

To: Governor Brian Kemp

From: Yessica Negron

Re: Legislation for Improving Quality of Life for Senior Citizens in Georgia

Date: July 2, 2025

Problem Statement:

With Georgia's senior population growing at a faster rate than the overall population, it can be anticipated that maintaining a happy and healthy quality of life is going to become more difficult than it already is. In 2040, the proportion of individuals in Georgia aged 65 years and older is predicted to increase 34.3% (Georgia Council on Aging). As the number of older adults rises, the demand for long-term care, mental health support, and income security do as well.

Older adults have limited access to affordable care and services, particularly due to financial insecurity. This is leading to poor health outcomes and social isolation. As governor this issue is particularly relevant as Georgia needs to prepare for the impacts that demographic shifts have on society (i.e. an increased dependency ratio). These conditions are going to push efforts for change, as state-funded services and families are also experiencing the strain due to this increase. Governor Kemp, what policies and reforms can be implemented to ensure older adults in Georgia are receiving the care and support they need to thrive, while maintaining the ability to age with dignity and grace?

Background Information:

Currently 14.6% of Georgia's population is 65 years and older. Older adults require long-term care, which leads to an increased demand in public and governmentally funded resources (Georgia Council on Aging). Chronic conditions and disabilities increase with age. The risk of chronic diseases such as dementia, heart disease, type 2 diabetes, arthritis and cancer are just a few conditions whose risks increase with age (CDC). Not to mention that as aging increases, so does the vulnerability of infections like the flu and pneumonia, as they compromise the immune system (CDC). Many also need mental health and preventive care services. This is necessary for older adults wanting to age in place. Older adults in Georgia face increased risks of social isolation, depression and cognitive decline (ARC). A recent survey found that 20% of Georgians aged 56 years and older reported a general sense of emptiness, which is double the rate for young adults (CRRC). This could also be due to older adults' decrease in driving. 1 in 3 Georgians over 70 have stopped driving (ARC). This not only contributes to social isolation but makes aging in place that much more important because this reduces access to services. Financial insecurity remains critical for aging Georgians. The state ranks 43rd in the nation for older worker's income, the median annual income being \$53,000 (MSN). This is well below the national average. This leads to a delay in retirement. To remain financially stable, older adults are having to continue working despite physical limitations. Most older adults are not even offered positions due to disability bias. Therefore, choices must be made. Meanwhile, others are living entirely in poverty, as Georgia ranks among one of the worst states with food insecurity and basic needs for

seniors' health (The Atlanta Journal Constitution). Lastly, senior access to care is constrained by the lack of geriatricians for both primary care and mental health providers (ARC). The number of providers trained to address the specific needs of the older population has not and will continue to not keep up with the demographic transition occurring.

Policy Option Analysis:

Policy Option 1: Increase Funding for Home and Community-Based Services

Policy 1 focuses on Home and Community Based Services. These are a range of health and support services provided to older adults as well as other marginalized groups. These services can be provided to individuals in their homes and community services rather than in institutional settings. HCBS' are funded through Medicaid which is what makes increasing funding for them relatively manageable. HCBSs will help older Georgia adults to maintain their family and social connections by participating in community life. Services offered include personal care, homemaker services, home health aide, respite care, transportation services, case management/care coordination. These funded programs are increasingly beneficial for family caregivers in need of additional support. Not only are HCBS's more cost-effective but allow people to age in place which is what is preferred by most people and reduces the pressure to institutionalize. However, there are some cons to these programs, including the upfront investment of starting new ones. However, increasing funding of already existing ones is still beneficial. (Georgia Council on Aging) (CRRC).

Policy Option 2: Improve Access to and the Quality of Assisted Living Facilities

Policy 2 addresses the difficulties more than institutions including nursing homes and assisted living facilities. Not only has access become increasingly unattainable, but these facilities need to be equipped properly to handle the diverse needs of the senior population. These facilities are supposed to reduce the stress of supporting families, however this is not always the case, and therefore a certain standard and quality of living need to be met. This policy would expand access to assisted living facilities for seniors that can no longer live safely on their own. Social security has made it difficult for Georgia seniors to get care because they are not eligible for assisted living but also do not have the funds for private institutions. To address these issues, in addition to the quality and standards that need to be met this policy would implement: state subsidies to make this living more affordable, increased funding for state oversight to ensure facilities are meeting a standard of care and add incentives for healthcare workers that work at assisted living facilities. The advantages of a policy like this would ultimately be residential support for seniors that cannot live independently and relieve their families of pressure of providing care.

Policy Option 3: Increase in Advance Practicing Clinicians and Mental Health Resources for Geriatric Care

Georgia's aging population is placing a pressure on the state's healthcare system. There has been a significant shortage of geriatric-trained providers both in the primary care and mental health realms. This contributes to gaps in care delayed diagnosis and higher healthcare costs for an already vulnerable group. This policy aims at expanding the number of advanced practicing clinicians (APCs). APCs are typically nurse practitioners and physician assistants. Having more APCs addresses this shortage of providers and allows for holistic care of chronic conditions that most elderly people face. This policy would also aim to implement more telehealth services. These services would need to be taught to Georgia's elders, as modern technology can be seemingly more difficult to navigate. Like policy 2, having incentives for APCs in geriatric care. This could range anywhere from increased benefits, help with loans, fast-paced tracks, or allowing after a certain range of hours- unsupervised physician care.

Recommendation:

I urge you to consider my official recommendation which is Policy 1: *Increase Funding for Home and Community-based services*. HCBS programs already had success among the aging populations by allowing citizens to remain in place and maintain social relationships. Therefore, increasing funds of these already existing programs through Medicaid would not only be effective, but more cost-friendly than providing incentives, subsidies, loan aid and expanding geriatric services that would be required of the other policy options. This policy also ensures that no standards and unethical decision making would occur when deciding who all benefits from the policy. Most HCBS programs have older adults apply through a website for specific needs and eligibility is not scarce. Many adults receive their income through social security, however, with that currently at risk with the current political climate of the U.S. and these funds making older adults ineligible for assisted living options, the people urge for a change for this demographic (CRRC).

	Effectiveness	Cost	Administrative Ease
<i>Policy Option 1</i>	High	Moderate	Easy
<i>Policy Option 2</i>	High	High	Moderate
<i>Policy Option 3</i>	High	Moderate	Easy

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