dogwood
health trust

Community Investments for Older Adults: Assessing and Understanding the Current Context

JANUARY 2026

Assessment Overview

Objectives

This older adults assessment aims to inform Dogwood Health Trust's ongoing work to improve the health and wellbeing of all people and communities in the 18 counties and Qualla Boundary of Western North Carolina. The specific objectives of this assessment are to:

1 Provide an overview of the status of older adults in Western North Carolina, including assets, needs and considerations for ongoing recovery and rebuilding.

2 Share trends in the field of healthy aging and promising models or approaches.

3 Identify opportunities and advice for philanthropy to help communities ensure a healthy and thriving older adult population.

Context of Hurricane Helene

This assessment was conducted between September 2024 and September 2025. It is important to note that Hurricane Helene reached North Carolina on September 27, 2024, bringing with it historic rainfall, wind and flooding. Hurricane Helene caused at least 108 deaths, 94 of which were concentrated in Western North Carolina counties[i], and an estimated $59 billion[ii] in damage and needs (the costliest natural disaster in North Carolina history[iii]). The region is still recovering and rebuilding.

Assessment Methods

Findings from this assessment are based on the collection and analysis of the following data sources:

- **Local community engagement conducted in fall 2024**. Fifteen Western North Carolina leaders and stakeholders who work with or support older adults interviewed.
- **Secondary data.** Existing indicators related to older adults on a variety of topics including demographics, housing, income and caregiving reviewed.
- **Scan for resources on disaster philanthropy.** Existing resources on the impact of disasters on older adults and grantmaking in response to disasters reviewed in fall 2024.
- **State and national level engagement conducted in spring 2025.** Twenty thought leaders in the field of aging, including funders and subject matter experts (e.g., program leaders), interviewed.
- **Landscape scan.** Key resources on healthy aging and PSE (Policy, Systems, Environmental) strategies impacting older adults reviewed.
- **Funder scan.** Websites of 22 key funders reviewed to categorize current support for older adults.

As described further below, there is no universal definition of "older adults." Different sources provide data using different breakdowns of age (e.g. by 60+, 65+, 85+, etc.). This assessment aims to provide comprehensive data and to clarify if and when there are nuances by specific ages.

Older Adults in Western North Carolina

Population Overview and Projected Change

Western North Carolina (WNC) is older than North Carolina and the United States overall. In WNC, 24% of the population is 65 years or older and 10% of the population is 75 years or older, compared to 17% (65+) and 7% (75+) of the population in North Carolina overall.[iv]

WNC Older Adult Population

Age	Total Population in WNC	Percentage of WNC Population	Percentage of NC Population	Percentage of U.S. Population
55+	351,177	37.9%	29.8%	29.7%
60+	287,346	31.0%	23.3%	23.3%
65+	218,154	23.6%	16.9%	16.8%
75+	90,492	9.8%	6.7%	6.8%
85+	23,606	2.5%	1.7%	1.9%

DATA SOURCE: US Census Bureau, American Community Survey 5-year estimates, 2019-2023.

With the exception of Swain (78% White) and the Qualla Boundary (20% White), the population of older adults (65+) in all other WNC counties is over 85% White, non-Hispanic.[v] Among older adults (65+) in WNC overall, 2.8% identify as Black or African American, 1.9% identify as Hispanic or Latino and 1.2% identify as American Indian.[vi] The Qualla Boundary, Swain County and Jackson County all have a prominent Eastern Band of Cherokee Indians (EBCI) population.[vii] **Over 50% of WNC's total population lives in rural areas, as defined by the U.S. Census Bureau.[viii]**

Day-to-Day Experiences of Older Adults in Western North Carolina

Over **1 in 4** (26.1%) live alone

1 in 13 (7.3%) households headed by older adults do not have a vehicle

1 in 8 (12.1%) have an independent living difficulty

4,007 grandparents in WNC are primary caregivers for their grandchildren

**1 in 10** (10.0%) live in poverty

1 in 5 (19.6%) have an ambulatory difficulty
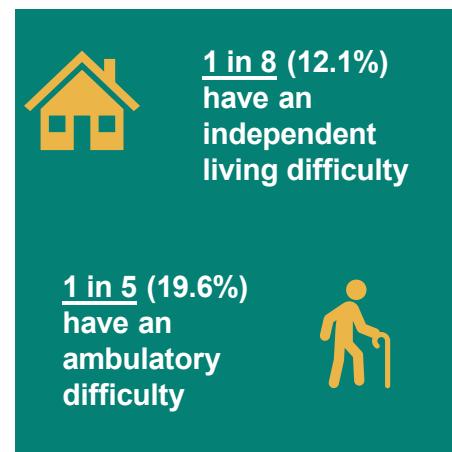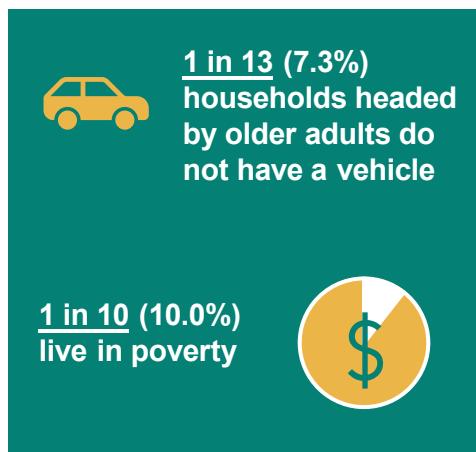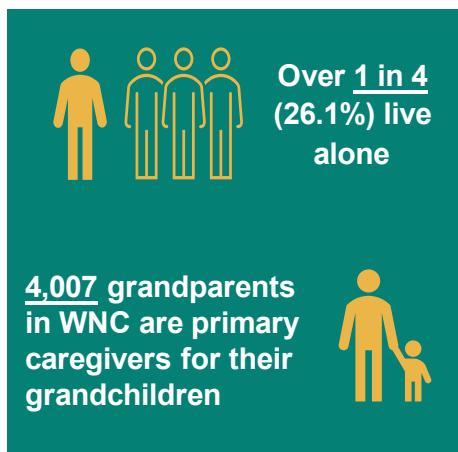
DATA SOURCE: US Census Bureau, American Community Survey 5-year estimates for adults 65+, 2019-2023 for all except caregiving; Caregiving data source: US Census Bureau, American Community Survey 5-Year Estimates, 2018-2022, accessed through the 2022 North Carolina Aging Profiles.

Like many communities across the United States, the population in WNC is aging. As shown in the map below, a majority of WNC counties are projected to experience an increase in their older adult (65+) population between 2022 and 2042. Buncombe County is projected to experience a 40% increase between 2022 (60,018 people age 65+) and 2042 (84,317 people age 65+) – the largest among WNC counties.[ix] Additionally, **in WNC, between 2022 and 2024 the 85+ population is projected to grow faster (increasing by 73%) than the 65+ population (increasing by 26%).**

WNC Projected Older Adult Population Growth, 2022-2042
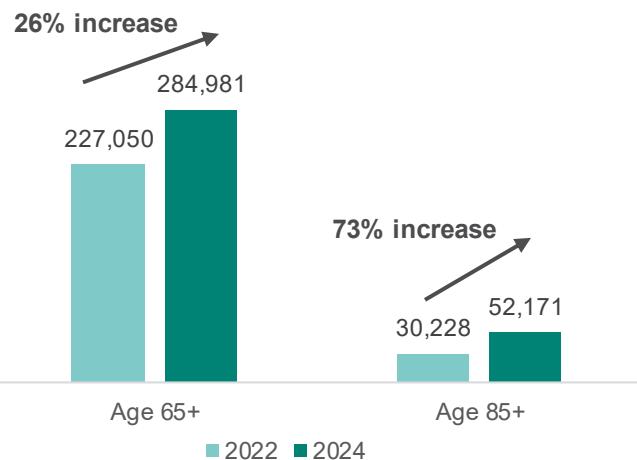
26% increase

227,050 → 284,981

73% increase

30,228 → 52,171

Age 65+   Age 85+

■ 2022 ■ 2024

DATA SOURCE: NC Office of State Budget and Management, Standard Population Estimates, Vintage 2022; Population Projections, Vintage 2023, via North Carolina Aging Profile 2022; NOTE: Qualla Boundary data not available.

Projected Change in Older Adult Population (65+), 2022-2024, by Western North Carolina County
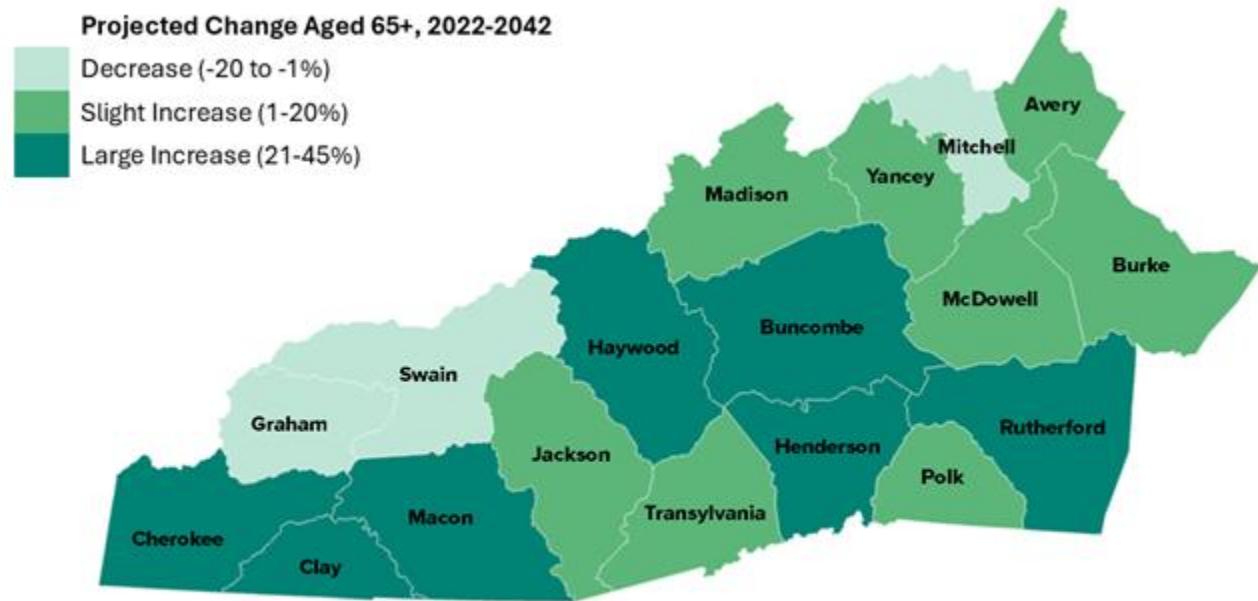
Projected Change Aged 65+, 2022-2042
- Decrease (-20 to -1%)
- Slight Increase (1-20%)
- Large Increase (21-45%)

Counties labeled: Avery, Mitchell, Yancey, Madison, Burke, McDowell, Buncombe, Swain, Graham, Haywood, Jackson, Henderson, Rutherford, Polk, Transylvania, Macon, Cherokee, Clay

DATA SOURCE: NC Office of State Budget and Management, Standard Population Estimates, Vintage 2022; Population Projections, Vintage 2023, via North Carolina Aging Profile 2022; NOTE: Qualla Boundary data not available.

Impact of Hurricane Helene on Older Adults in WNC

Older adults are disproportionately impacted by disasters.[X]

Older adults are disproportionately impacted by disasters including hurricanes due to a variety of factors such as mobility constraints and cognitive impairments, social isolation, lack of access to technology and limited financial means and savings to prepare for and recover from a disaster.[xi] For example, approximately 6% of the population in New Orleans in 2005 was age 75 or older yet this population accounted for 50% of those who died that year as a result of Hurricane Katrina.[xii] **In addition to mortality risk, disasters can have a long-lasting impact on older adults' physical and mental health and economic wellbeing**. Evacuations and relocations due to disaster can disrupt access to care and medications, leading to illness and complications from existing conditions.[xiii] The psychological impact of living through this type of historic event can also lead to increased rates of depression, anxiety and post-traumatic stress disorder among older adults.[xiv] Disasters also impact resources for older adults; for example, in the days following Hurricane Helene, many elder-care homes remained disconnected from commercial power and municipal water service.[xv]

In Fall 2024 interviews with WNC Area Agencies on Aging Directors, health and social service providers and other community leaders, interviewees underscored how the hurricane had exacerbated existing challenges for older adults and their families. Interviewees described the following priority areas where older adults need more support post-Helene in recovery and rebuilding:

- **Safe, affordable and livable housing; Home repair and home modifications.**
- **Support to address mental health and social isolation**.
- **Access to services and healthcare**, including financial and case management support, transportation, food and at-home services like telehealth.
- **Support for caregivers**, potentially through respite programs or advocating for policy change to support time off work.

Interviewees also highlighted **many local, trusted organizations that are assets** and can be leveraged to further support older adults post-Helene. However, many of these organizations were also directly impacted: facilities were damaged, or repurposed; employees and volunteers experienced their own challenges, impacting workforce; and demand for services increased.

> **"Housing and home repairs** have been an issue for as long as I've been involved in the world of aging. **[That's] been exacerbated… our phone calls before and after [Helene]…were all about housing."**
>
> - WNC Interviewee

> "We're **seeing isolation and loneliness**… the cognitive effects of that are devastating for some folks... **The hurricane made all of that worse**."
>
> - WNC Interviewee

While the following sections describe trends in the field of aging broadly, there is no "one size fits all" approach to supporting older adults. Therefore, it is important to consider the following trends with Western North Carolina's context in mind.

Trends in the Field of Aging: Current Areas of Focus

In Spring 2025, interviews were conducted with state and national thought leaders to identify trends in the field of healthy aging and opportunities for WNC. When asked in these interviews about their own work and trends related to supporting older adults, key leaders named the following as current areas of focus: Caregiving; Long-Term Care; Economic Wellbeing; Housing and Homelessness; Mental Health and Cognitive Functioning; Digital Equity, Literacy and Navigation; Healthcare Access; and Advocacy, Policy and Organizing. Each is described further below.

Caregiving

Caregiving was a key focus area named by nearly every interviewee. Specific areas of need and support include the growing financial and emotional burden on family caregivers, the rising numbers of older adults serving as caregivers, low wages and shortages in the caregiving workforce and widespread burnout among both paid and unpaid caregivers. **In 2021, the AARP estimated there were 1.28 million family caregivers in North Carolina providing 1.2 billion hours of unpaid family care.[xvi]**

> "A lot of our work is focused on the voices of caregivers of older adults... **the number of caregivers who are also older adults... has continued to rise.**"
>
> - Subject Matter Expert

Organizations are funding a range of caregiving initiatives including direct services like in-home care and adult day health centers, as well as advocacy efforts to expand Paid Family Leave policies to recognize a broader definition of family caregivers.

REMOTE CAREGIVING

One promising approach is remote caregiving, which utilizes technology and devices to allow caregivers to stay connected to family members.

"I often say the organization that solves remote caregiving wins the organizational lottery billions of dollars… Things like Alexa devices, things where you have the opportunity to engage at a distance, and to really start to recognize when something isn't right. Every morning my mom gets up, gets a 'good morning' message, and she always responds back. But if she doesn't respond back, I get an alert. Things like that. So, there's some interesting solution sets out there. But that's where we're moving as a society."

- Subject Matter Expert

Long-Term Care (LTC)

"The whole long-term care spectrum and what are we going to do about that? Who are the caregivers? How are we going to pay for them?... This is almost too big to fix…. **we rely on a foundation of immigrants to care for older people in our country at home and in nursing homes… at some point, our immigration policies are going to bump up against our need for long-term care providers**."

- Subject Matter Expert

Interviewees highlighted several key issues around LTC, including increasing workforce shortages amongst rising demand given the aging population, high costs, impending funding cuts and the growing role of private equity in long-term care facilities. Immigrants, who make up 28% of the overall direct care workforce for LTC services[xvii], are especially impacted by these changes. **Many adults in the United States do not feel prepared to handle the costs of long-term services and supports: in a recent poll, 4 in 10 adults said they are not confident that they will have the financial resources to pay for the care they might need as they age.[xviii]**

Given the complexity of these challenges, interviewees stressed that no single solution would be sufficient and that organizations need to engage in policy and advocacy to push for systemic reform, rather than working within current structures.

Economic Wellbeing and Food Insecurity

Economic wellbeing was named as a key issue by several interviewees who noted that financial security is intricately linked to health and that many older adults are classified as low-income. **Among older adult households, 45% do not have the income needed to cover basic living costs and 80% are unable to weather a major shock such as widowhood, serious illness or the need for long-term care.[xix]**

To address these challenges, interviewees discussed supporting a range of organizations and programs, from local food pantries and meal delivery services to those that teach older adults how to manage their finances and enroll in benefits. For example, in Fiscal Year 2022, 16 million (or 59% of) adults ages 50 and older who were eligible for SNAP did not participate in the program, suggesting a need for greater outreach and application assistance as well as the potential for policy change.[xx]

"Food is something that churches love to do, and they do it well. **They distribute these food boxes all across North Carolina. And it is a way to help seniors make their budget stretch.** Typically, seniors show up for these food boxes the second week of the month. The first week of the month, their draw on Social Security comes in, and any other kind of pieces. That largely is depleted for many of them by the second week, particularly if they live alone and have some housing expenses. So you see in the second week of the month, more seniors accessing this food."

- Philanthropic Interviewee

The percentage of households with at least one adult age 60+ that receive SNAP benefits varies across Western North Carolina, ranging from 4.0% in the Qualla Boundary to 19.4% in McDowell County.[xxi]

Housing

Many interviewees highlighted housing as a critical issue, noting the shortage of affordable options for low- and middle-income older adults and the rising rates of homelessness among older adults. **In 2021, nearly 11.2 million older adult households in the United States were cost-burdened,** meaning they spend 30% or more of their household income on their housing; this is a record high and represents a significant increase from 8.8 million in 2011.[xxii] High housing costs can directly impact other areas of focus – for example, by making it harder for older adults to afford services like home health aides or by contributing to food insecurity. **Additionally, the need for and expense of significant home repairs and accessibility modifications can limit older adults' ability to age in place safely**. As shown in the figure below, 83.2% of adults age 65+ in WNC own their homes.

Interviewees highlighted the importance of approaches that prioritize vulnerable groups, including middle-income older adults who are often ineligible for tax credits, as a way to help close gaps in affordable housing.

Renters and Owners, Adults Age 65+, 2019-2023

■ Western North Carolina ■ North Carolina

	Renter	Owner
Western North Carolina	16.8%	83.2%
North Carolina	19.4%	80.6%
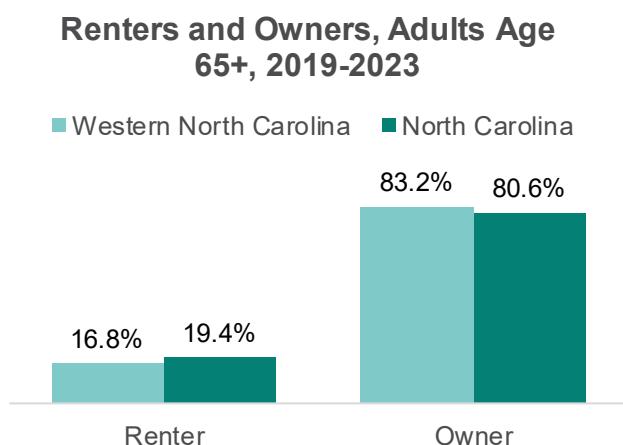
DATA SOURCE: US Census Bureau, American Community Survey 5-year estimates, 2019-2023.

CAPABLE MODEL

One model highlighted by many interviewees is the **Community Aging in Place-Advancing Better Living for Elders (CAPABLE)** model. CAPABLE is a home-based intervention that integrates nursing, occupational therapy, and home repair to support independence.

"It's a person-centric intervention with an RN, an occupational therapist and a handy worker… they go into homes and identify the constraints to people living active, daily, healthy lives… One of the things that we're doing is starting to bring this into the Carolinas... CAPABLE itself is working with the Centers for Medicaid and Medicare about potentially getting funding… that's something that we're super excited about."

- Philanthropic Interviewee

Mental Health and Cognitive Function

Interviewees repeatedly identified mental health, especially social isolation, as a critical issue for older adults, who often face loneliness and disconnect while remaining overlooked in mental health discussions. **Among residents 65+, rates of emergency department visits for depression are higher in many WNC counties compared to rates in North Carolina overall.**[xxiii] Rates are highest in Rutherford, Mitchell and McDowell Counties. Programs that foster social connections, particularly intergenerational ones, can strengthen community for older adults while benefiting others.

Some interviewees also highlighted the importance of specific issues such as Alzheimer's and dementia and noted a trend in increased

Alzheimer's is the sixth leading cause of death among adults age 65+ in North Carolina.[xxiv]

funding for strategies to support those living with these conditions. **The prevalence of Alzheimer's among individuals age 65 and older is approximately 10.6% in WNC, compared to 11.6% in North Carolina overall**.[xxv]

GUIDE MODEL

Dementia care navigation models, such as the **Guiding an Improved Dementia Experience (GUIDE)** model, can improve quality of life, ease caregiver strain, and help people with dementia remain in their communities.

*"We fund the work that's being done with dementia on the **GUIDE** model, for example, and we fund and support [the] key models that GUIDE was built on."*

- Philanthropic Interviewee

Digital Equity, Literacy and Navigation

Interviewees emphasized the importance of digital equity and literacy for older adults to access essential services and connect with family and friends. Interviewees noted that older adults increasingly have experience working with technology, yet they still face barriers accessing devices and high-speed internet especially in rural areas[xxvi]. **While about 80% of adults between age 61 and 65 living alone have broadband subscriptions, only 68% of adults between age 81 and 85 do so.**[xxvii] Interviewees highlighted the need for programs that provide devices, reliable high-speed internet and digital navigation training (such as Senior Planet Programs[xxviii]).

"There is still this huge misunderstanding that older adults don't use technology... but that's not true. Many people aging into our space now have worked with technology for 30 or 40 years of their career…What we're seeing now is the digital divide. And the fact that high-speed internet really should be a public utility at this point, and that whether you have access to that really is a differentiator."

- Subject Matter Expert

Computer and Internet Access Age 65+, 2019-2023

■ Western North Carolina ■ North Carolina

	With Computer	With Computer with Broadband Internet Subscription
Western North Carolina	86.0%	78.4%
North Carolina	88.1%	80.5%
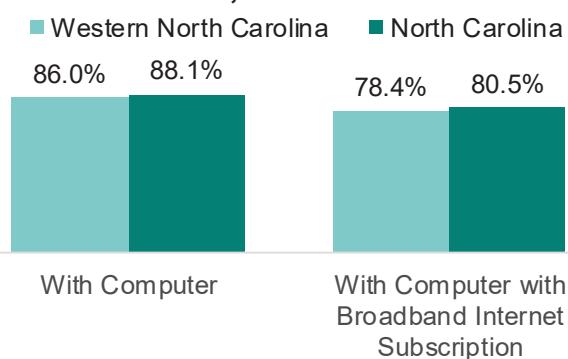
DATA SOURCE: US Census Bureau, American Community Survey 5-year estimates, 2019-2023.

Healthcare Access

Healthcare access was mentioned by some interviewees as a particular challenge for older adults, particularly given the growing shortage of providers specializing in geriatrics. **In 2017, the American Geriatrics Society estimated that North Carolina would need 913 geriatricians in 2030 but as of 2021, North Carolina had only 253 certified geriatricians**.xxix While not specific to older adults, Health Professional Shortage Area (HPSA) designations are used to identify areas that are experiencing a shortage of health care services.xxx **All 18 counties in WNC are designated as HPSAs for primary care and mental health care**, and all but Henderson County are designated as HPSAs for dental care.xxxi Dental care was named as a key issue by a few interviewees who noted that Medicare generally does not cover routine dental services.xxxii

Interviewees shared a number of promising strategies including: designations for "Age-Friendly" healthcare systems (which use the 4Ms framework to focus on what matters, medication, mentation and mobility); leveraging community health workers and community paramedicine in rural areas to do "home checks" and health screenings; and expanding telehealth infrastructure. **There are currently 26 hospitals and health care practices in WNC recognized as Age-Friendly Health Systems**.xxxiii

> **AGE-FRIENDLY HEALTH SYSTEMS**
>
> "*When an older person enters the healthcare system, are they assessing them in a holistic way?* Because there's a shortage of geriatricians... But if somebody shows up in an emergency room, have they come up with a protocol or best practice of … the things that you need to assess. [For example] what kind of medicine they're on, [to] make sure that they didn't fall because maybe they're taking a medicine that makes them dizzy, how mobile they are, and what is their mental acuity… *So [the 4Ms framework is] a really good one. But more could clearly be done in that area*."
>
> - Subject Matter Expert

Advocacy, Policy and Organizing

> "Every conference that I've been to has all been about advocacy. **If we can't save and support Social Security, Medicare and Medicaid, then that'll have the biggest impact to older adults**… We support any effort that's not lobbying, of course, but any effort to educate the policymakers on the importance of Medicaid to our older population, how a big part of Medicaid is supporting older people through nursing homes, through community care services, through supporting premiums on Medicare."
>
> - Philanthropic Interviewee

The need for philanthropy to fund and engage in advocacy and policy work was woven throughout discussions with interviewees. Many emphasized that organizations should move beyond working within existing systems and instead take on a more active role in reforming them.

In particular, interviewees noted a growing interest in organizing policy change at the local and federal level related to Social Security, Medicare and Medicaid (**in WNC, approximately 10.3% of Medicaid enrollees are 65 years or older**xxxiv). In response, some funders are developing public policy agendas and increasingly investing in work around raising awareness, advocacy and organizing.

Opportunities and Advice for Philanthropy

This section describes key takeaways from the interviews with local leaders and state and national thought leaders as well as the scan of funder websites and the landscape scan.

Defining the Older Adult Population

The majority of interviewees emphasized that they do not impose a fixed age requirement on their older adult funding or programming. Aging is a dynamic life stage and needs change (for example, a 65-year old's needs are different than those of an 85-year old). Interviewees cautioned that rigid age thresholds can exclude key populations. Nonetheless, some interviewees did reference specific age minimums tied to existing programs such as the Older Americans Act (60+) or Medicaid, Medicare, and Social Security (65+). Some funders look to grantees to define who they serve based on their context.

"I think that it's more about aging as a natural process… Depending on how old you are, …on your life and the kind of work that you did, and the neighborhoods you grew up in. **All of those social drivers of health are the same social drivers of aging**. So, a person who has lived in a significantly under-resourced community without access to places to exercise and health-promoting resources and has done manual labor for much of their life is going to look different. And particularly in communities of color, we see certain conditions and certain experiences much earlier than we do in white communities with higher incomes."

- Philanthropic Interviewee

Frameworks and Best Practices for Supporting Older Adults

Frameworks Philanthropy Can Use to Guide Their Work	
Healthy aging and equity	The process of maintaining physical, mental, and social health and wellbeing. There is a need to expand the "healthy aging" framework to account for different socioeconomic and cultural contexts.
Aging in place or in community	The ability to comfortably and independently live in one's own home and community as one ages.
Age-friendly	Improving built environments and systems that support inclusivity for people of all ages. Key resource: AARP Network of Age-Friendly States and Communities (focus on 8 domains of livability).[xxxv]
Aging as a spectrum, reframing aging	Shifting culture and language to embrace aging as a universal experience and focus on aging as an asset. Key resource: National Center to Reframe Aging.[xxxvi]

The following best practices for supporting successful older adult initiatives emerged from the interviews and scans.

	Adopt an asset-based framing Recognize and include older adults as valuable contributors.		**Ensure intergenerational approaches** Explore cross-generational solutions that build mutual benefits and encourage broader buy-in.
	Assess community needs Conduct participatory research to determine needs. Disaggregate data by age.		**Integrate aging into all opportunities** Align funding and pool resources with other initiatives such as those addressing housing, climate, equity, etc.
	Develop a well-defined strategic plan and goals Identify and narrow focus areas and desired outcomes.		**Strengthen safety nets during crises** Continue to fund disaster relief and programs addressing older adults' basic needs during emergencies.
	Implement community-driven approaches Include older adults' feedback in all stages of initiatives.		**Emphasize coordinated, holistic care** Focus on models that coordinate resources for social and daily living needs.

General Advice for Philanthropy and Grantmaking

While these recommendations emerged in the context of older adult grantmaking, they are broadly applicable across sectors:

- **Leverage partnerships with other funders:** Consider matching funds or co-funding initiatives to increase impact.
- **Support organizational infrastructure:** Beyond programmatic funding, provide support for general operating costs, capacity building and capital to allow organizations to meet local needs.
- **Prioritize larger grants:** Focus on larger grants to maximize impact, while also identifying opportunities for smaller pilot grants.
- **Consider multi-year funding**: Explore the feasibility of multi-year grants and multiple phases of funding (e.g., planning, implementation) to provide stability and continuity.
- **Invest in sustainability:** Support organizational capacity for long-term success, such as through dedicated sustainability grants alongside programmatic funding.
- **Simplify reporting requirements:** Restructure grant reporting to be less prescriptive and more flexible to reduce administrative burden and allow grantees to focus on outcomes.
- **Incorporate evaluation requirements:** Engage in learning and evaluation efforts to demonstrate outcomes and impact and support replication and scaling as appropriate.

> **"To be person-centered and meet people where they are, we have to have some flexibility in funding** – [to be able to do] housing and home improvement, [tree] stump removal, all that."
>
> - WNC Interviewee

Going Beyond Grantmaking to Support Older Adults

Interviewees also suggested funders look beyond individual programs and consider strategies that influence broader structures impacting older adults:

- **Invest in policy and systems change:** Prioritize infrastructure and systems level change that addresses root causes and support the development of Multisector Plans for Aging.
- **Engage in policy and advocacy work directly:** Consider developing and executing a policy agenda, as feasible.
- **Collaborate:** Map the current landscape of partners to identify shared missions and form strategic partnerships with other networks and existing, trusted organizations for a unified approach.
- **Nurture relationships and collective learning:** Convene funders and grantees to promote networking and collective learning.

"When we bring together funders, we often try to prioritize issues that are front and center. **A few months ago, we did a strategy huddle... We brought in grantees leading in each issue area.**"

- Philanthropic Interviewee

Considerations for Equity in Older Adult Grantmaking

Interviewees stressed the importance of equity in older adult grantmaking and the need to recognize the unique challenges faced by specific populations who experience barriers and disparities throughout the aging process.

Community of interest	Equity considerations named by interviewees	Interviewee perspectives
Rural/remote communities	- Underinvestment, higher poverty rates for older adults and limited access to services.	*"[In rural areas] you deal with food deserts… medical deserts, …the need for telehealth but the lack of… access to it. So… there's infrastructure issues that are…unique to different parts of the country."*
Communities of color and tribal communities	- Higher rates of food insecurity, economic insecurity and limited access to care. - Disparities are present across the lifespan and may become more pronounced with age.	*"People of [certain] racial [and] ethnic backgrounds are more likely to have different health outcomes… due to several reasons. How do we address some of the root causes there… organizations [may] have to invest much earlier in the lifecycle."*
Low-income communities	- Majority of older adults rely primarily on Social Security and are often forgotten. - The care workforce is also low wage.	*"A high percentage… of seniors live on their Social Security paycheck basically. So, they're living really almost at poverty level and so I think [it is important to look] at… the people living on the margins."*
Women	- Structural wage inequities and/or unpaid work; longer lifespan.	*"But if you start to look at the economic wellbeing issues, you're often talking about women… specifically related to caregiving and salary differentials throughout the lifespan."*

"We absolutely agree that **churches and faith-based organizations are critically important to serving people in community**...We've seen some great successes, particularly around the direct service aspect because these people live and breathe in the community. They know what the needs are. We've found them to be very important strategic, locally based partners."

- Philanthropic Interviewee

Interviewees had mixed perspectives on how to best partner with and support religious institutions. Most interviewees noted the importance of faith-based organizations and highlighted several advantages such as established and trusted relationships with community members, strong abilities to connect with hard-to-reach populations and deep integration within existing local community networks. However, some interviewees cautioned that funders should conduct due diligence to ensure that services are delivered equitably and without discrimination.

RAAN MODEL

Many interviewees pointed to the Rural Aging Action Network (RAAN) model, developed by Lutheran Services in America, as an example of how faith-based organizations, trusted community relationships, and non-traditional partners can be leveraged to connect with rural older adults who are often difficult to reach.

"It's basically a hub model of trying to use faith-based organizations to create the connectors that go out into the local communities...But the really good thing for them is that these were very, very rural communities…So, in rural communities, they're usually tight knit a lot of times. They're very private, because word can get out quick, right, as people age, they can become prideful and be hesitant to seek help. So, our RAAN leads really work to develop that relationship, build that rapport."

- Subject Matter Expert

Responding to Emerging Resource Challenges

When considering the current funding landscape, many interviewees voiced deep concern over potential cuts to essential food assistance programs, such as SNAP, which would directly impact older adults. Another major challenge interviewees cited were cuts and new requirements related to Medicaid and Medicare, which would affect a large number of older adults as well as their caregivers who depend on them for accessing healthcare and long-term care. Additionally, some interviewees also expressed concern around changes to Social Security and other economic programs, such as the Community Services Employment Program (CSEP) which are critical to ensuring the financial security of older adults.

Interviewees emphasized the potentially devastating impact these cuts would have on the infrastructure that supports older adults and on older adults themselves, and the need for philanthropy and private funders to step in to bridge critical service gaps.

> **"Be a partner, be a listener with your agencies. Try to understand what they're going through. We can't plug all the holes. The holes are too big. What we're trying to do is figure out where are some pain points that we can alleviate. We can't save an entire multi-million-dollar program that's lost funding. But maybe we can save a program that's providing great service in a small community with one staff person that's lost spending. So really trying to figure out what pain points we can [help with]."**
>
> - Philanthropic Interviewee

Older adults enrich their communities with wisdom, experience and meaningful contributions. They are an important and growing population and an asset to their families, friends and communities. There is immense value in philanthropy's continued support of healthy aging initiatives and programs and services that support older adults. Given that aging is a dynamic life stage, as a first step, **philanthropic efforts should thoughtfully consider if and how they define "older adults" and the specific populations they aim to serve.**

Current areas of focus named by key leaders in the aging field include: Caregiving; Long-Term Care; Housing and Homelessness; Economic Wellbeing; Mental Health and Cognitive Functioning; Digital Equity and Literacy; Healthcare Access; Advocacy, Policy and Organizing. Additionally, given that older adults are disproportionately impacted by disasters, disaster-preparedness programs designed specifically with older adults in mind are also needed. **These areas of focus are interconnected and efforts to support older adults should be holistic. Approaches to support older adults should also be tailored to the communities and contexts in which they live.** For example, in Western North Carolina, the older adult population is growing, a substantial proportion of older adults live in rural areas, and the entire region continues to recover and rebuild from the impact of Hurricane Helene which exacerbated key challenges for older adults. Strategies to support older adults in Western North Carolina need to consider both the challenges (for example, transportation) and the opportunities (for example, close-knit communities) of this local context.

Healthy aging approaches should be integrated and community driven. The importance of engaging older adults in all aspects of initiatives and the value of pursuing integrated approaches clearly emerged as key takeaways from this assessment. As one interviewee shared, one of the older adults she works with says "*nothing for us without us.*" Approaches to support older adults should be community-driven, meaningfully engage older adults and those who provide care and services to older adults, prioritize equity, and consider how strengths and needs vary widely even *within* the older adult population. Strategies to support older adults should also avoid siloing this population and the services that support them. Promising approaches include applying a healthy aging framework across all initiatives that a philanthropic or other organization is focusing on; pursuing intergenerational strategies that benefit older adults and build community; and prioritizing ways to build connections and coordination across discrete services for older adults.

Policy change and advocacy are essential – yet given emerging resource challenges, services that meet older adults' basic needs are also critical for ensuring a healthy and thriving older adult population. Interviewees and secondary data sources in this assessment highlight an increasing focus on policy and advocacy work. This includes philanthropic organizations funding grantees to engage in policy change and advocacy, as well as philanthropic organizations building their own policy agendas. At the same time, given the changing federal funding environment and cuts to essential programs such as SNAP and Medicaid, it is likely that older adults across the country will face continued challenges meeting basic needs and no single funder or organization will be able to fill these gaps. Looking ahead, it will be essential for philanthropy to collaborate with communities in working to ensure basic needs can be met while also making progress towards longer term policy and systems change.

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