization Satisfaction
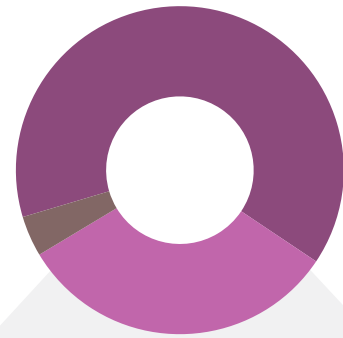
Socialization Satisfaction: Regarding your present social activities, do you feel you are doing…?

- **Too Much** (4%)
- **About Enough** (64%)
- **Would Like to Do More** (32%)

Socialization Satisfaction: What prevents you from doing social activities?

Lack of Time	14%
Lack of Money	20%
Lack of Transportation	14%
Don't Know Where to Go	12%
Health Reasons	43%
Caregiver	5%
Lack of Companion	5%
Lack of Enthusiasm	4%
Other	8%

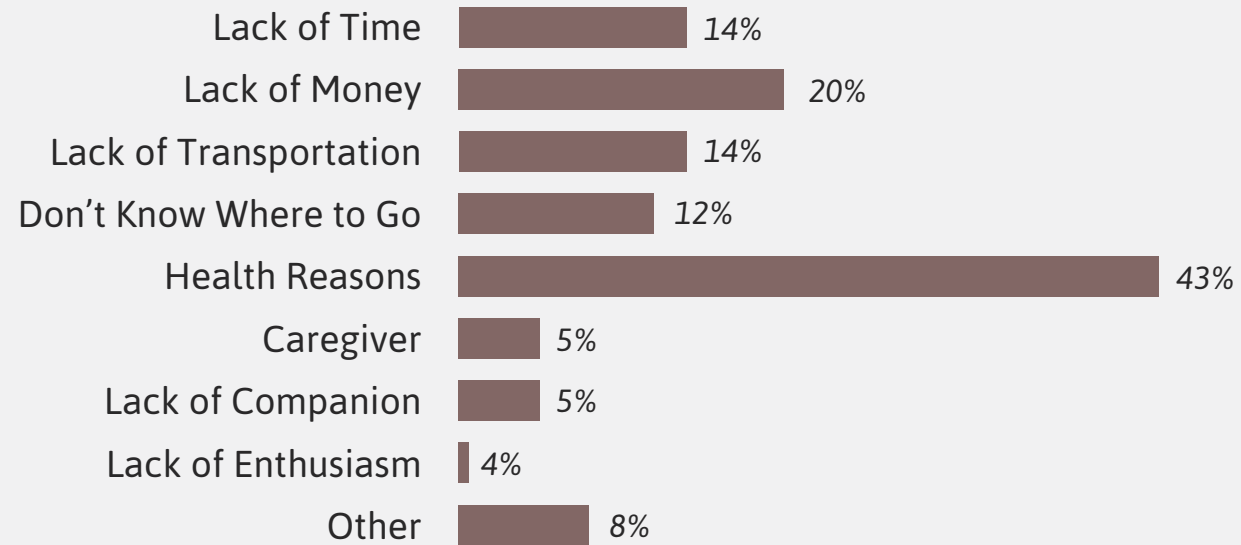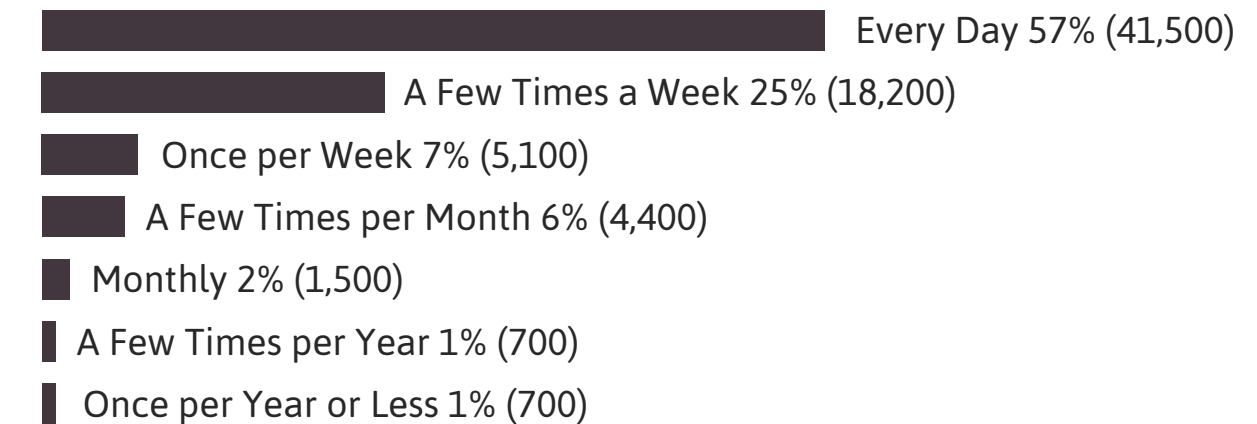*32% (23,300) would like to be doing more regarding their present social activities. The most commonly cited barriers for those who would like to be doing more include **health reasons, lack of money, lack of time, lack of transportation,** and **not knowing where to go.***

Socialization Satisfaction: Do you have close family members who live in Forsyth County or nearby?

- **Yes** (76%)
- **No** (24%)

24% (17,500) aging adults do not have close family members who live in Forsyth County or nearby.

Socialization Satisfaction: How often does a neighbor, friend, or family member contact you either in person, by phone, or by email?

- Every Day 57% (41,500)
- A Few Times a Week 25% (18,200)
- Once per Week 7% (5,100)
- A Few Times per Month 6% (4,400)
- Monthly 2% (1,500)
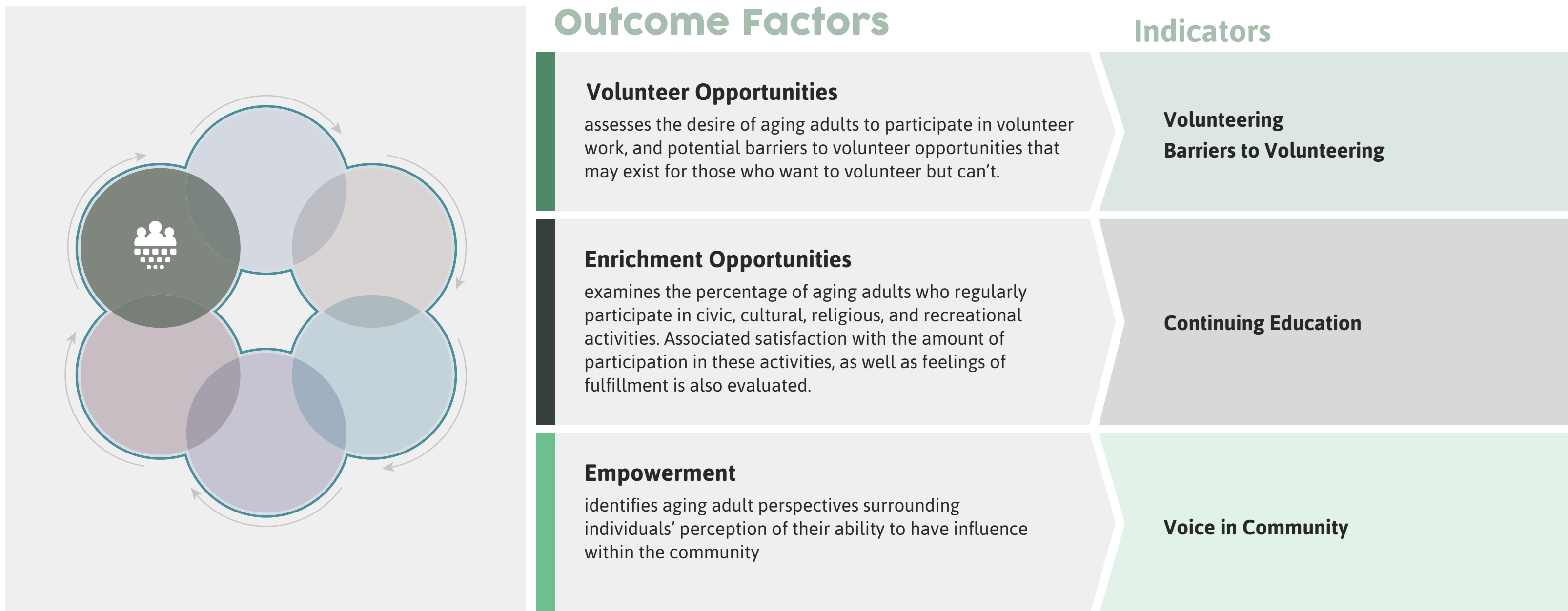- A Few Times per Year 1% (700)
- Once per Year or Less 1% (700)

34% (24,800) of aging adults live alone.

Empowerment and Engagement

The Empowerment and Engagement outcome area explores various characteristics that relate to community engagement and perception of empowerment among aging adults. Factors relating to empowerment and engagement include volunteer opportunities, enrichment opportunities, and empowerment.

Outcome Factors

Indicators

Volunteer Opportunities

assesses the desire of aging adults to participate in volunteer work, and potential barriers to volunteer opportunities that may exist for those who want to volunteer but can't.

Volunteering
Barriers to Volunteering

Enrichment Opportunities

examines the percentage of aging adults who regularly participate in civic, cultural, religious, and recreational activities. Associated satisfaction with the amount of participation in these activities, as well as feelings of fulfillment is also evaluated.

Continuing Education

Empowerment

identifies aging adult perspectives surrounding individuals' perception of their ability to have influence within the community

Voice in Community

Community Conversations

When asked why people are less likely to volunteer, participants of the community conversations cited these reasons:

- afraid to leave home/don't want to go out/ safety concern
- transportation issues
- lack of awareness of opportunities available
  - improved marketing needed
  - volunteer matching
- not wanting to commit to a volunteer schedule

Empowerment and Engagement

Volunteer Opportunities

Volunteering, Barriers to Volunteering
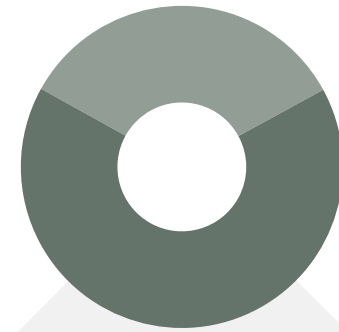
Do you do volunteer work?

■ **Yes** (34%)   ■ **No** (66%)

34% (24,800) are *volunteering.*
66% (48,000) are not *volunteering*

*Of the **66% (48,000)** people not volunteering, **19% (9,100)** people would like to volunteer.*

Do you want to volunteer?

■ **Yes** (19%)

■ **No** (81%)

*The most cited barriers to volunteering include **lack of time**, **health reasons**, **lack of transportation**, and **not knowing where to volunteer**.*

What prevents you from volunteering?

■ **Health Reasons** (29%)

■ **Lack of Time** (29%)

■ **Lack of Transportation** (17%)

■ **Lack of Information** (14%)

■ **Caregiver** (5%)

■ **Other** (11%)

When the data is disaggregated by age, we see significant differences that people aged 60-74 are volunteering more than people who are 75+.

Empowerment and Engagement

What is your perception of continuing education courses?

- accessibility is an issue
- lack of awareness of courses or opportunities available
- lack of interest can keep people from participating in continuing education courses
- technology / computer courses and exercise courses are most desired

Best Practices

Timebanking, includes using time as currency in exchange for services[17]. Communities across the country have experienced success utilizing this concept. In addition to receiving needed services, people have the opportunity for intergenerational engagement, relationship building, and feeling connected to their community[17].

To address individual/personal empowerment, the program CAPABLE aims to reduce the impact of disability among low-income older adults by addressing individual capacities and the home environment[16]. The program includes an interdisciplinary team including a nurse, occupational therapist, and handyman that addresses any home modification barriers or needs to help participants navigate their homes more easily and safely[16]. Empowering at the personal level allows for perceived ability of community engagement.

Enrichment Opportunities

Indicators: **Continuing Educaiton**

Enrichment Opportunities: Percentage of People Age 60+ That Attend Educational Classes at Least Once per Month

- **Yes** (21%)
- **No** (79%)

21% (15,300) are attending some sort of educational class or workshop at least once per month.

79% (57,500) are not participating in any continuing education courses.

Voice in Community

Voice in Community

Voice in Community: How much influence do you think people like yourself can have in making Forsyth County a better place to live?

- **A Lot** (34%)
- **Some** (45%)
- **Not Much** (16%)
- **None** (6%)

22% (16,000) perceive not having some level of influence.

> When the data is disaggregate by race, we see significant differences in African Americans perceiving the highest level of influence (a lot) compared to the White population.
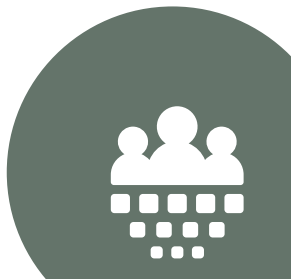
Join Us to Continue the Conversation

Community Planning Symposium

Wednesday, June 21st
2:00 until 5:00 PM

Novant Health Forsyth Medical Center
Conference Center
3333 Silas Creek Parkway
Winston-Salem, NC 27103

Register Today

www.SeniorServicesInc.org/AgeFriendlyForsyth

Acknowledgments

Age-Friendly Forsyth started during Senior Services' Aging with Purpose capital campaign as an energetic call to action from four business leaders in our community. The charge? Develop a process to help make Forsyth County the place to live your best life! Senior Services was both honored and thrilled to answer their call, and spearhead this initiative. Age-Friendly Forsyth developed into a community-wide, collaborative data collection and research process involving more than one hundred community partners whom you see listed on this page – their time, talent, and dedication have made this process and report the best it can be. Our deepest acknowledgement and thanks to you all! Thank you also to the countless aging adults, professionals and concerned citizens who voiced your perspectives which helped shape this document. To the individuals, corporations and organizations who supported Senior Services' Aging with Purpose campaign which provided funding to make this process a reality, our sincerest thanks. And finally, thank you to each of you who are reading this, for your interest and willingness to engage in Age-Friendly Forsyth. **Together, we will ensure that aging adults in Forsyth County can truly live their best lives!**

T. Lee Covington
President and CEO
Senior Services

Staff

T. Lee Covington – Senior Services

Kristen Perry – Senior Services

Adam Hill – Forsyth Futures

Theresa Hoffman-Makar – Forsyth Futures

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Kenneth Pettigrew — United Way

Mark Steele — Salemtowne Retirement Community

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Acknowledgments

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Sheila Bogan — Northwest AHEC

Fran Braun — HCCBG Committee

Deb Burcombe — Sticht Center on Aging

Allison Calhoun — Winston-Salem State University

Liz Chmelo — Salemtowne Retirement Community

Patty Donohue — Aging Advocate

Diane Fitzhugh — Neighbors for Better Neighborhoods

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Brenda Humphries — SAFE Guarding Against the Fleecing of the Elderly, Inc.

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Helen Mack — AARP

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Sam Matthews — Shepherd's Center of Winston-Salem

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Melissa Smith — Senior Services

Christina Soriano — Wake Forest University

Chuck Spong — Love Out Loud

Mark Steele — The Adaptables, Inc.

Chuck Vestal — Winston-Salem Recreation and Parks

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Appendix

Outcome areas are broken down into outcome factors, which are general topics that relate to the outcome area. **Outcome factors** are then broken down into indicators. **Indicators** provide a measure of a given condition and were chosen in collaboration with professionals in data and research fields. Indicators for this report are based on publicly available data, and primary data collected through the random-sample surveying of adults aged 60 and older. Indicators are viewed through an equity lens, disaggregated by age, gender, race, and income. **Reference indicators** are measures that provide context and are not intended to be actionable.

	Outcome Factors	Indicators
Physical and Mental Health	Health and End-of-Life Care Morbidity/Mortality Wellness	Health Care Access, Preventive Care, Palliative Care/Hospice Satisfaction, Health Care Source, Insurance Coverage, Palliative Care Access/Utilization Fall Status, Morbidity, Life Expectancy Physical Activity, Opportunity to Exercise, Fruit and Vegetable Consumption, Mental Health Status, Counseling Access, Quality of Life
Financial Health	Employment Living Costs	Employment, Reasons for Working, Educational Attainment Income, Income Shortfalls, Poverty Status
Housing and Safety	Housing Stability Housing Satisfaction Residential Care Neighborhood Satisfaction	Home Ownership, Desire to Stay in Home Home Modification Needs, Housing Satisfaction Quality of Assisted Living Crime Rate, Safety Perception, Neighborhood Satisfaction, Neighborhood Issues
Accessibility and Mobility	Transportation Options Mobility Public Accessibility Access to Food	Public Transportation, Transportation Sufficiency, Vehicle Availability Activities of Daily Living, Instrumental Activities of Daily Living, Mobility Devices AARP Livability Score Proximity to Grocery, Food Options Satisfaction
Support Network	Family, Friend, and Community Support Socialization	Services Awareness, Caregiving Status, Caregiving Relief, Support or Assistance Needs Socialization Satisfaction, Socialization Opportunities
Empowerment and Engagement	Volunteer Opportunities Enrichment Opportunities Empowerment	Volunteering, Barriers to Volunteering Participation in Community Activities, Fulfillment from Community Activities, Barriers to Community Activities Voting Rates, Voice in Community, Continuing Education

Reference Indicators Cost of Living, House Prices, Rent Costs, Assisted Living Costs, Adult Day Services Costs, Public Transportation Costs, Hospital Expenses, Medicare Costs, Households with Adults 60+, Housing Type, Time in Current Home, Time in Forsyth County