

by Mercer Doty



# FROM THE CENTER OUT

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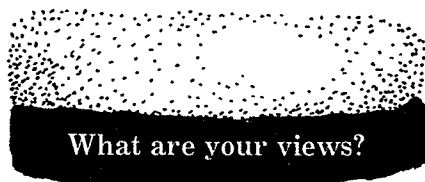
Is North Carolina prepared to care for its growing population of older citizens? The urgency of this question is underscored by a recent rise in the proportion of older North Carolinians. Accounting for less than six per cent of the population at the turn of the century, the percentage of citizens over 60 is now more than twice that and the total number is approaching 800,000, according to recent data from the state Division of Aging. The importance of finding reasonable ways of caring for the aging lies in the recognition that times have changed over the past 70 years, and in the fact that these statistics pertain not to mere figures, but to human beings.

Not long ago most older people were relatively comfortable in their communities, surrounded by familiar faces and landscapes, and encouraged to maintain their independence as long as their strength allowed. When their health failed they were frequently taken into the homes of kin who lived close by and cared for by the family doctor who stopped in occasionally on his rounds.

Once this comfortable scenario was common, partly because sons and daughters tended to stay near where they were born, and partly because communities were smaller and more closely knit. Then, too, the number of older people was much, much smaller in comparison to their younger relatives. The pattern is still followed in North Carolina, perhaps more than we realize, because this is still a state with many small towns. And more than half the state's older population lives in rural communities.

But the comfort that older people can take from these facts is scant indeed as sons and daughters increasingly seek their fortunes in Charlotte or Chicago and governments struggle to make up for the assistance that relatives would have provided in former days. Care for the aging has become a crisis of money as well as conscience. In spite of repeated increases in Social Security payments 63 per cent of the older people in this state have incomes of less than \$3,000 a year. With few alternatives available, older people now more frequently than ever before turn to rest homes, nursing homes and hospitals, where costs can range from about \$350 a month to a staggering \$100 a day. For the elderly much of the cost is borne by Medicare and Medicaid, for which total federal, state, and county expenditures in North Carolina now amount to well over \$600 million a year. But an even greater cost of putting older people in institutions may be psychological and emotional, especially for those who could live at home if adequate service or financial support were available.

In North Carolina the term "individual and family support services" is used to describe help provided in the home that ranges from housecleaning to home management. But the level of state support for such services is so low that many counties provide few of them. Of the \$26 million allocated for individual and family services in the 1977-78 state budget, the federal government provided 75%. The remaining 25% of the cost was shared by the state and the counties with the state share amounting to as little as 3% in some cases. Although recommended by the Legislative Research Commission Study on Aging, a bill that would have increased the state's share of the costs and required all counties to provide certain minimum services failed to win approval in the 1978 session of the legislature. This decision is precisely the kind that limits services needed by older people to maintain their independence and to avoid, or at least postpone, the use of institutional alternatives that are often costly and dehumanizing. Nor was there any move by the 1978 General Assembly to provide more income tax relief for families that help their older members. Under most circumstances North Carolinians still get a better tax break for contributions to colleges, hospitals, public charities and state agencies than they do for assisting their aging parents. So much for the spirit of Mother's Day and Father's Day.



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