



Community of Care



A model to help older adults to age well and remain safely in their homes and communities

What Would This Mean to My Community?

- **More RESOURCES**
(volunteer services, transportation, health promotion, personal assistance)
- **Greater SUPPORT**
(sense of belonging, social support, peace of mind, social engagement and interaction)
- **Enhanced QUALITY of LIFE**
(for older adults to live with dignity and purpose)
- **Potential FINANCIAL SAVINGS**
(for individuals, families and the state of North Dakota)



North Dakota's Aging in Community (AIC) Project

Situation

The population in North Dakota is aging, which presents some unique challenges.

- As the baby-boom generation ages, the share of older adults (65 years and older) in the state's population is projected to increase by 32% from 2019 to 2029.
- In contrast, the share of the working-age population (age 20 to 64) is projected to decrease from 59.3% of the total population in 2016 to 55.4% in 2029.
- These demographic changes potentially will reduce the number of workers in relation to the population needing support.
- An estimated 68,000 North Dakotans are providing care to a family member, friend or neighbor. An impending workforce shortage will place additional burdens on family caregivers in the future.

North Dakota is a rural state with two-thirds of the counties designated as frontier (less than six residents per square mile). A shifting of the state's population from rural counties to urban areas has occurred, leaving a higher proportion of older adults in small towns and sparsely populated locations. In addition, North Dakota ranks first in the nation in the proportion of older adults who live alone and has the second highest Alzheimer's death rate in the U.S. Clearly, this picture demonstrates the unique challenges to assuring the state is a good place to live and age well.

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What is the response to challenges of aging in North Dakota?

Community members have a long history of working together to address local challenges. For example, one rural community, given some assistance, has responded successfully to the local needs of older adults and their family members. It is called Community of Care (C of C), a community-owned nonprofit organization formed to address local needs in rural Cass County, North Dakota. Programs and services focus on care coordination, information and referrals and social engagement.

Community of Care was made possible because of the vision and commitment of local residents. The organization has a proven track record, and during the past 17 years of operation, has garnered strong community support, been recognized by the North Dakota Department of Human Services through appropriated funding, and received the 2014 Bush Prize for Community Innovation.

How can the Community of Care model be replicated?

North Dakota's Aging in Community (AIC) Project aims to replicate the Community of Care model in two rural communities through the development of a community response to aging, modeled on lessons learned from the development of C of C. North Dakota State University Extension, along with AIC Project partners, is seeking grant funding to support the implementation of the project.

Two rural communities will be recruited to participate in the project. Each of the communities selected will determine the services and supports provided based on the respective needs of the community. Each community response truly will be customized to leverage the resources available in each community.

The intent is to avoid duplication of services and to strengthen the care from existing providers and family caregivers. The project partners are NDSU Extension, Community of Care, Quality Health Associates and Strengthen ND.

What would being a pilot site mean to my community?

The AIC Project partners would be responsible for working closely with the leaders of the pilot site communities in planning, implementation, sustainability and evaluation during the project period. The intended outcomes for the pilot site communities would be the creation of additional resources (services and supports) for older adults and their family members, greater support and enhanced quality of life for older residents, strengthened connection between formal providers and family caregivers, and potential cost savings for individuals, families and government.

Potential outcomes may include: 1) a stand-alone 501(c)3 organization (volunteer and/or staffed) that works to fill the gaps in available aging services and supports for the community, or 2) enhanced strategies and services for current aging services providers in the community. Taking positive steps to increase the age-friendliness of the community not only benefits older adults but also enhances the lives of all residents.

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